



## HEALTH LIVING: BACK PAIN



### Samuel Kiwanuka Lubega Ph.D

Sports injury Specialist & Physiotherapy clinician  
Department of Sportscience,  
Faculty of Science, Kyambogo University.  
Clinician at Pulse Specialist Clinic, Kololo



## My Background/disclosure

### Work:

- Full time lecturer Kyambogo University, department of sports science
- Physiotherapist consultant at Pulse Specialist clinic, Kololo

### Education

- Msc. Physiotherapy, specialist in sports injuries (University of the Western Cape, South Africa)
- Ph.D Exercise Science (University of Cape Town, South Africa).
- **Promoter of Exercise is Medicine slogan**

### Members

- South African Sports Medicine Association SASMA (Membership No. WC 1044)
- UAPC (Uganda Allied Health Professional Council (Reg. No. 6322)
- Health Professional Council of South Africa (Reg. No. PT S 0115843)
- Golden Key International (Membership No. 9028311)

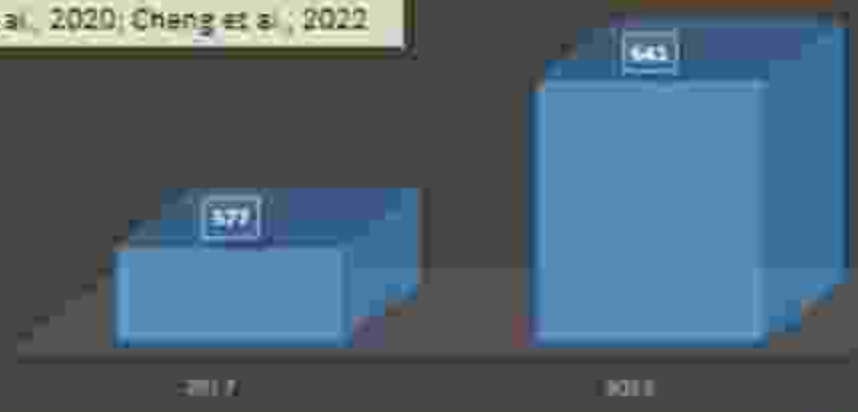
## TALK ABOUT

- Burden of Low Back Pain (LBP)
- Anatomy & Function of the spinal Units
- Back pain Pathologies
- Risks & Causes of the back to pain
- Preventive measures

# The burden of Back pain: Back pain (LBP) has become a global pandemic, and it is now a public concern

GLOBAL POPULATION WITH BACK PAIN IN MILLIONS (M)

Wu et al., 2020; Cheng et al., 2022



Frequent medical consultations, and therefore, a huge medical burden and direct or indirect financial implications (Brady, 2022)

Leading cause of activity limitation and absenteeism from work  
Wu et al., 2020

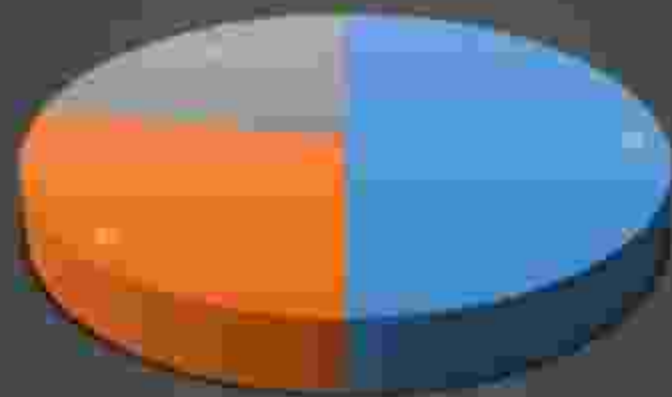
↓ Quality of life & Disability: Significantly affect performance at work

Women are more affected  
Wu et al., 2020

2010 report indicated LBP among the 10 global burden of diseases.

Hoy, March, Brooks et al., 2014

Percentage of Global population with Chronic diseases

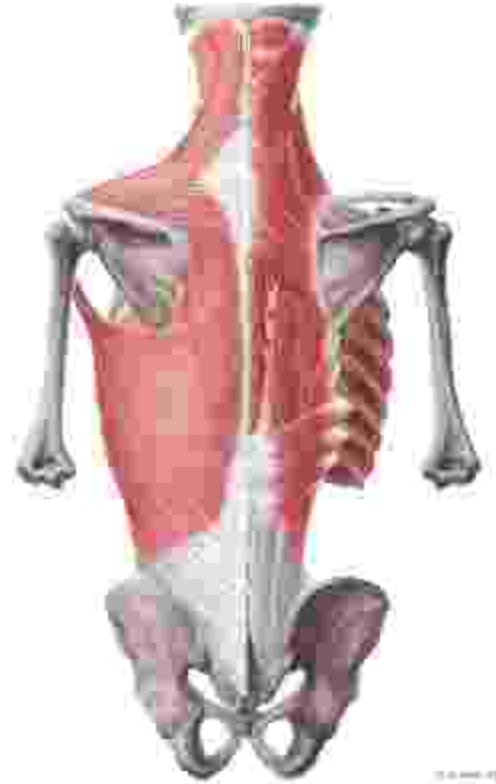
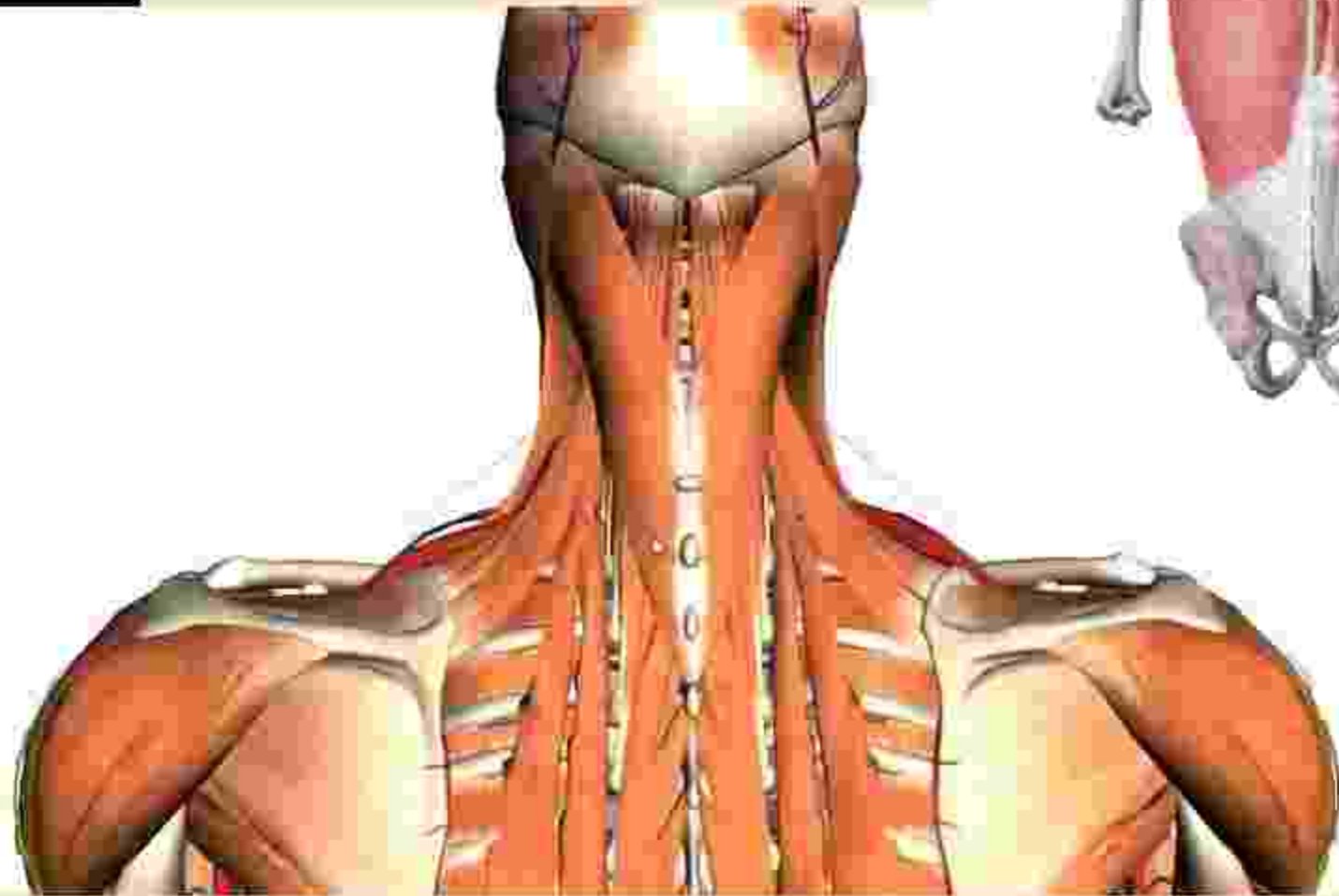


Heart disease Stroke Chronic obstructive lung disease





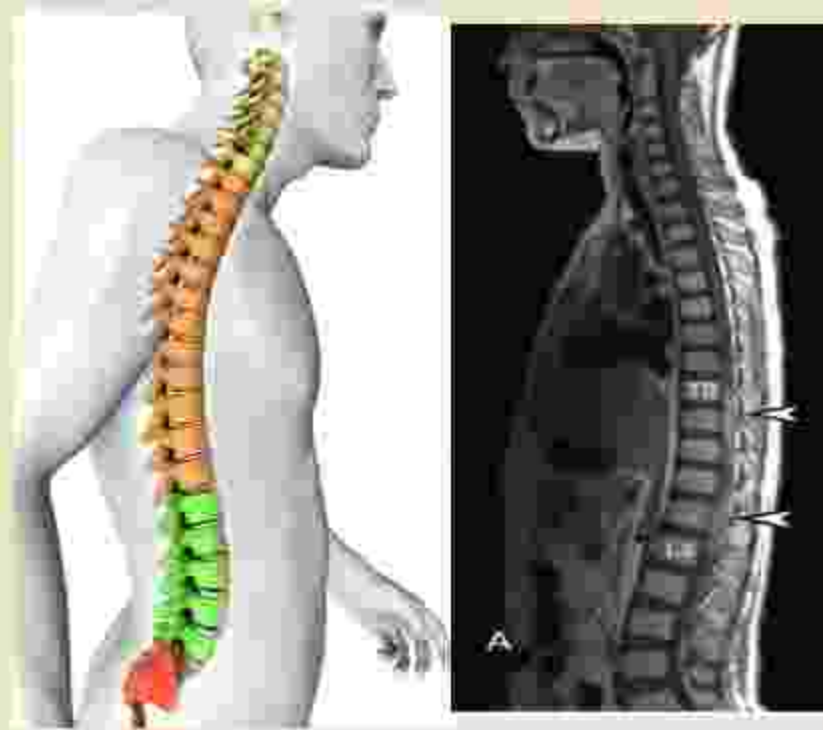
# WHAT STRUCTURES ARE FOUND AT THE BACK



## Basic Anatomy & Function of the spine

### SPINE

- 33 Bones
- Cervical (neck=7); Thorax (chest=12); Lumbar (back=5); Sacrum (bottom=5); coccyx (tail =3)
- Bones separated by intervertebral disc
- Disc is a pad made of:
  - Annulus fibrosus (outer layer)
  - Nucleus pulposus (inner layer)



