

CASE STUDY: LOW BACK PAIN

PATIENT:

70-year-old male referred to physical therapy for treatment of low back pain

MEDICAL HISTORY:

The patient reported that his low back pain first started during a hunting trip in November 2012, with no specific event causing it. He reported that his pain was gradually becoming worse. An MRI and CT of the lumbar and thoracic spines were negative.

SUBJECTIVE COMPLAINTS:

The patient was unable to stand at an upright posture for long periods of time because of pain in his lumbar spine. Lying supine and taking Vicodin alleviated some of his pain. The patient reported that when the pain is at its worst, he is unable to stand, unable to hunt and had limitations in his activities of daily living (ADLs).

INITIAL EVALUATION:

- Lumbar ROM limited in all planes
- Abdominal strength limited at 3/5
- Lower extremity strength and ROM are normal
- Visual Analog Scale (VAS) = 10/10
- Hamstring flexibility limited to 70 degrees with straight leg testing
- Sacroiliac joint and pelvic alignment abnormalities noted with testing and palpation
- Postures in sitting position include forward head, protracted shoulders and decreased lumbar lordosis

TREATMENT:

The patient's treatment consisted of manual techniques to achieve normal movement and balance of the lumbar-pelvic structures. The therapist issued exercises for increasing abdominal and pelvic muscular strength to maintain proper alignment. They also issued a lower extremity flexibility program to alleviate strain on the pelvic girdle. Posture education was given to prevent re-injury post-discharge. The patient progressed to a home exercise program to maintain gains made through the physical therapy intervention. At each visit, the patient was re-evaluated for changes and his program was adjusted accordingly.

RESULTS:

After the first session, the patient reported a significant reduction in pain from a 10/10 to a 1/10 VAS score. After eight sessions the patient reported no pain at the lumbar spine. Lumbar ROM had also improved to WNL in all planes with no pain with motion. Hamstring flexibility improved to WNL bilaterally and abdominal strength improved to 4/5. A home exercise program was given to continue to improve abdominal strength post-discharge from physical therapy. The patient was able to return to hunting trips pain-free and reported no limitations with ADLs.

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