The Management of Spinal Pain without Serious Pathology or Neurological Deficits

Presentation to: World Spine Care Conference, Mahalapye
Botswana clinics are primary spine care clinics

- Run by Chiropractors and PT’s with advanced training

First goal is to rule out Serious pathology

- 350 patients seen in the clinics, 2600 treatments
- 19 patients with serious pathology
- cervical fractures, compression fractures, TB, Scoliosis, DISH, Stenosis, congenital deformities
Scoliosis and deformity screening

- Patients are followed to monitor deformity
- Bracing
- Indications for surgery
Second goal is to rule out neurological deficits originating from the spine such as radiculopathy and myelopathy

- 1 case of neurological deficits seen in the clinics
- Referred for imaging or management
- Indications for surgery
The majority of cases (Almost 90%) have presented without red flags or neurological deficits.

The majority of presenting cases are myofascial pain
Examination

- Examination for ROM – gross and segmental
- Soft tissue examination - spasm, restrictions or tenderness
- Psychosocial risk factors
- Exercise and lifestyle
Soft tissue injury

Mechanisms of injury

• Acute (Macrotumra)
• Repetitive (Microtrauma)
• Chronic muscle contraction (Microtrauma)

All lead to fibrosis
Presentation of Soft tissue dysfunction

- Pain
- Restricted motion
- Tender points
- No inflammation
- Trigger point referral
  - Pain
  - Numbness
  - Burning
  - Tingling
  - No hard neurological signs
  - Reproduced with palpation of tissue
Examination: Imaging

Xray, MRI and CT

• Soft tissue pain is not visible on any imaging

• The majority of findings are not related to presenting pain

• Still useful in directing management and addressing psychosocial risk factors
Treatment
Symptomatic relief with:

• Joint manipulation/mobilization
• Soft tissue mobilization
• Stretching
• Home exercises
**C. Kemo Ka Nonofo Le Phetso**

9. **Artistic Design by TLHAMALALA DIKGATO TSE DI C. THSEKAMO**

   - Ema o tlhamaletse o ntse o hemela mo teng.
   - Tsaya kgato e le nngwe go ya ko pele. Netefatsa gore lengole la gago le mo godimo go lebagana le lenyenanya e seng go lebagana le menwana ya maoto. Seretha sa gago sa leoto le le kwa morago, se tshwanetse go tsloatse nga. Nna jalo sebaka sa motsotso. Boeleta itshidilo e o dirisa maoto ka go farogana.

10. **TSHIKINYA letheka**

   - O ntse o eme o tlhamaletse bula maoto a gago thata, ka iketlo dikolosa mmele go tswa ntlha e nngwe go ya ko go e nngwe.
   - Go mothofo go dira itshidilo e. Lepeletsa mabogo a gao o bo o bula maoto dikgato di lebile kwa ntle, tswelela ka go isa mangole a gago ka fa le ka fa. Hemela mo teng ka iketlo. Dira jalo sebaka sa motsotso.

11. **DISEKAMO**

   - Ema la setshwanong sa naledi o hemela mo teng. Isa leoto la gao ko ntle / morago o bo o obamela mo lengoleng le le kwa pele (o tla utlwa lefelo la dikgeswasa le gagamala). Ba ya lengole mo godimo ga lenyenanya jaaka o tsloatesa lebogo, mafatlha le dikgopo. Go mothofo.
   - Baya lengole la gago mo godimo ga lenyenanya sekgono sa gago sele mo godimo ga lengole ka nako e, tsholetsa letso go le nngwe, go tsamaelana le mafatlha le dikgopo. Go mothofo go dira itshidilo e.

   - Bagolo ba roltoediwa go pega letsogo la bone mo lengoleng. Ba bo ba itshidila sebaka sa sephatlo sa motsotso.

12. **DMSENOLGA**

   - Repisa maoto o a tshikinnye sebaka sa motsotso.
   - Itshidilo e re fetsang ka yone e e monate. Re feditse.