## Spinal unit anatomy: Intervertebral disc/pad

### Annulus fibrosus

- The tough circular exterior of the disc
- A lot of collagen, glycosaminoglycan material for mechanical support
- Composed of a ring of ligament fibers

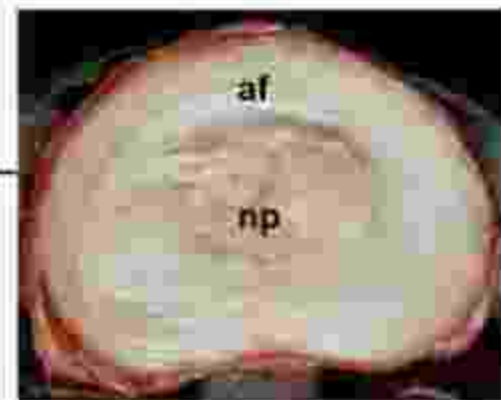
### Nucleus pulposus

- A soft tissue
- High water content
- Loose network of collagen fibers
- Absorbs forces of compression

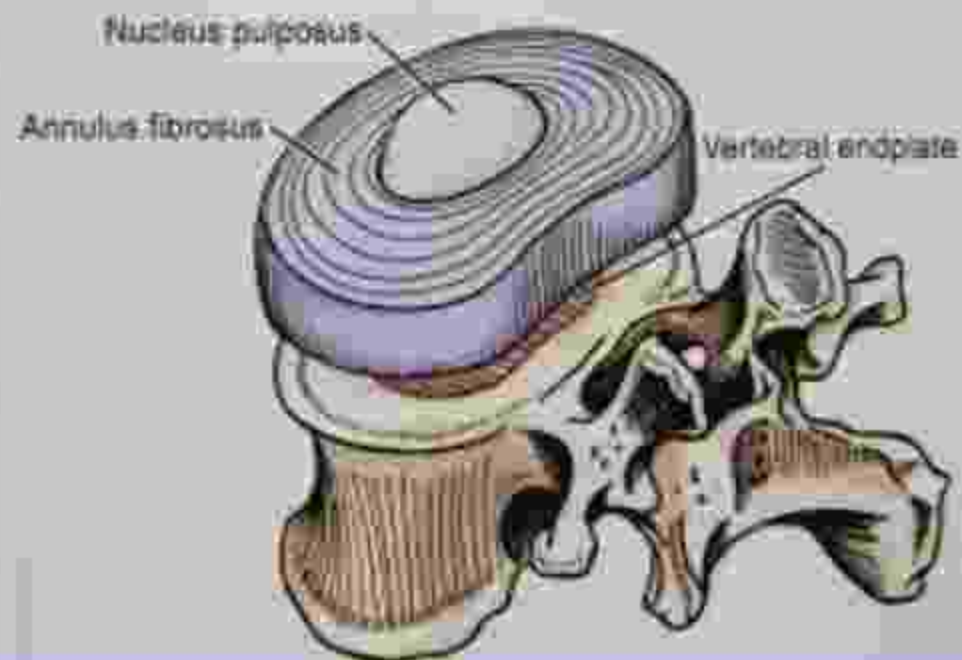
Lumbar spine



Intervertebral disc



Nucleus pulposus: np  
Annulus fibrosus: af



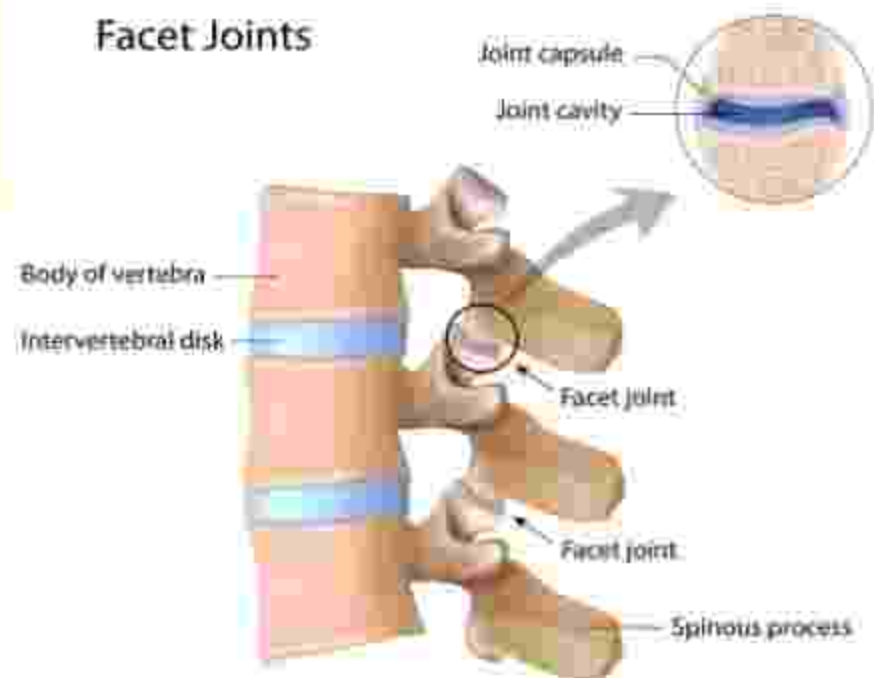


# Spinal unit anatomy

## End-plate structure

- Two tissue layers (**hyaline cartilage** and **perforated bone**).
- The cartilage is a very dense structure and does not swell up easily.
- Established in most apophyseal joints.
- The layer of cartilage is also weakly bonded to the bone to allow quick exchange of products.
- The histological **photo** shows the a clear picture of these layers.

## Facet Joints



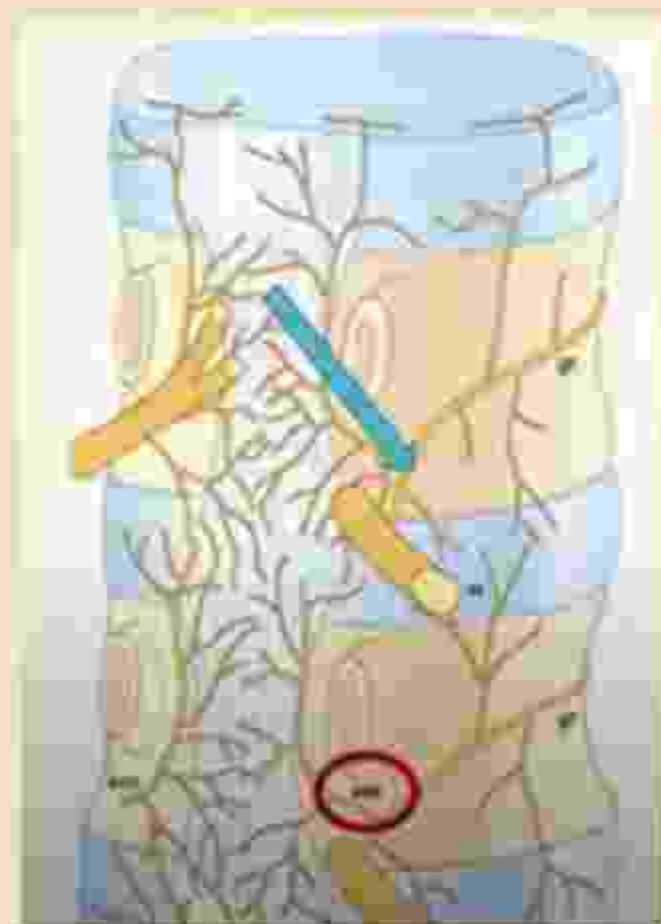
## Endplate: hyaline cartilage + perforated bone



## Spinal unit anatomy: Intervertebral disc/pad

### Adult Human Disc highly innervated

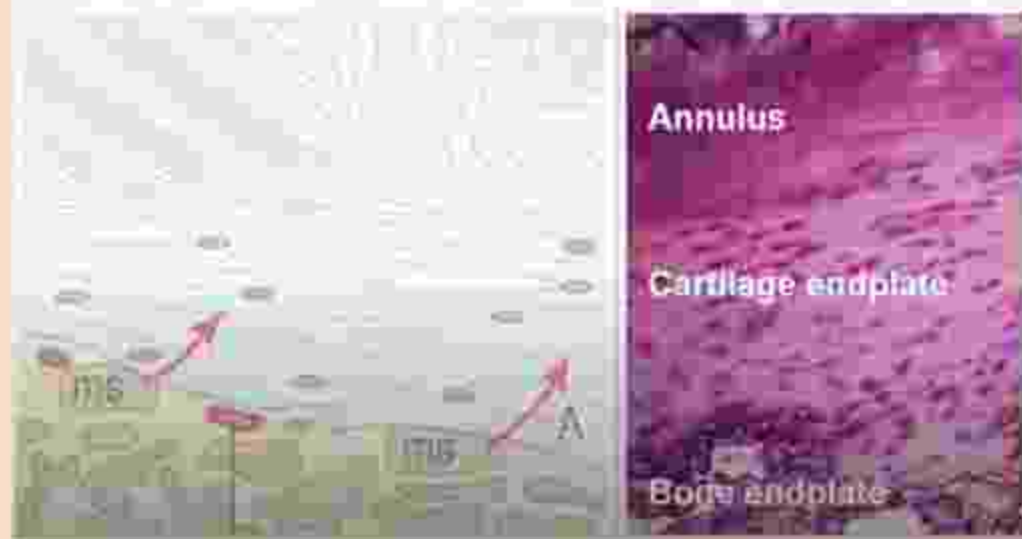
- The nerve from its origin shown in **picture arrow** forms a plexus in the **post Longitudinal Ligament**.
- Further they penetrate the **post. Annulus fibrosus structure (1-3mm)**.
- **NERVE** (Sinuvertebral nerve) report somatic and visceral problems.



