April 2013

The Management of Spinal Pain without Serious Pathology or Neurological Deficits

Presentation to: World Spine Care Conference, Mahalapye

WORLD SPINE CARE

Botswana clinics are primary spine care clinics

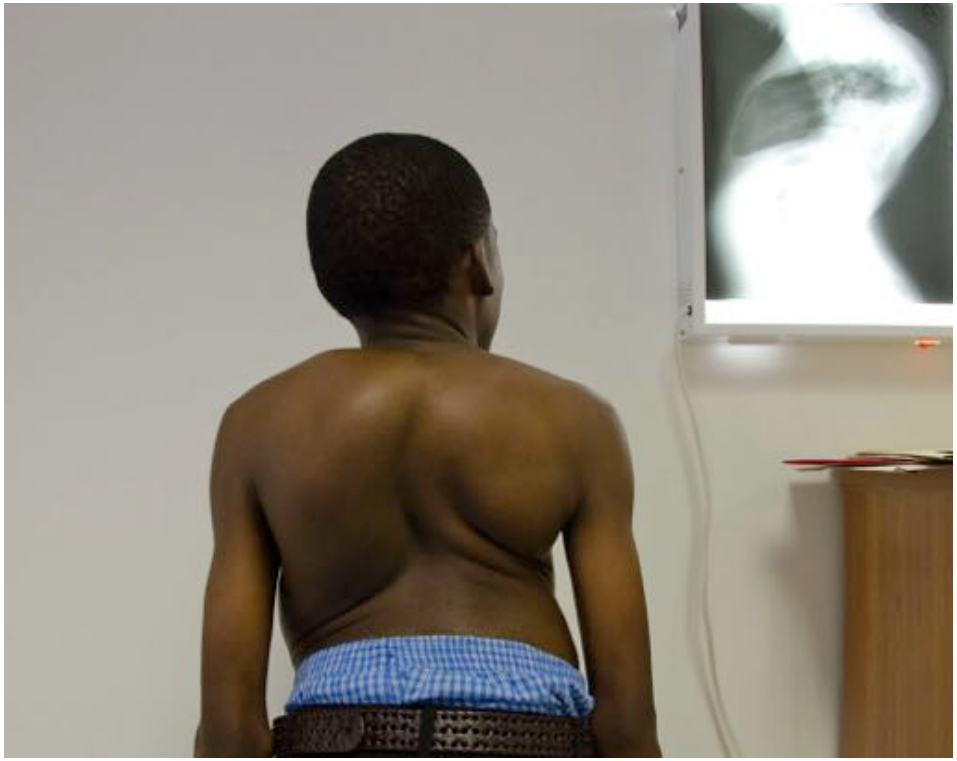
- Run by Chiropractors and PT's with advanced training

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

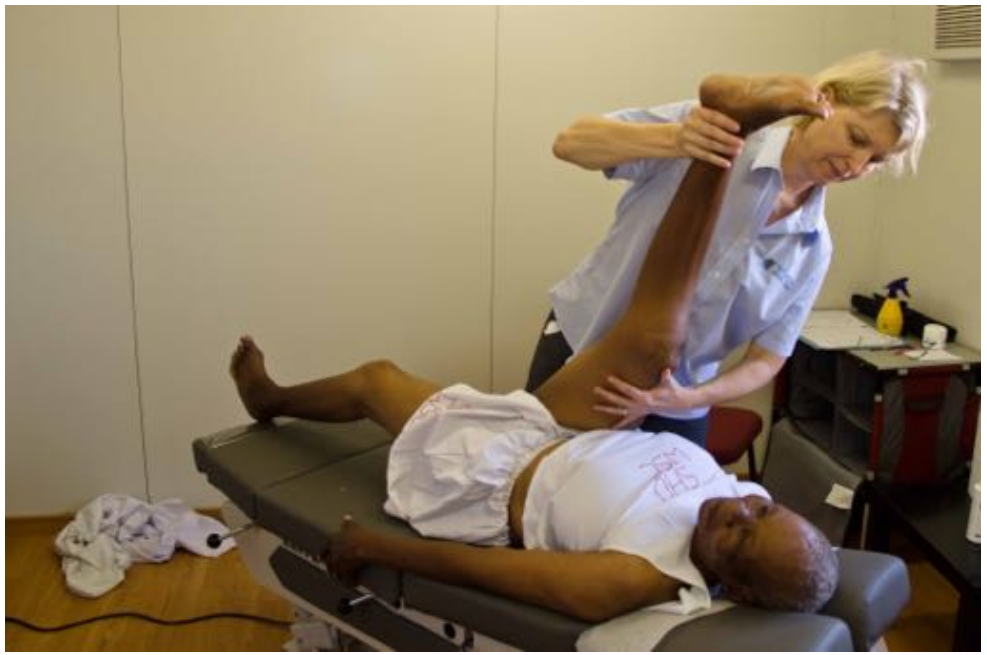
- 1 case of neurological deficits seen in the clinics
- Referred for imaging or management
- Indications for surgery