**Tlhamaletla**

Tlhamaletla ke lenaneo le le itumedisang la botsogo le le dirisetsweng go itshidila mokwatla. Le diretswe go thusa ba ba le tseneletseng go ikutlwa le go lebega jaaka ba eleditse. Ga le tseye nako. Ke itshidilo ya metsotso e e lesome fela.

**Itshidilo e e monate,**

letsatsi le letsatsi ya mongwe le mongwe!

**Melawana**

1. Nna le tshepo/tumelo.
2. **Tlhamaletla.** Ema o tlhamaletse ka tumelo ya gore o ka dira jalo (ditsebe, magetla, letheka, mangole le manyenyanya di tshwanetse go nna di tlhamaletse).
3. Hemela mo teng ka bonya le ka iketlo go tswa karolng ya mala.
4. Tsamaya ka iketlo. Dira gore o seka wa kgwetha kgotsa go wa.

**KITSISO**

* Ikopanye le ba botsogo kgotsa baitsaanape ba itshidilo pele o simolola lenaneo la Tlhamaletla go netefatsa gore le go siametse.
* EMISA itshidilo nako e nngwe le e nngwe ga o ka nna le sethlabi kana ditlhhabi. Etela kokelwana e e gaufi go bona ba bongaka kgotsa ba botsogo. Go ka tswa ele sekai sa gore o dire itshidilo e pharologanyo.
Education

- Psychosocial risk factors
- pain management
- Posture
- lifestyle
- ergonomics
Some stats from Botswana

**Mahalapye:**
- 220 of patients/1570 treatments
- 75% Female
- 6 – 86 years old (Average 44)
- 5% farmers
- 27% primary education or lower
- 63% LBP, 89% spinal, 5% hip, knee and ankle
- 75% > 1 year, 87% > 4 months
- 41% first contact
- 14% HIV
- 30% HBP

**Shoshong:**
- 140 patients/1030 treatments
- 77% Female
- 17 – 94 year old (average 65)
- 50% farmers
- 81% primary education or lower
- 46% LBP, 57% spinal, 31% hip, knee, ankle
- 84% > 1 year, 98% > 4 months
- 89% first contact
- 14% HIV
- 43% HBP
### Some conditions seen in Botswana

<table>
<thead>
<tr>
<th>Condition</th>
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<tbody>
<tr>
<td>Aortic aneurism</td>
<td>Stroke secondary to low CD4</td>
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<tr>
<td>Blount’s disease</td>
<td>Sprengel’s deformity</td>
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<td>DISH (Spine, knees, feet)</td>
<td>Stenosis</td>
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<td>Fractured dens</td>
<td>DDD</td>
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<tr>
<td>TB</td>
<td>DJD</td>
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<td>Kidney infection</td>
<td>Osteoporosis – lots of vertebral body compression fractures</td>
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<tr>
<td>Idiopathic scoliosis</td>
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<tr>
<td>Scoliosis (Lumbar Hemivertebra)</td>
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<tr>
<td>Paget’s</td>
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<td>RA</td>
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• 68 year old female with LBP for more than one year
• STT of lumbar paraspinals and hips.
• 3 treatments and no pain – discharged after 6 treatments
• Was contacted Mid March 2013 (1 year since last appointment) and only gets mild LBP with lots of work, but pain subsides within a day.
• 69 year old female farmer with 7 year history of right hip pain with occasional radiation to side of right leg.
• Gradual onset
• Aggravated by walking long distances, constant, 7/10, sharp pain, no known relieving.
• Walks with a cane
• Normal neurological
• Hip ROM – Severe OA
• TTP - Right pirif, TFL, G. Med, Bilateral L/S to sacrum
• Treated with STT and home hip strengthening exercises.

• 7 treatments - 60% better and no longer uses a cane.
• Was referred to Ortho for hip assessment and eventual replacement.
- 64 year old female with 5 year history of chronic LBP
- Worse at end of the day – 7/10
- Aggravated by working in the fields, sweeping, walking
- Relieved by Pain killers and rest
- Diabetic with high blood pressure
- Normal neurological exam
- Chief complaint was reproduced by the TFL trigger

After one treatment the patient felt much better and returned to the fields to help with the harvest.
Re a leboga

We look forward to continued collaboration and integration with the Botswana Health care system.