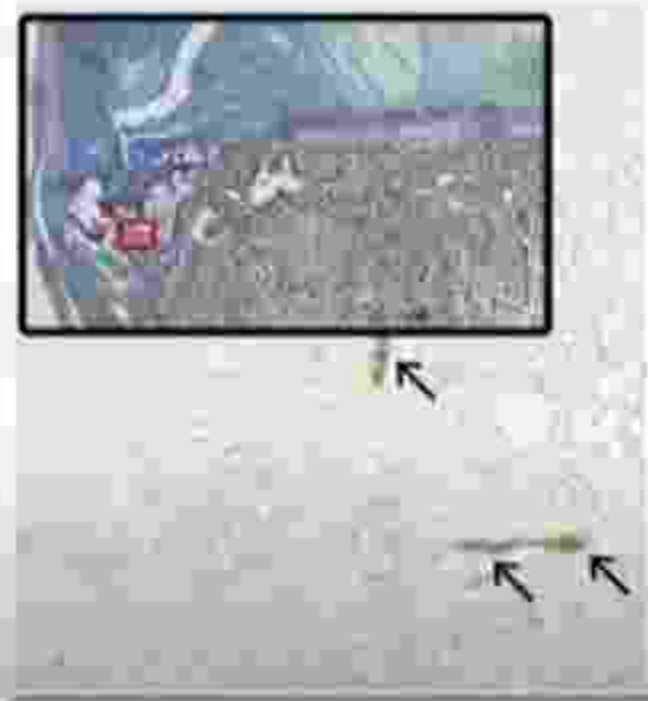
## Intervertebral disc/pad: End-plates

The vertebral End-plates described above are too highly innervated.

**Endplate: hyaline cartilage + perforated bone**



## Nerves in the vertebral endplate



### Two categories

- Non-specific or un known cause
- Specific or known Cause

### Origin of Non-specific back pain (BP)

- Non-specific BP means:
  - The patient exhibit symptoms of back pain
  - The cause is unknown
  - We think its not serious, and likely to get better
- This is **NOT a diagnosis**
- One may explain it further using **Bio-psych-social Model of BP**
- One may also consider muscular origin because muscles heal fast

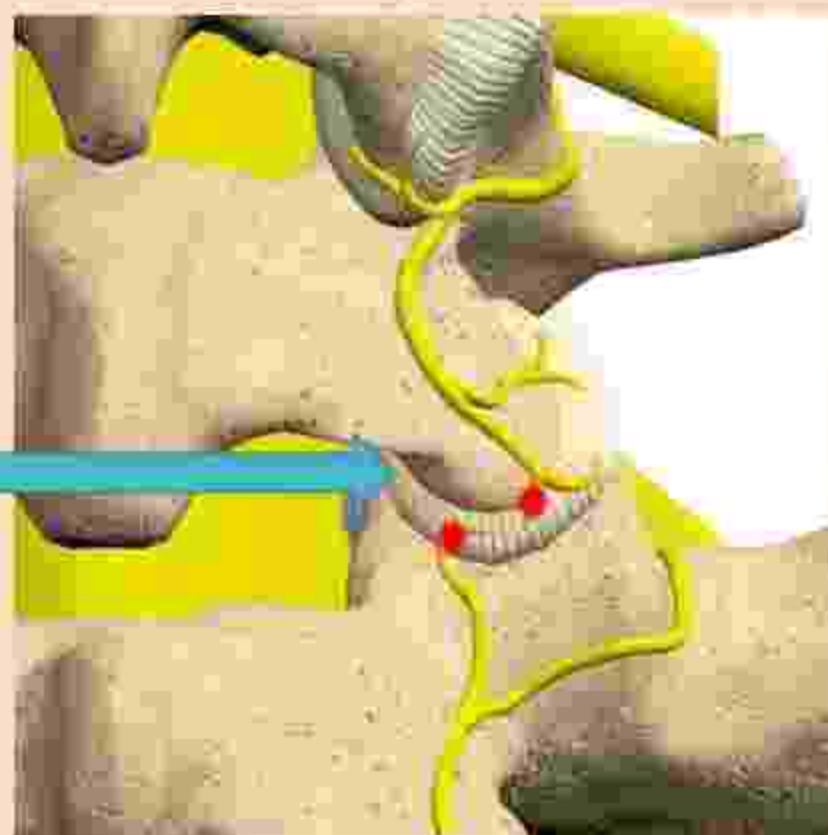
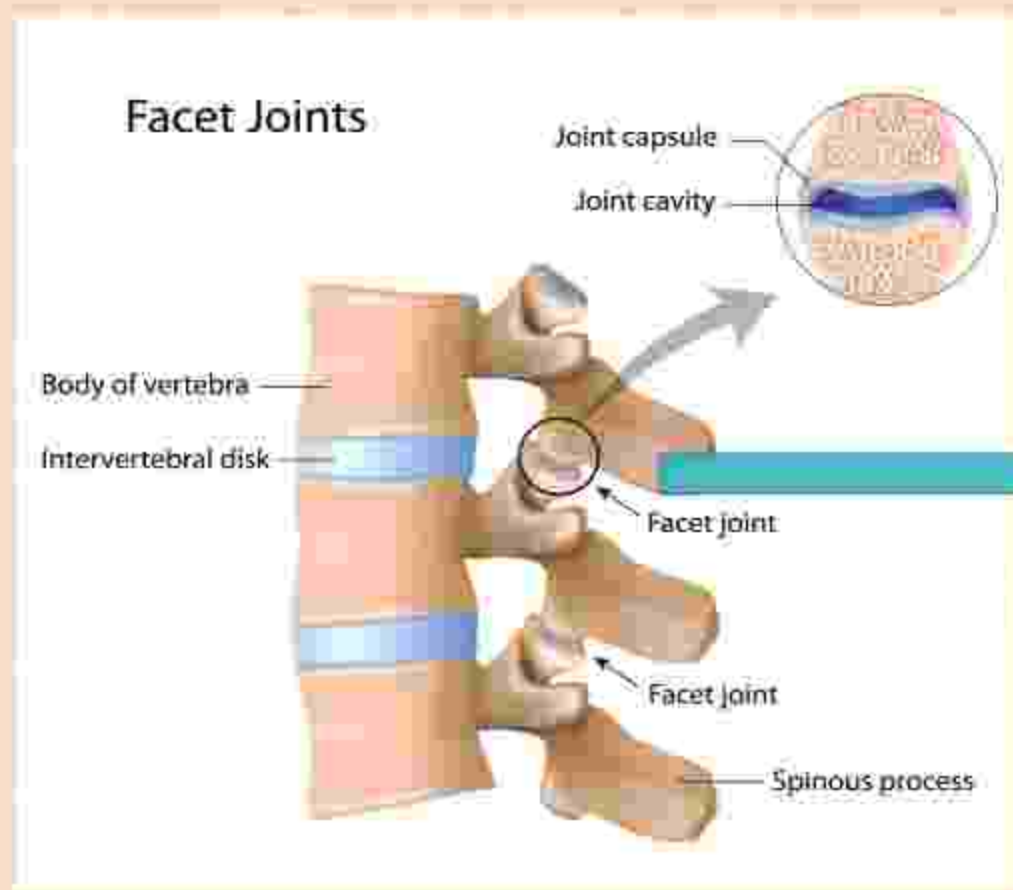


## Origin of Back Pain/common causes

- Disc and Facet Joint (apophyseal joint) found in the spine.
- Nerve roots compression (eg sciatica).
- Muscles/tendon/ligament may explain localized and transient back pain
- Diseases (TB, Cancer and viruses)

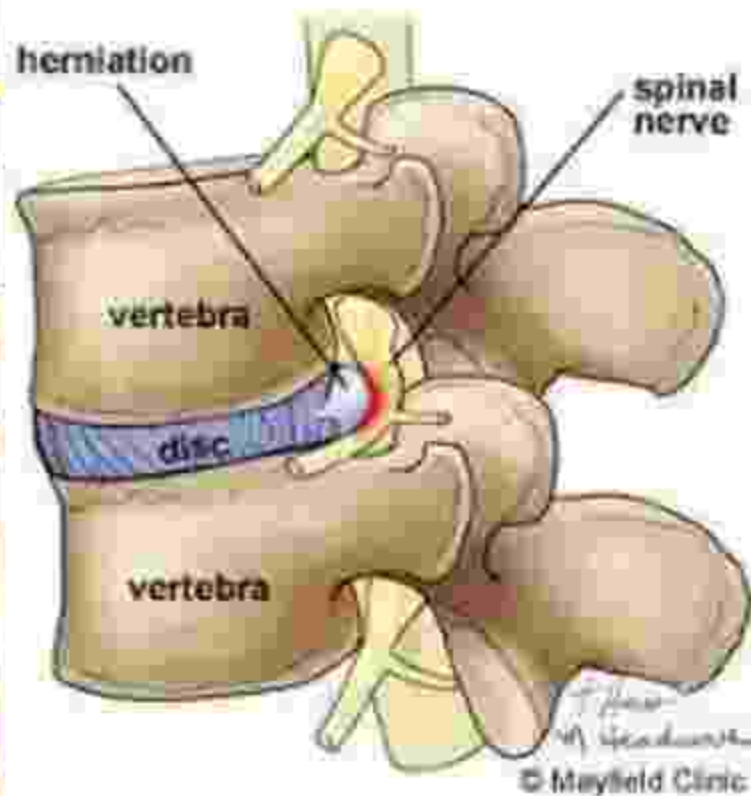
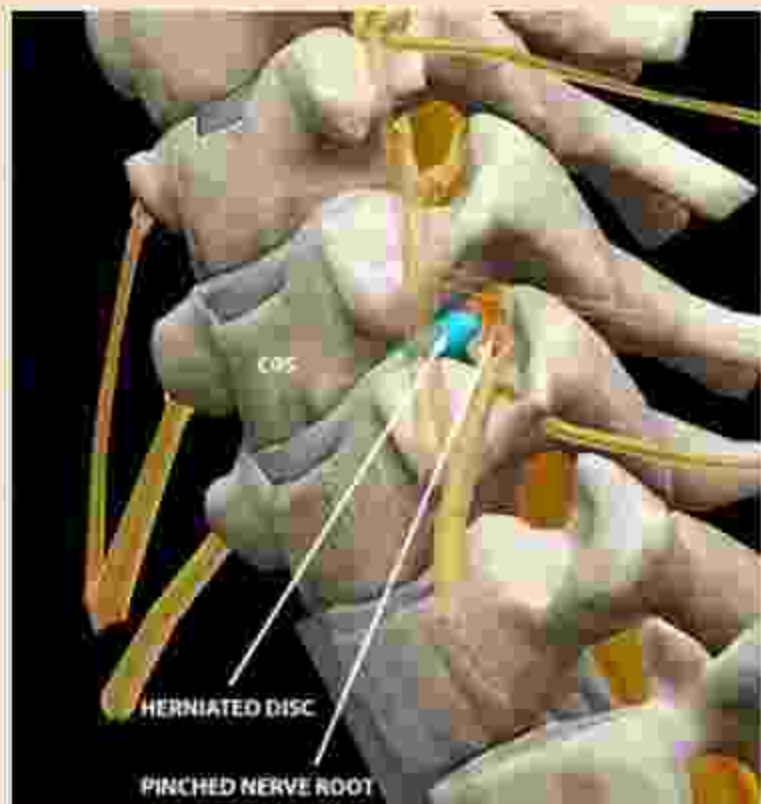
## Origin of Back Pain