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

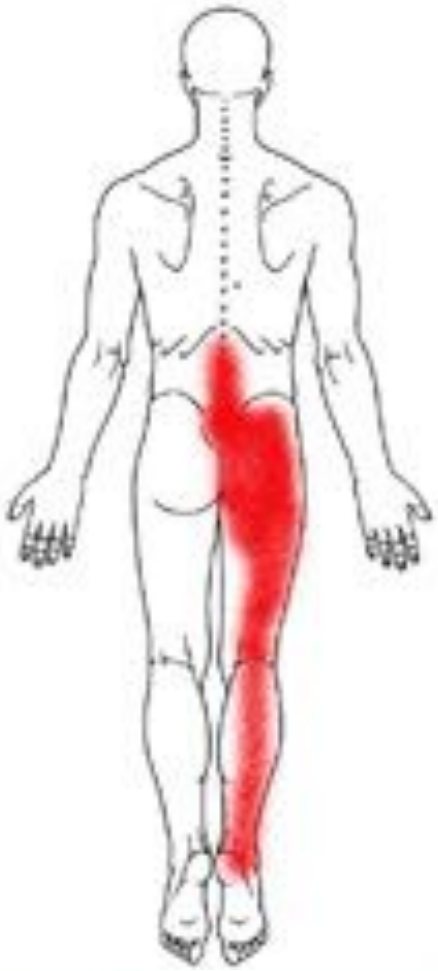
Mechanisms of injury

- Acute (Macrotrauma)
- 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

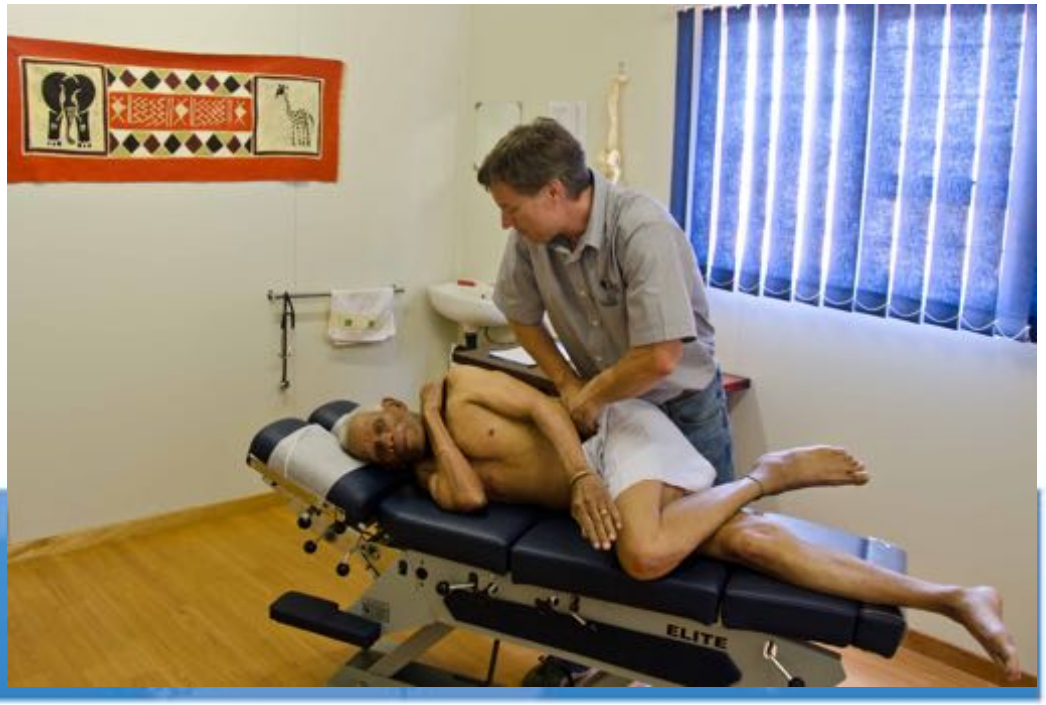
Xray, MRI and CT

- 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



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C. Kemo Ka Nonofo Le Phetso

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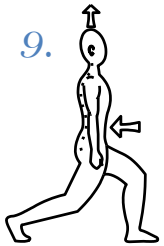


