



Facet Syndrome

DESCRIPTION

Facet syndrome is a painful irritation in the back that results from injury to the facet joints or disks of the spine. Twisting, extension, or arching of the back may produce injury to one of the joints of the spine, including the disk; this results in excessive motion of the facet joint, which causes cartilage wear in the joint and pressure on nerves as they exit the spine and spinal cord. Facet syndrome is due to the cartilage wear of the facet joint.

COMMON SIGNS AND SYMPTOMS

- A chronic dull ache in the low back that is worse with hyperextension and rotation
- Pain in the lower back, buttocks, hips, and sometimes the legs
- Stiffness of the lower back (occasionally)

CAUSES

Repetitive or excessive force causes injury to the cartilage surfaces of the facet joints and is often associated with injury to the disk of the spine. This is especially true with repetitive hyperextension or arching of the back, excessive hyperextension with rotation of the back, and rotation of the back.

FACTORS THAT INCREASE RISK

- Any sport that requires hyperextension or arching of the back, either excessively with rotation or repetitively (golf, football, gymnastics, diving, weightlifting, dancing, rifle shooting, wrestling, tennis, swimming, volleyball, track and field, and rugby and other contact sports)
- Poor physical conditioning (strength, flexibility)
- Poor technique

PREVENTIVE MEASURES

- Use proper technique.
- Appropriately warm up and stretch before practice or competition.
- Maintain appropriate conditioning that includes back and hamstring flexibility, muscle strength and endurance, and cardiovascular fitness training.

EXPECTED OUTCOME

Facet syndrome is usually treatable with appropriate conservative treatment.

POSSIBLE COMPLICATIONS

- Frequent recurrence of symptoms that result in a chronic problem
- Chronic pain
- Delayed healing or delayed resolution of symptoms, particularly if sports are resumed too soon
- Prolonged disability
- A narrowing of the canal for the spinal cord (spinal stenosis) from bone spurs that result from chronic degeneration of the facet joints

GENERAL TREATMENT CONSIDERATIONS

Initial treatment consists of rest from activities that cause the pain (avoid rotation or hyperextension) and medications and ice to relieve pain. As pain subsides, exercises to improve strength and flexibility and proper back mechanics are started. Occasionally, injections into the facet joint may be recommended. Referral to a physical therapist or athletic trainer may be recommended for evaluation and further treatment, including ultrasound, manipulation, and transcutaneous electronic nerve stimulation (TENS). Surgery is rarely necessary and is reserved for those athletes who have persistent pain despite 6 to 12 months of appropriate conservative treatment. Surgery is performed to stop motion between the facet joint and disk, which is accomplished by fusing two or more vertebrae together.

MEDICATION

- Nonsteroidal antiinflammatory medications, such as aspirin and ibuprofen (do not take for 7 days before surgery), or other minor pain relievers, such as acetaminophen, are often recommended. Take these as directed by your physician, and contact your doctor immediately if any bleeding, stomach upset, or signs of an allergic reaction occur.
- Pain relievers may be prescribed as necessary. Use these only as directed, and take only as much as you need.

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Do not operate any heavy machinery or drive a car while on these medications.

physical therapist, or athletic trainer. Use a heat pack or a warm soak.

HEAT AND COLD

- Cold is used to relieve pain and reduce inflammation for acute and chronic cases. Cold should be applied for 10 to 15 minutes every 2 to 3 hours as needed and immediately after any activity that aggravates your symptoms. Use ice packs or an ice massage.
- Heat may be used before performing stretching and strengthening activities prescribed by your physician,

WHEN TO CALL YOUR DOCTOR

- Symptoms get worse or do not improve in 2 to 4 weeks despite treatment.
- You develop numbness, weakness, or loss of bowel or bladder function.
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