Disc and Facet Joint (apophyseal joint) found in the spine

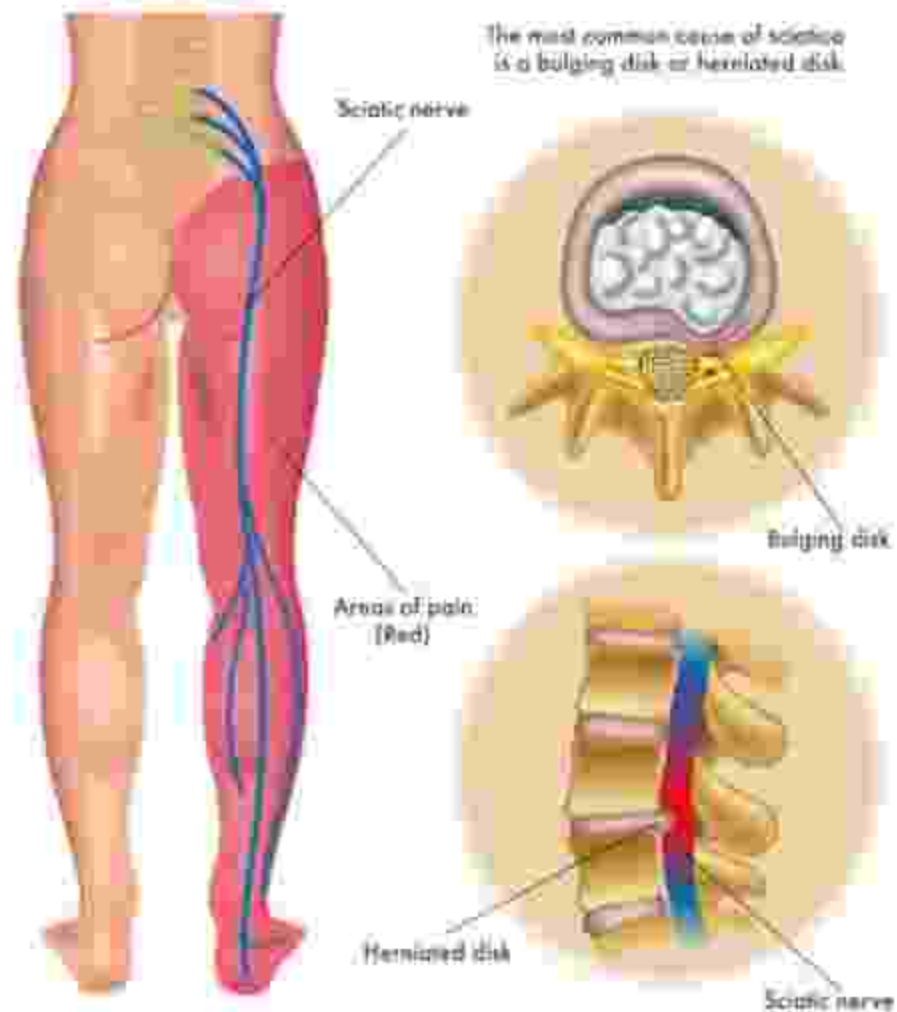


## Origin of Back Pain

Nerve roots compression (sciatica)

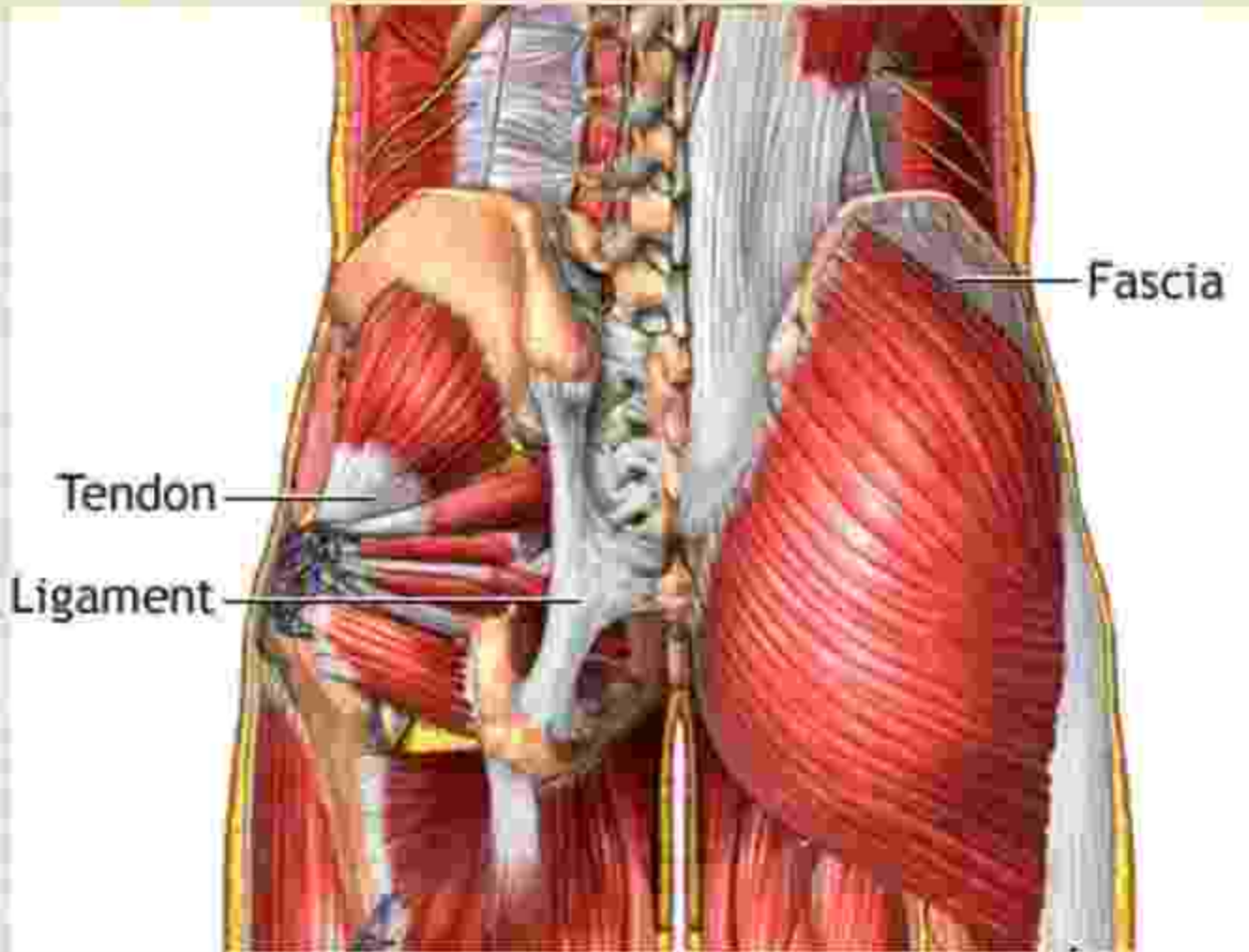


## SCIATICA



## Origin of Low Back Pain

Troubles in Muscles/tendon/ligament may explain localized and transient pain



Damaged and Health muscle fibres



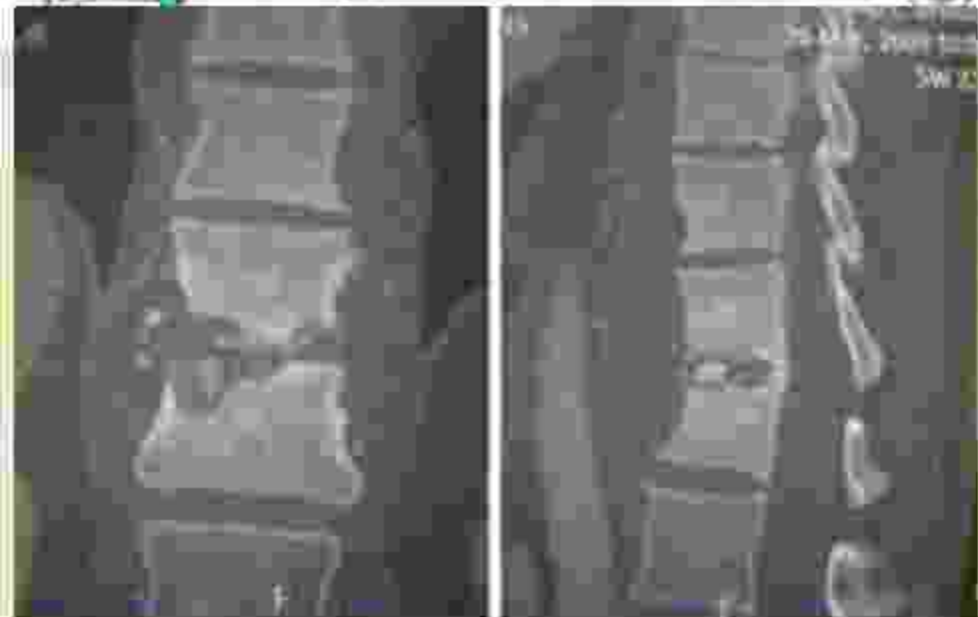
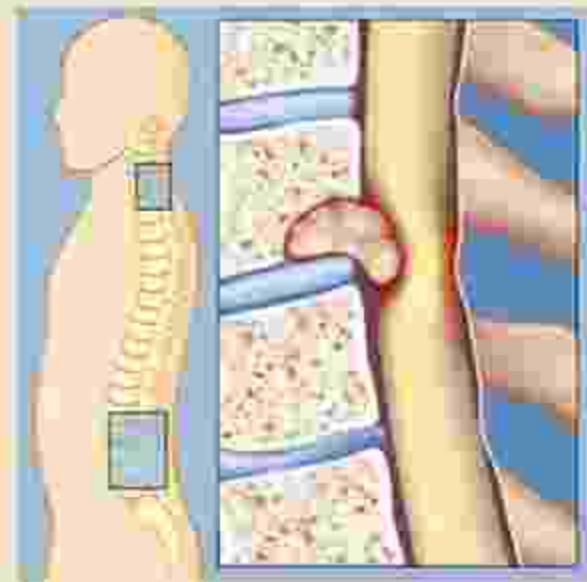
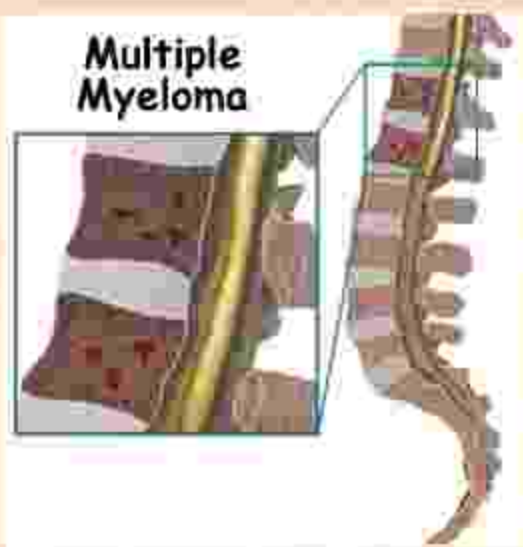
## Origin of Low Back Pain