DIKGATO TSE DI TLHAMALETSENG

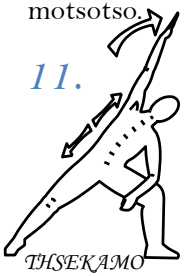
-Ema o tlhamaletse o ntse o hemela mo teng.
-Tsaya kgato e le nngwe go ya ko pele. Netefatsa gore lengole la gago le mo godimo go lebagana le lenyenyana e seng go lebagana le menwana ya maoto. Serethe sa gago sa leoto le le kwa morago, se tshwanetse go tsholetsega. Nna jalo sebaka sa motsotso. Boelela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

10.

TSHINKINYA 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.



THSEKAMO

-Ema mo 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 dikgeleswa le gagamala). Ba ya lengole mo godimo ga lenyenyana jaaka o tsholetsa lebogo, mafatlha le dikgopo. Go motlhofo.
-Baya lengole la gago mo godimo ga lenyenyana sekgono sa gago sele mo godimo ga lengole ka nako e , tsholetsa letsogo le le ngwe, go tsamaelana le mafatlha le dikgopo. Go mothofo go dira itshidlo e.

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

12.

LOSOLOGA

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

Dirisa lenaneo la *tlhamalala* malatsi otlhe. Ke lenaneo le le botlhokwa mo matshelong a rona.

Artistic Design by Nimo Sheikhzadeh @ Life University

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Tlhamalala

Tlhamalala 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. *Tlhamalala.* Ema o tlhamaletse ka tumelo ya gore o ka dira jalo (ditsebe , magetla, letheka, mangole le manyenyana 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 *Tlhamalala* go netefatsa gore le go siametse.**

*** EMISA itshildo nako e nngwe le e nngwe ga o ka nna le setlhabi kana ditlhabi. Etela kokelwana e e gaufi go bona ba bongaka kgotsa ba botsogo. Go ka tswa ele sekai sa gore o dire itshidilo e e pharologanyo.**

Education

- Psychosocial risk factors
- pain management
- Posture
- lifestyle
- ergonomics

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Some stats from Botswana

Mahalapye:

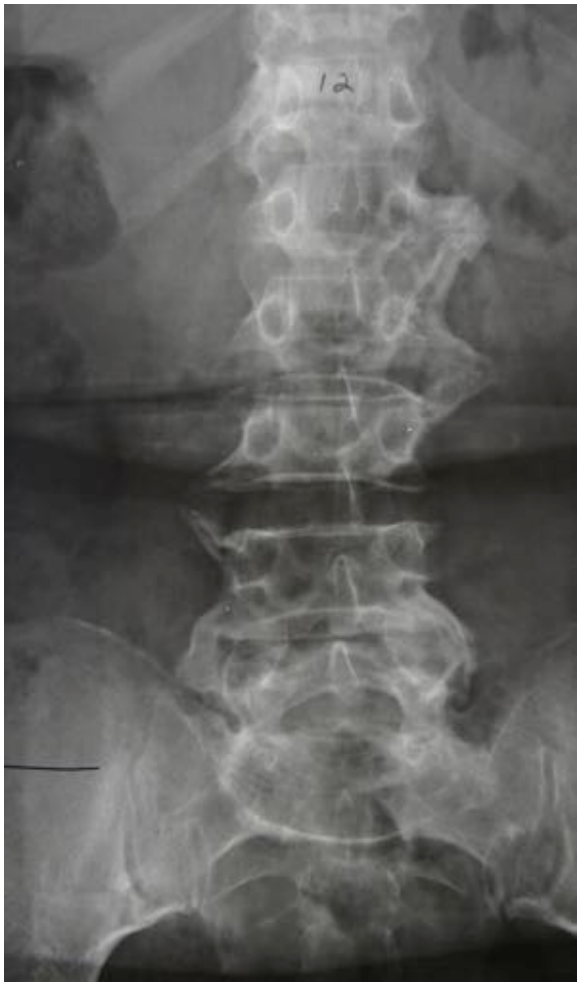
- 220 of patients/1570 treatments
- 75% Female
- 6 – 86 years old (Average 44)
- 5% farmers
- 27 % primary education or lower
- 63% LBP, 89% spinal, 5% hip, knee and ankle
- 75% > 1 year, 87% > 4 months
- 41% first contact
- 14% HIV
- 30% HBP