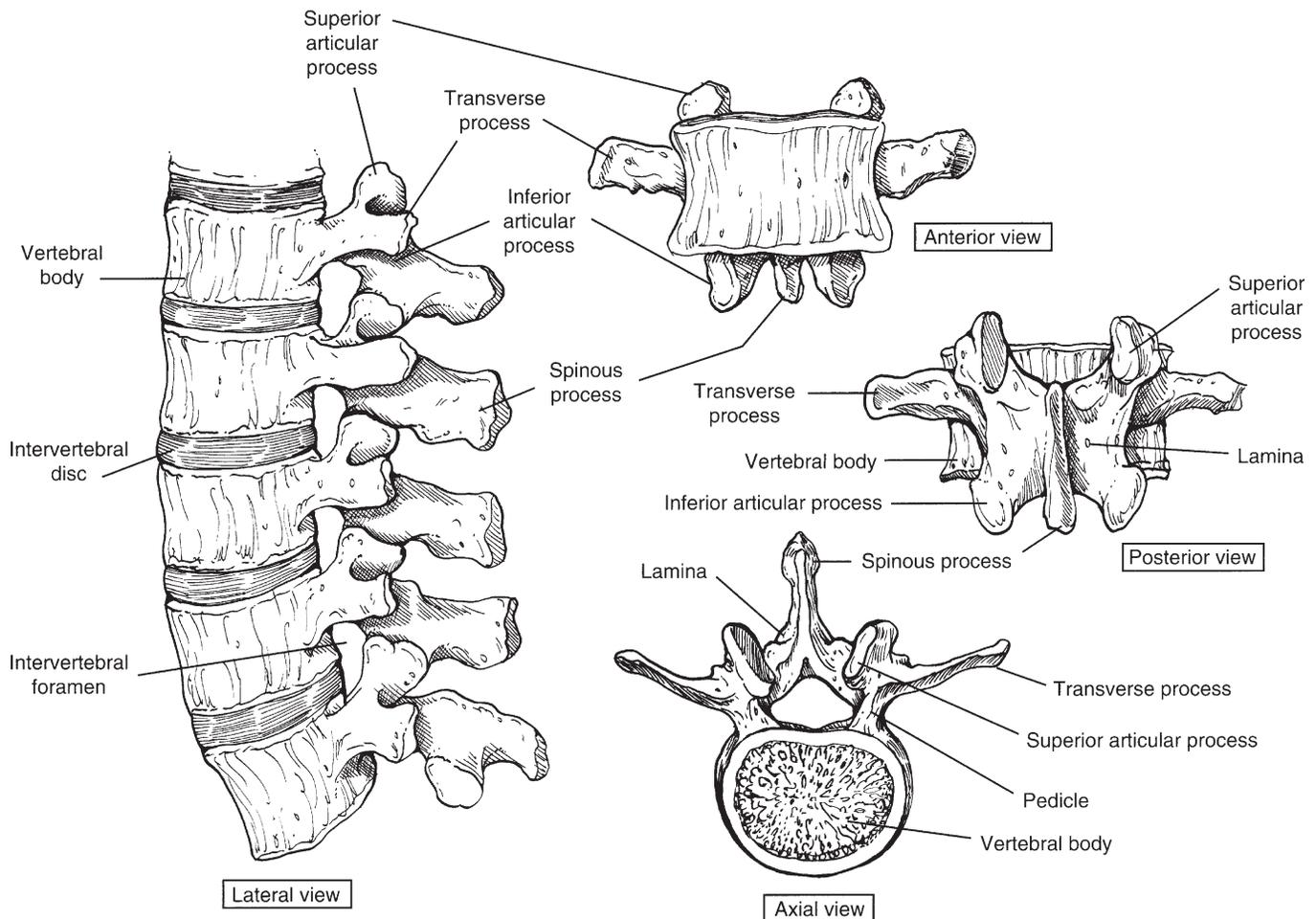


FIGURE 1 From Scuderi GR, McCann PD, Bruno PJ: *Sports medicine: principles of primary care*, St Louis, 1997, Mosby, p 203.