- Diseases (TB, Cancer and viruses)

Rott's disease (T5-spine)



Multiple Myeloma



## Risks, vulnerability and mechanisms to mechanical Back pain

### Mechanical mechanisms damaging the back

- Forces on the spine and History of Loading on the spine
- Disc degeneration
- Postural effects
- Stress (psycho-social factors)

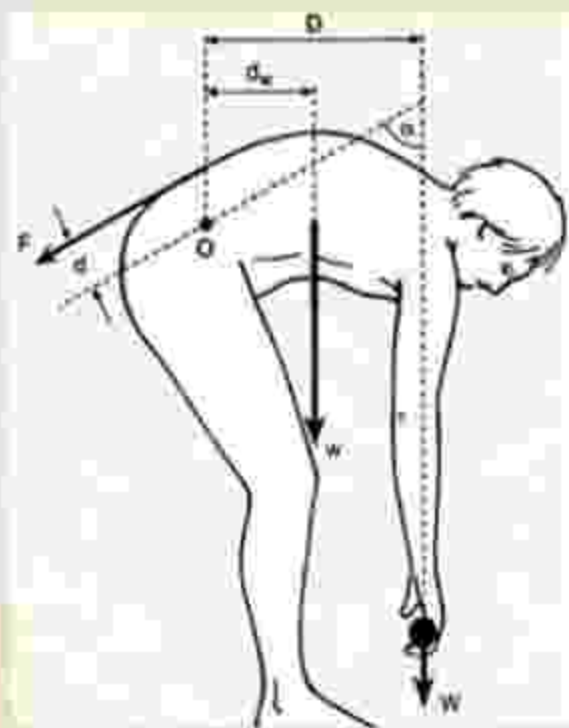


## Forces acting on the spine: Compressional force

- Back and Abdominal Muscles produce tensional Forces  $F$ .
- Therefore, Excessive manual activity increase the tensional Force on the spine.
- Force  $F$  enable you to lift the weight  $W$ ,  $F$  creates a tensile force that compress the Lumbar spine.
- Dynamic forces produce more compressional force on the spine compared to the Static forces ( $F=MA$ ), GYMNS goers PLEASE NOTE

### Movements that produce a forces on the spinal structures:

- Bending activities
- Torsion & Shear (Rotational activities)



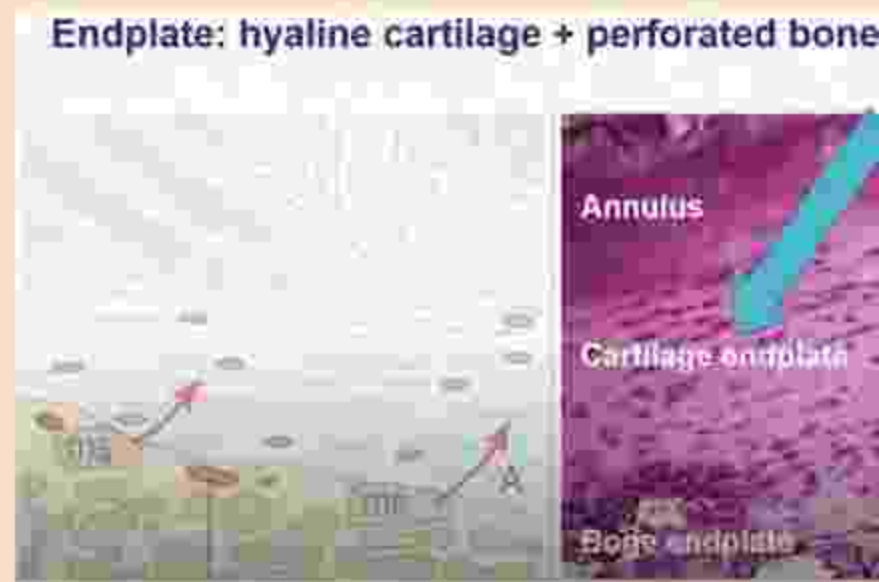
Muscle tension  $F$  acts on a shorter lever arm ( $d$ ) than the weight lifted ( $D$ ), so  $F > W$

$$F \cdot d = W \cdot D + w \cdot dw$$

$$C = F + (W + w) \cos \alpha$$

## Mechanisms of injury to the Vertebral End-plates

- ✓ Compressive overload damage **End-plates**, and this decompress the disc and cause internal disruptions (Admas et al. (2000))





## Mechanism of injury to the spinal structures: Backwards bending

- **Not a frequent** move of the spine but when you reach out things above you, cause backward compression.
  - ✓ This mov't is controlled by Spinous processes, apophyseal joints and Posterior Annulus (letter G in figure F) (Adams et al. (2000)).
  - ✓ Bending beyond the available limit, apophyseal joint capsule get damaged, and posterior disc protrusion is likely to happen (Figure. H)

figure F

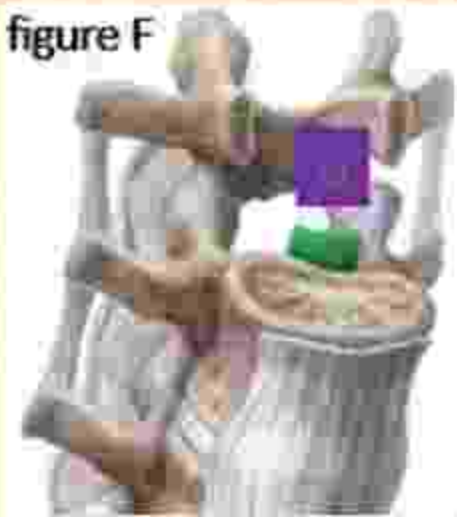
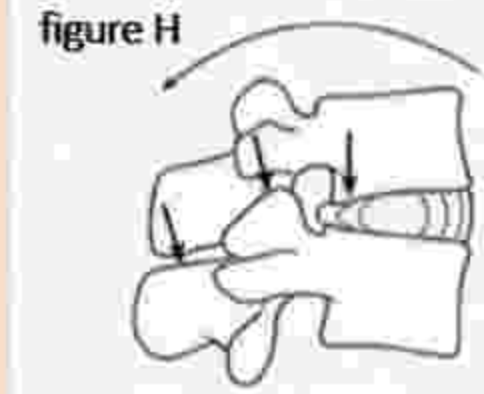
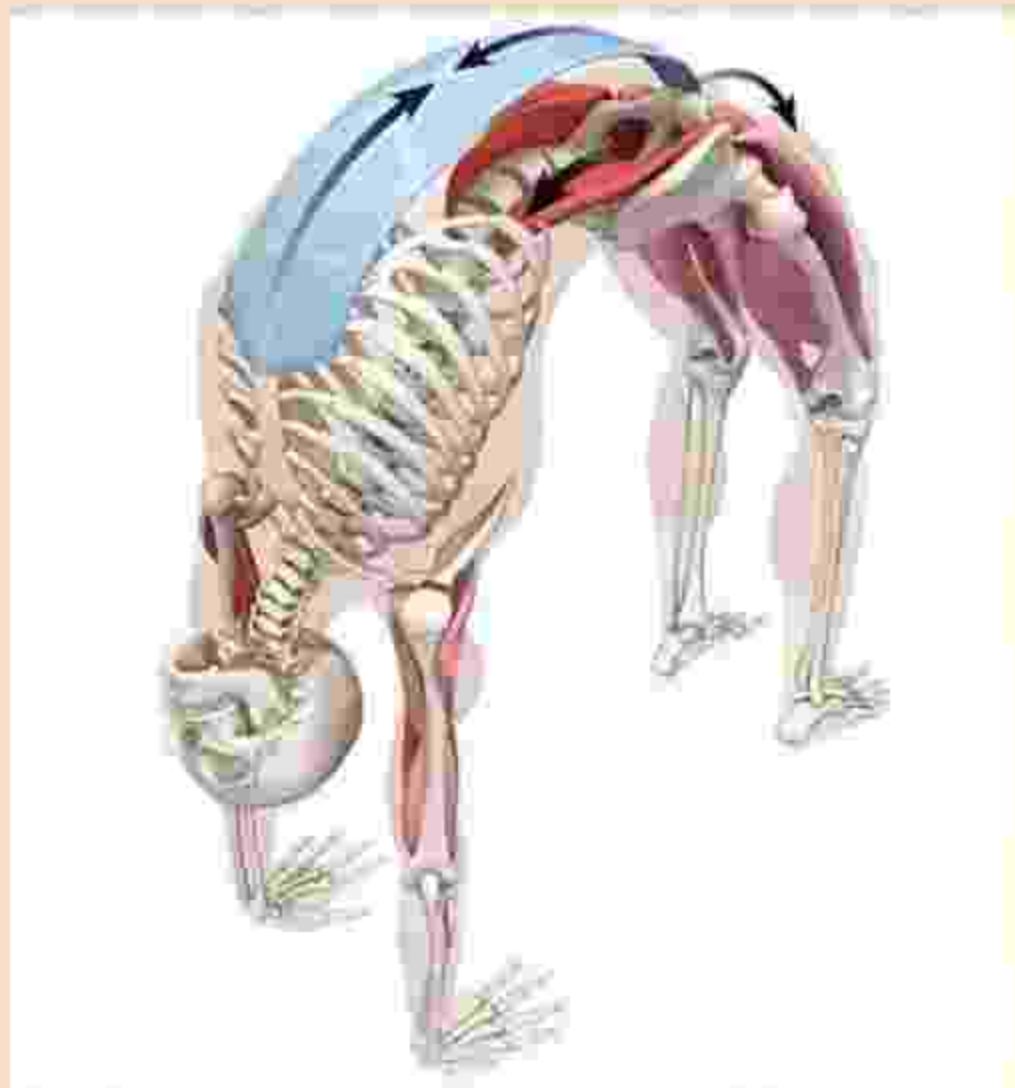
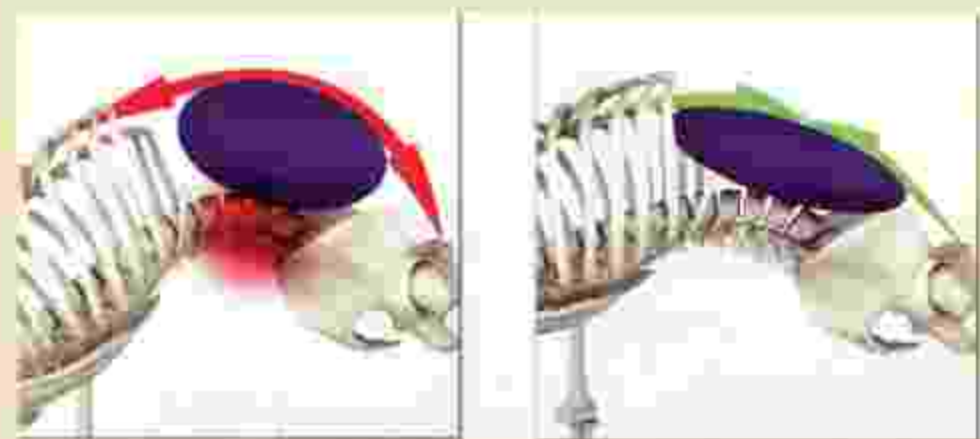


figure H



## Bending produce compressional force

Backwards bending:



## Forward bending:

- ✓ This mov't is controlled by posterior ligament of Lumbar spine (Lx) letter L and then after the Disc.
- ✓ Bending too far, ligaments are damaged first, before the apophyseal joint capsule letter C.
- ✓ However, the back muscles must detect over bending and by reflex mechanisms, may cause the muscles to contract back to protect the structures.
- ✓ Situations where there is Creep or fatigue in these muscles, protection is not possible.



