

# THE SPINAL COLUMN

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By the Spine Care Institute of San Francisco

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## Back Pain: It's Not Always From the Back



By Dr. Jerome Schofferman

There are many causes of low back pain. Most of the time the pain is coming from the discs, facet joints, the sacroiliac joint or nerves being pressured by spinal stenosis. But, in some people back pain is not coming from the back at all! Instead it comes from other organs or structures even though the patient feels it in the back. And to make it a bit more confusing, some people can have pain from both the spine and from another cause.

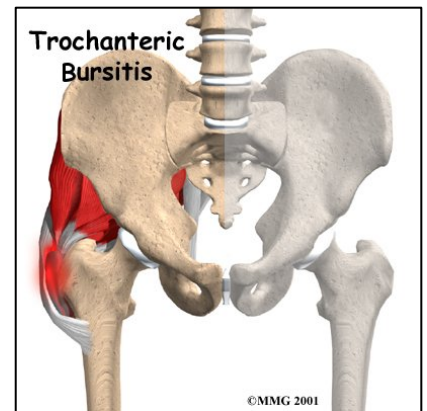
Perhaps the most common cause of low back pain that is not coming from the spine is a problem in or around the hip joint. In older individuals it is common to see osteoarthritis or degeneration of the hip joint. Pain is felt in the buttock area, the groin, and maybe down the inside of the leg. This pattern of pain is similar to that in patients with pain coming from the sacroiliac joint or upper part of the lumbar spine due to spinal stenosis. Hip pain is usually worse with weight bearing activities, eased by sitting, and worsened by crossing the legs. Many patients



limp. Most often, plain x-rays will show significant changes in the joint. In younger patients similar symptoms can be due to the lining of the joint called the labrum and also to what is called impingement. In these instances, x-rays are usually normal, but the

problem can often be seen on MRI of the hip. In younger and older patients, injection of the hip with local anesthetic will temporarily relieve the pain and this confirms the diagnosis. Patients may respond to steroid injections, rehabilitation, or pain medications, but some will require hip surgery to solve the problem.

Another common problem that can mimic a spine disorder is called greater trochanteric pain syndrome.



Patients have pain in the uppermost part of the outside of the leg and often into the buttock as well. The pain actually arises from either the bursa (the thin soft tissue that envelopes part of the long upper leg bone - the femur) or from the muscles that attach to the femur. Pain is usually bad when lying on the affected side and with walking. This pain can develop without a known cause, or it can be due to a change in how a person walks. During the examination, pressure on the area will duplicate the pain. The diagnosis is confirmed by injection of a local anesthetic into the bursa and/or the muscles. Treatment usually requires physical therapy and often an injection of long-acting cortisone into the bursa or the muscles.

*For an evaluation, please call our New Patient Coordinator at ((415)-353-6661.*