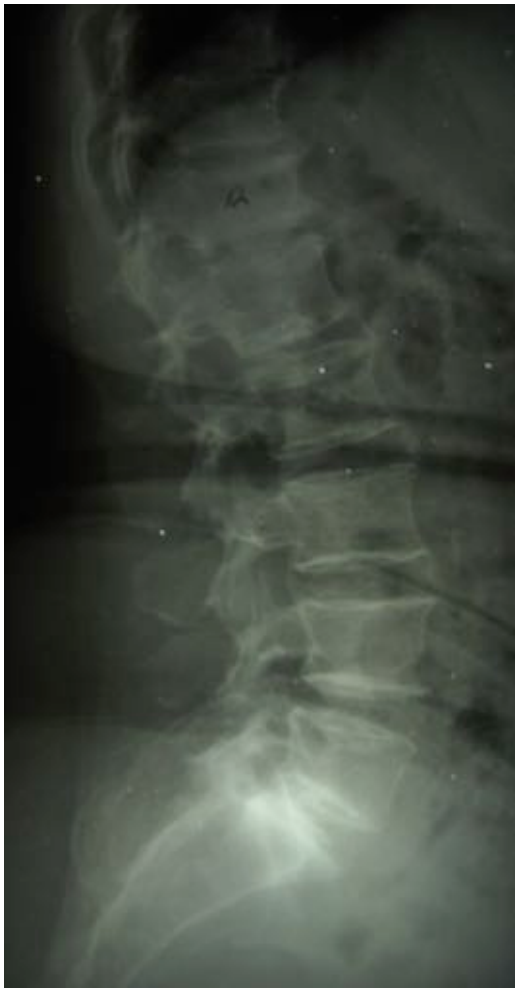
Shoshong:

- 140 patients/1030treatments
- 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