• Different ways to bend forward •



"Swan Dive"



Neutral spine



"Nose Dive"

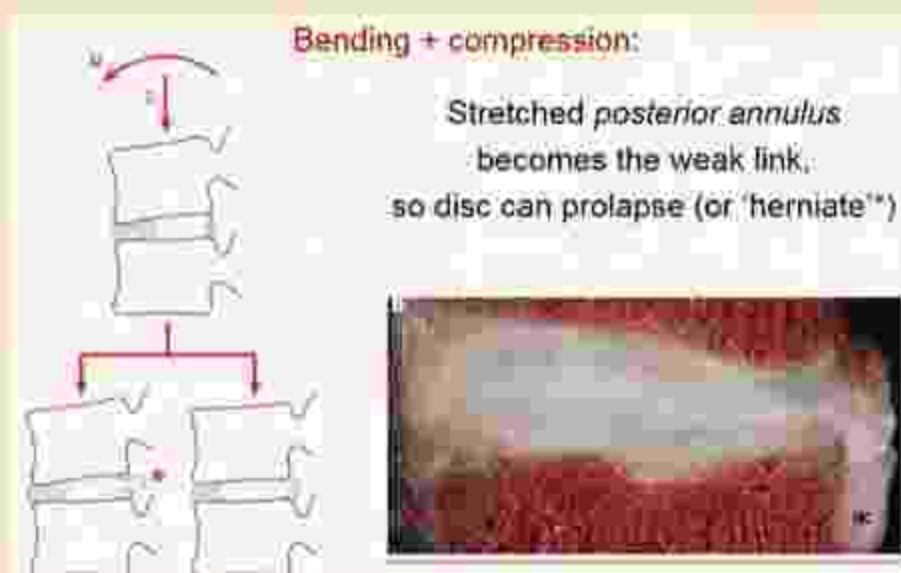




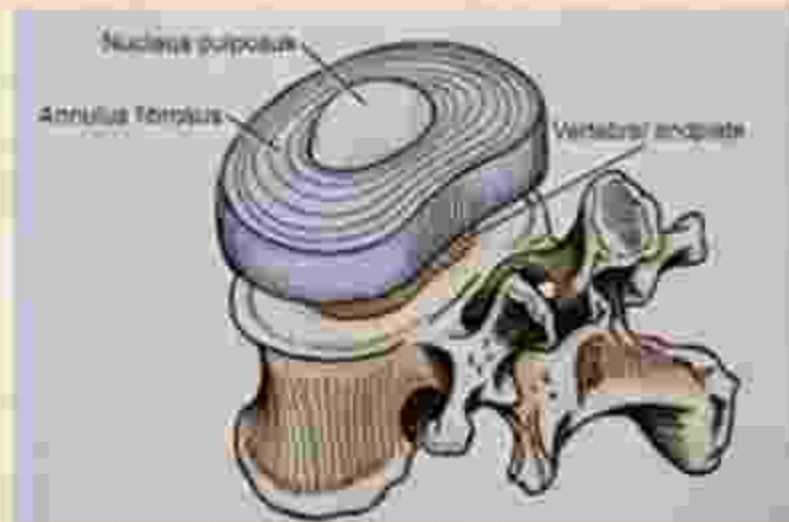
# Mechanism to cause Back pain

## Bending and lifting

- This occurs mainly when collecting an item from the ground; this stretches the posterior Annulus structure, and **becomes weak**, so the disc can prolapse (Herniates).
- As you lift up the items, the contraction of the muscles increases pressure on the nucleus pulposus, **disc herniation is possible** at this point (Adams et al., 2000)



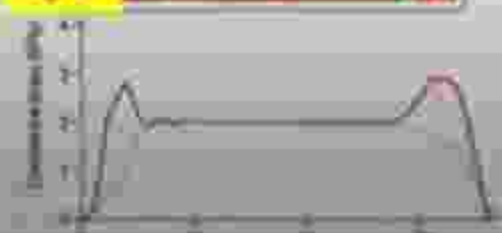
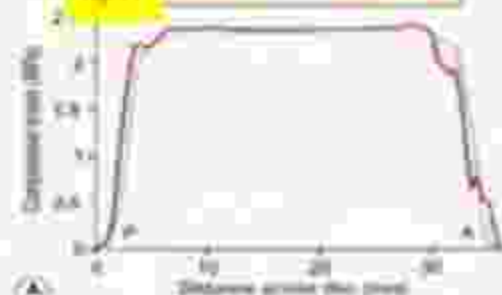
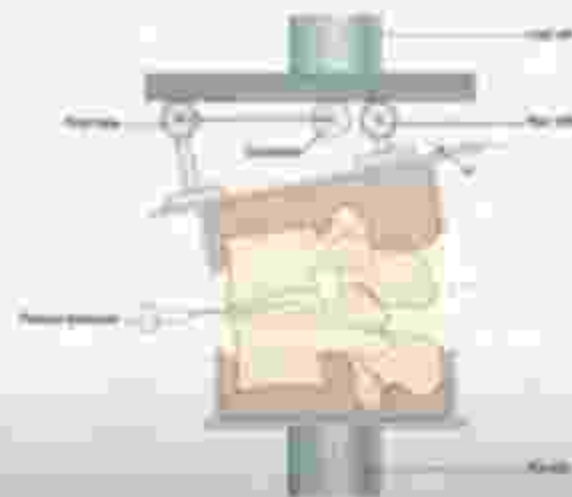
## Compressional force on the PAD (DISC)



### HOW DISCS WORK INTERNALLY

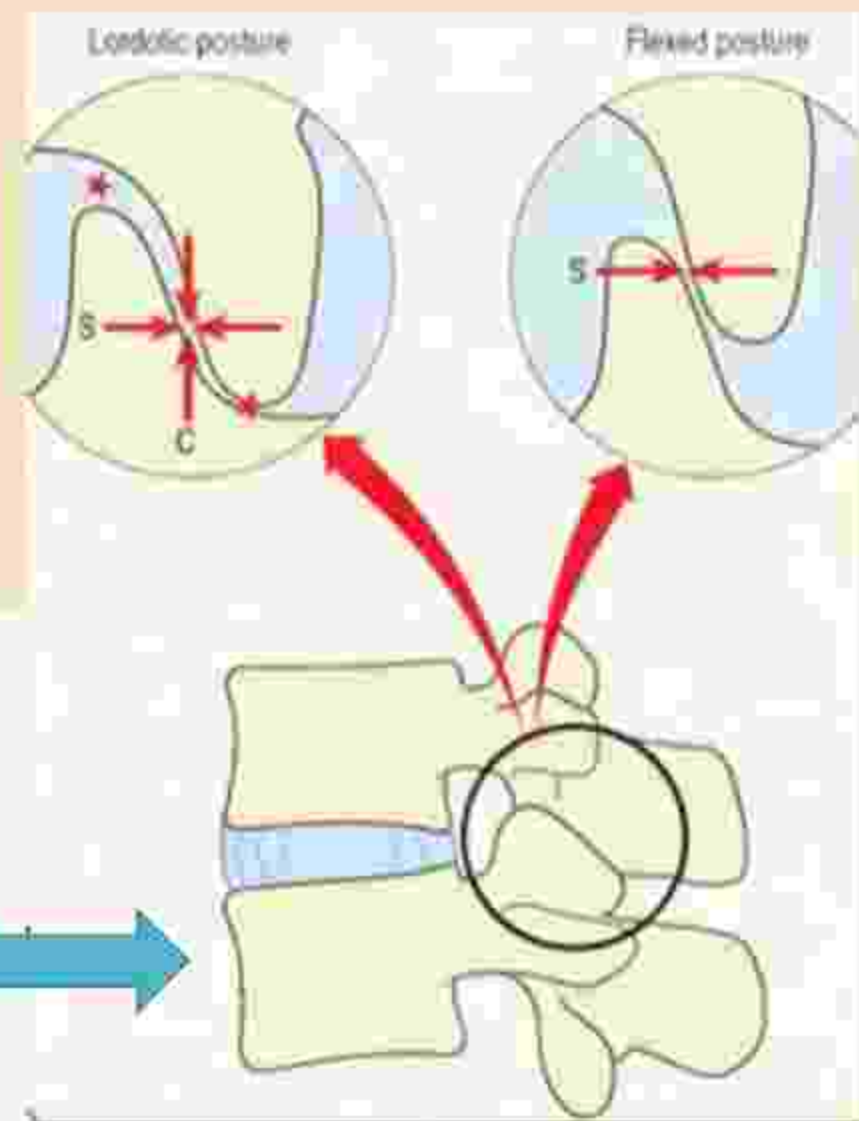
- McNally & Adams (1992) did an experiment on the cadaver.
- They subjected a disc from the cadaver to compression loading.
- In a health Disc **Fig. A** the distribution of forces both in Annulus and Nucleus is uniform as compared to un-health disc of 58 old female specimen in **Fig B**

### Compressive 'stress' within intervertebral discs



# Postures

- Certain postural habits generate stress concentration within **innervated tissues** (discs and facet joints), give rise to pain
- This theory explains the cause of back pain during the day, and relieved at rest.



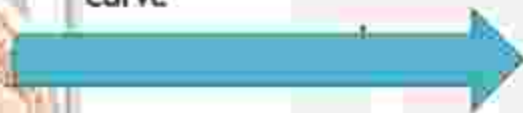
Normal spine



Lordosis of the spine

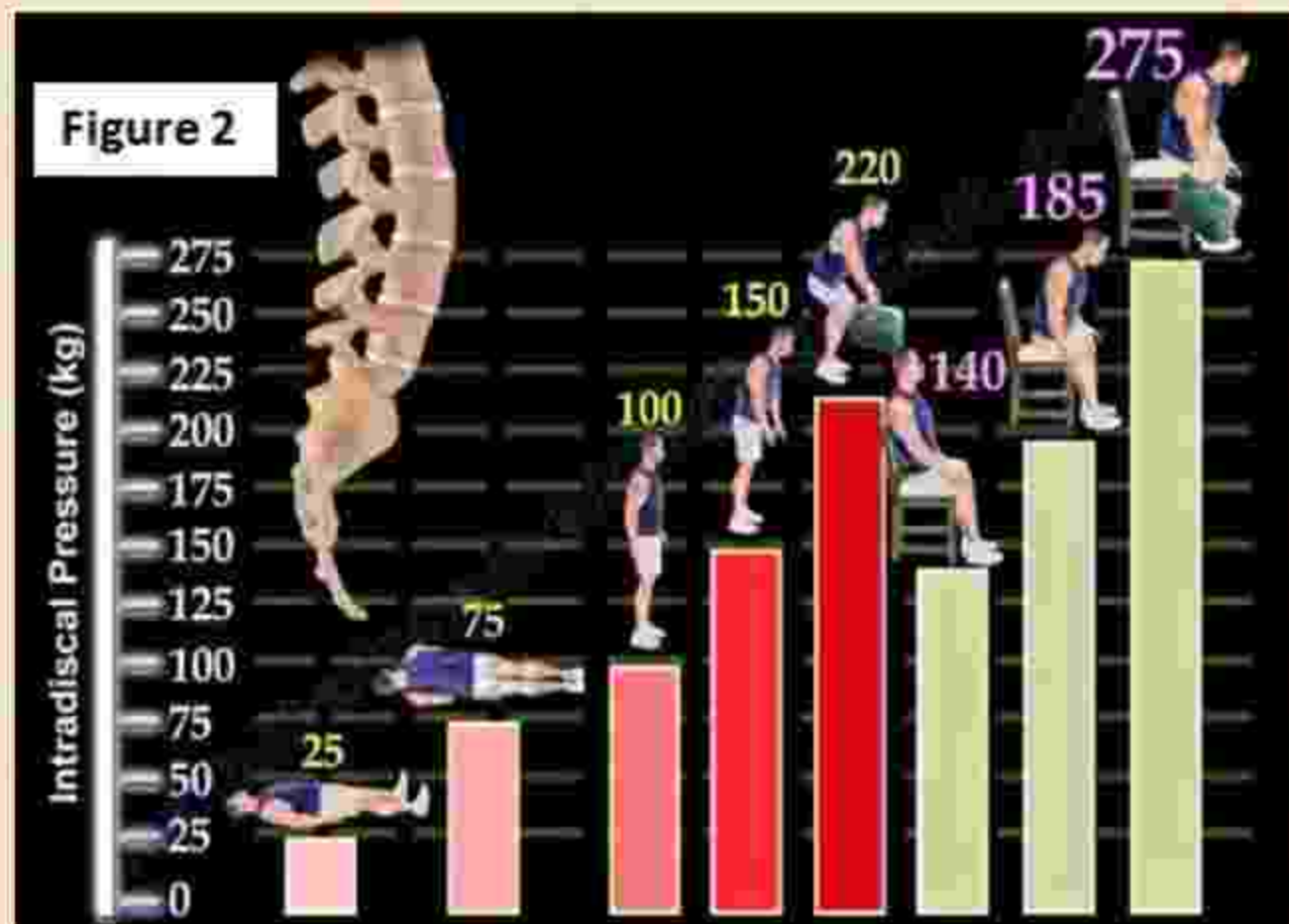


Exaggerated lumbar curve



## Posture

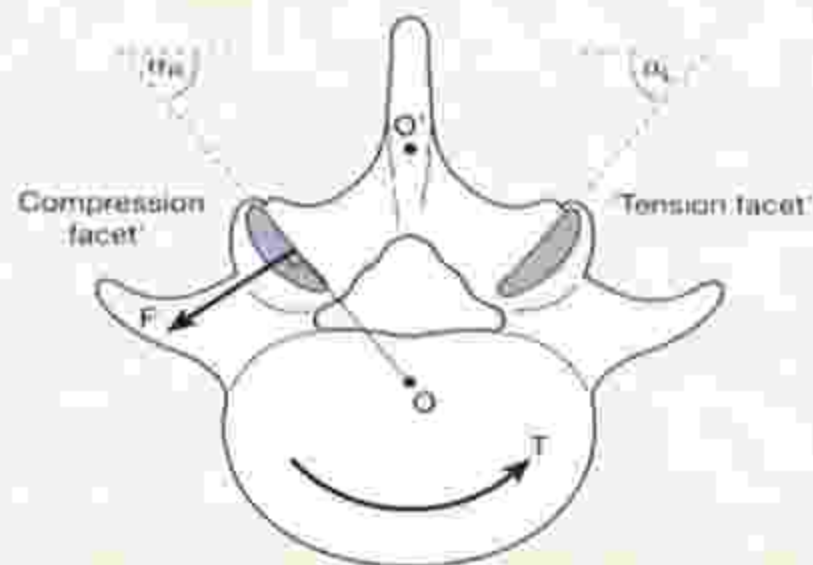
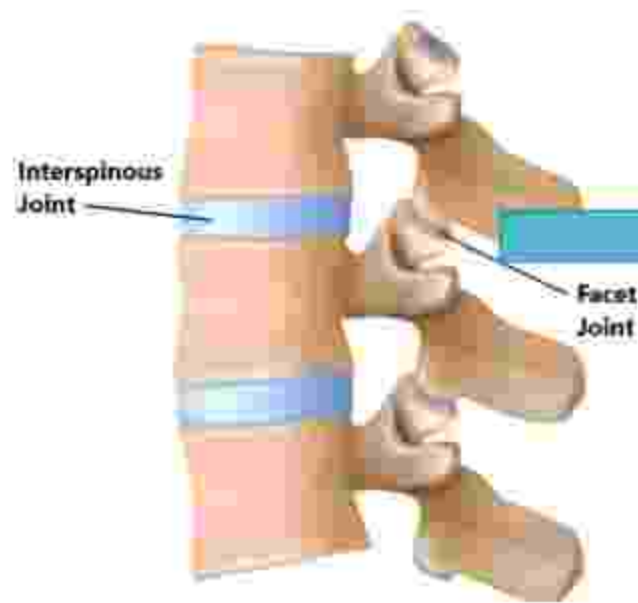
- Standing, sitting while bending your neck increases compressional forces to the spine soft tissues including the disc. (Sato et al., 1999)





## Forces acting on the spine: Torsion

- Torsion: Rotation of the spine about its long axis.
  - ✓ This should be controlled by Apophyseal joint (1-3°) beyond these degrees, the structure under compression may be injured (Adams et al. (2000))



## Other mechanisms causing Back pain:

### History of loading

- ✓ Repetitive over load may cause **micro-damage to muscle** or other soft tissues found in the spine leading to their fatigue.

### Physical activities

- ✓ Rapid increase in physical activities may lead to weakening of slowly-adapting tissues especially Discs.

### Idleness

- ✓ **Idleness** (no-work), **muscles** and **bones** become weak so too the disc and acquire certain weak posture (DeGroot et al. (2004))

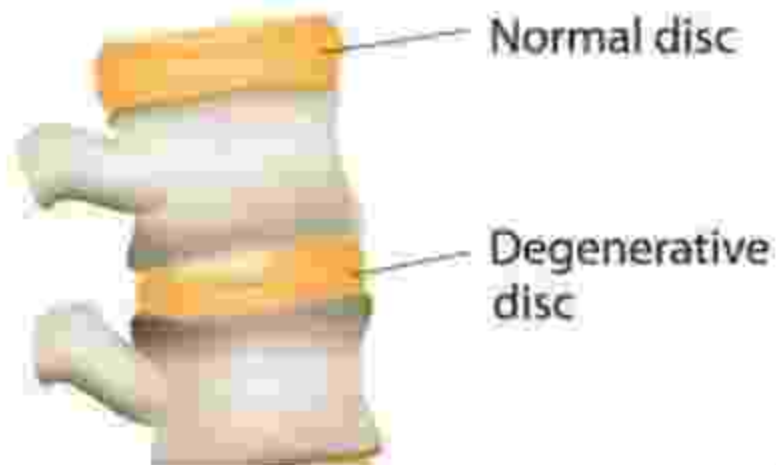


## Mechanisms of Back to pain: Disc Degeneration

**Disc degeneration** is the structural failure of the **disc** as a result of *Mechanical loading*, or *idleness* that may affect the normal cell metabolism. (all seen above)

All the four pictures indicate disc damages: **altered structure, cell biology (matrix degrading enzymes),** and function.

**Note:** Healing is frustrated in the disc



### Disc degeneration



- ❑ **Altered structure:** radial fissures, disc prolapse, internal collapse, e/p fracture, disc narrowing
- ❑ **Altered function:** decompressed nucleus, stress peaks in annulus, reduced strength
- ❑ **Altered biology:** apoptosis, ↑ MMP's & cytokines