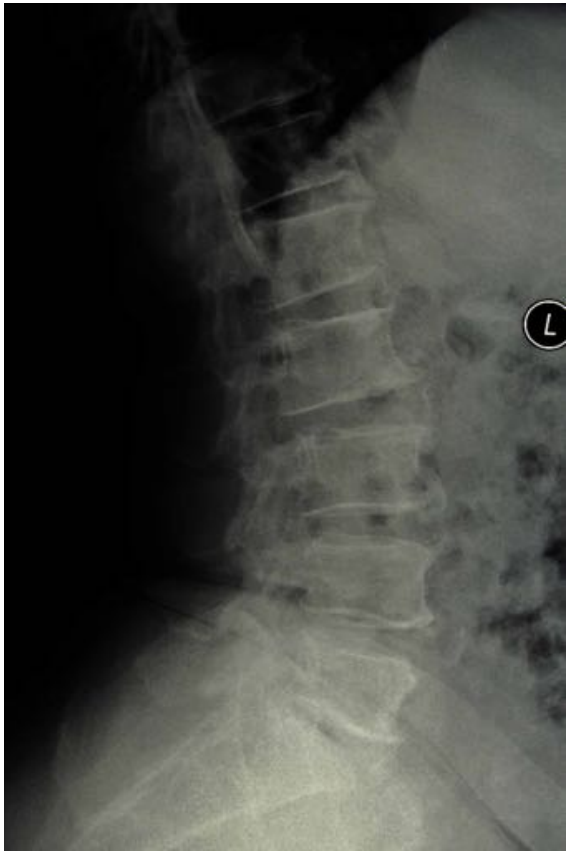
Some conditions seen in Botswana

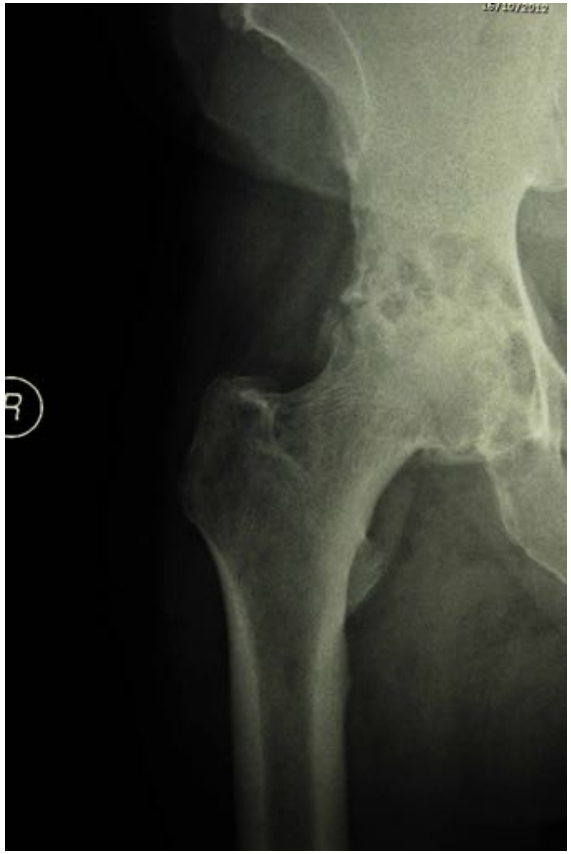
Aortic aneurism
Blount's disease
DISH (Spine, knees, feet)
Fractured dens
TB
Kidney infection
Idiopathic scoliosis
Scoliosis (Lumbar Hemivertebra)
Paget's
RA
Stroke secondary to low CD4
Sprengel's deformity
Stenosis
DDD
DJD
Osteoporosis – lots of vertebral body compression fractures





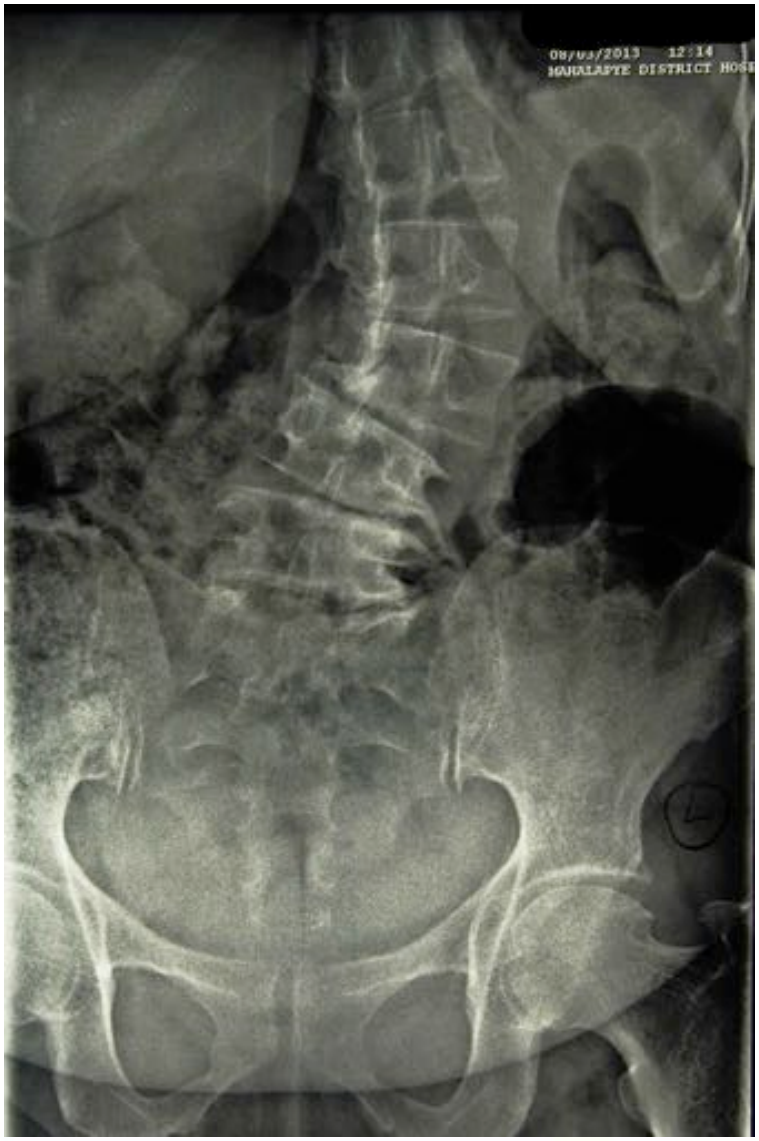
- 68 year old female with LBP for more than one year
- STT of lumbar paraspinals and hips.
- 3 treatments and no pain – discharged after 6 treatments
- Was contacted Mid March 2013 (1 year since last appointment) and only gets mild LBP with lots of work, but pain subsides within a day.





- 69 year old female farmer with 7 year history of right hip pain with occasional radiation to side of right leg.
- Gradual onset
- Agg 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

PULA

Republic of Botswana

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