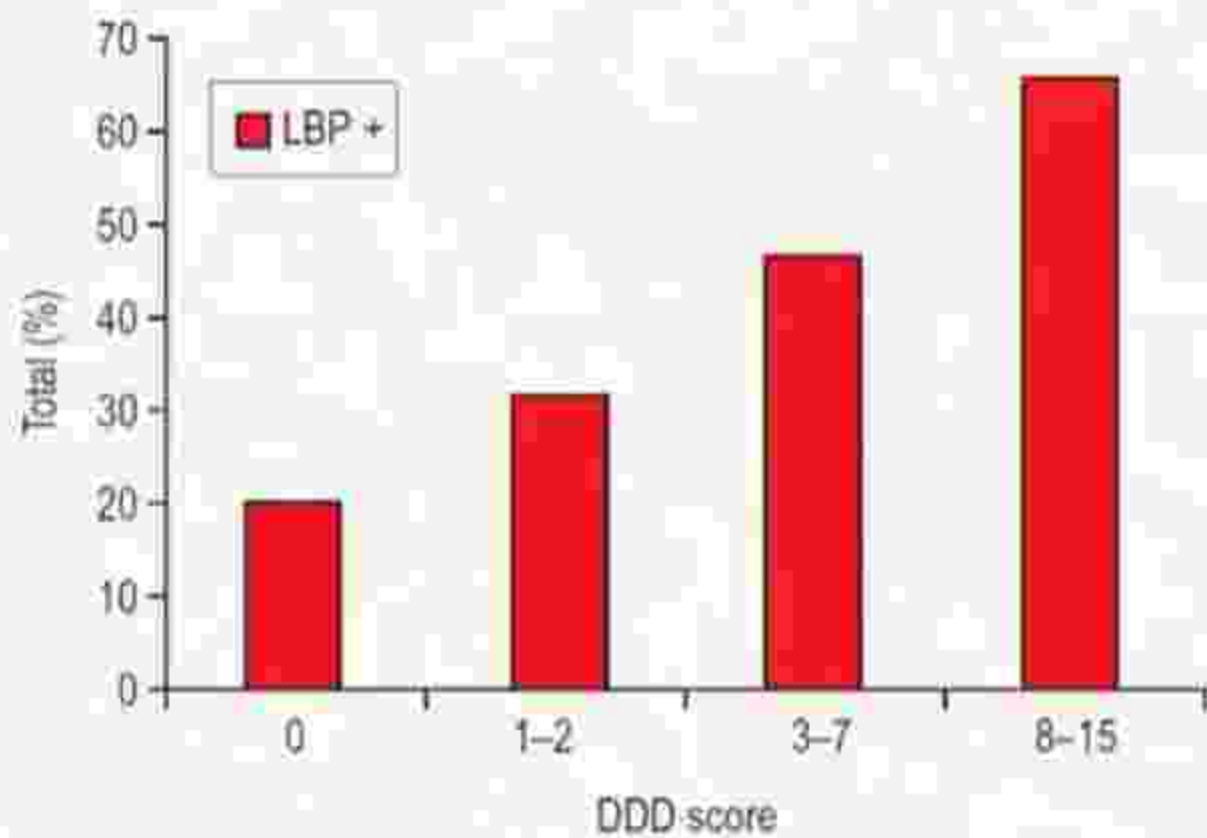


## Compressional forces lead to Disc degeneration

Cheung et al. (2009) showed that the risk of BP increased with Disc degeneration

### Disc degeneration and back pain

Cheung et al. (2009). *Spine* 34(9): 934-40

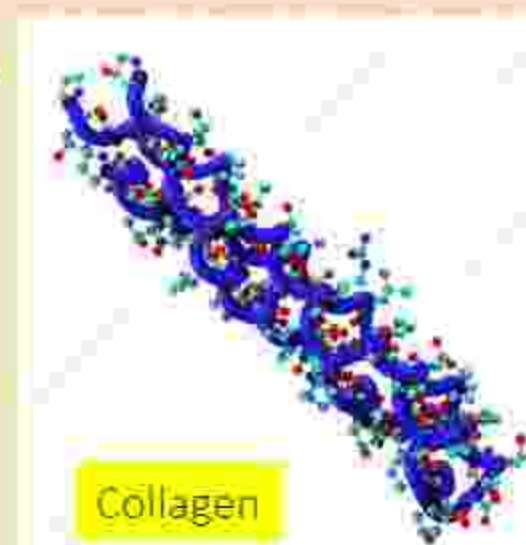
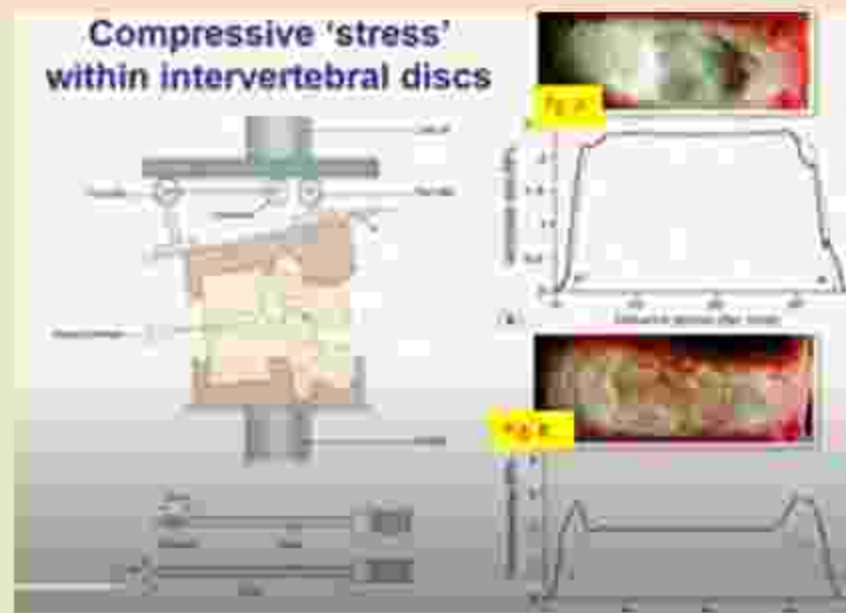
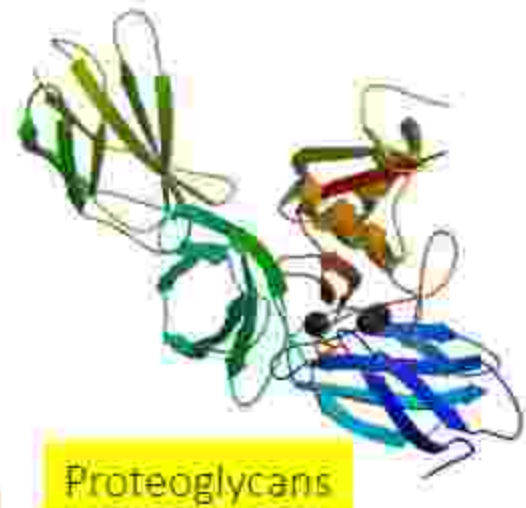




# Mechanisms of disc damage: Age-related biochemical changes in the disc

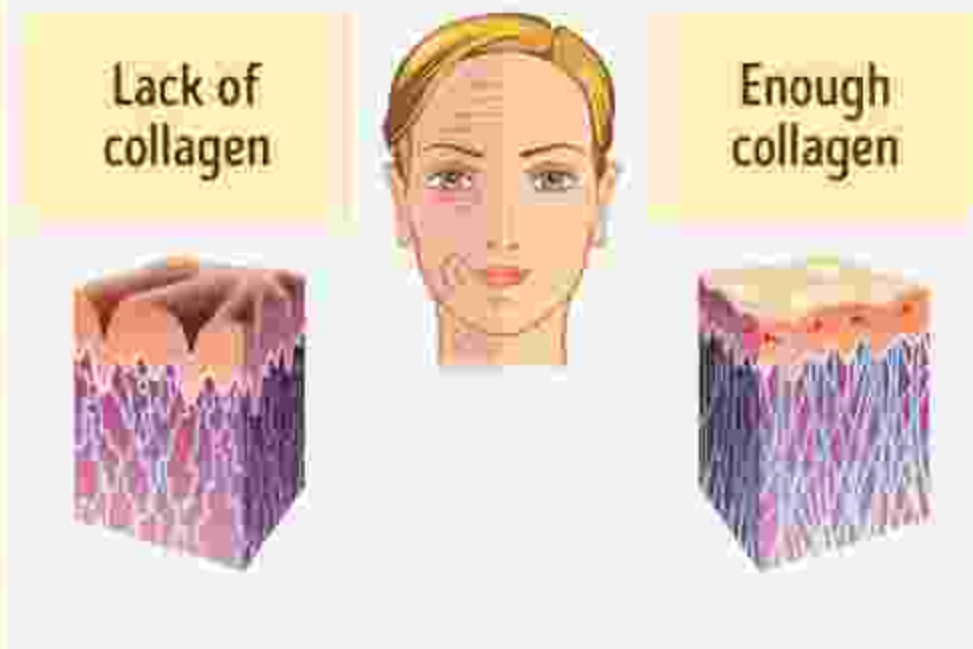
## Age-related biochemical changes

- ✓ Loss of proteoglycans leading to water concentrate stresses in the disc.
- ✓ Dehydrated tissues do not equalize forces significantly.



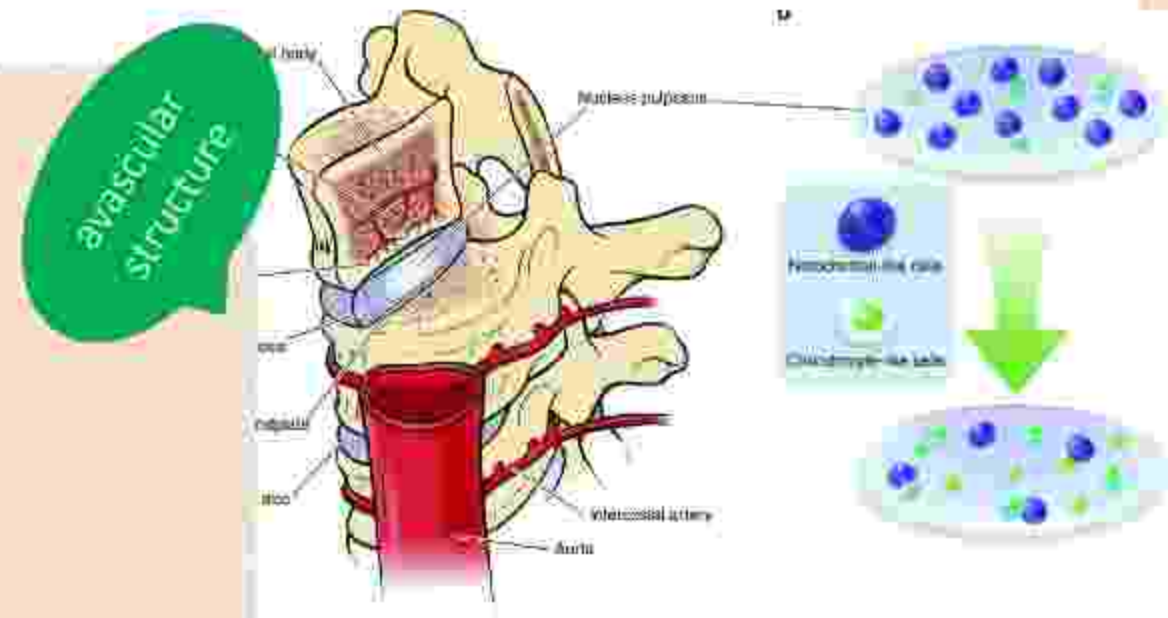
## Cont'n: Age-related biochemical changes

- ✓ Collagen is a large protein molecule that hold the body together.
- ✓ The cross-linking of the collagen fibre as you get older makes cartilage coarse, & stiffens (DeGroot et al. (2004).
- ✓ The changes can happen to any tissue of the body therefore **Nutrition is very important here**



## Nutrition stress in disc

- ✓ **NOTE:** Discs are the largest **avascular** structure in the body
- ✓ **Low cell density.**
- ✓ Therefore, mechanisms of transporting nutrients are inadequate especially in disc Center...
- ✓ Low cell density frustrates repair processes, so disc injury leads to degeneration rather than healing. However, the peripheral region has high cell density and therefore heals



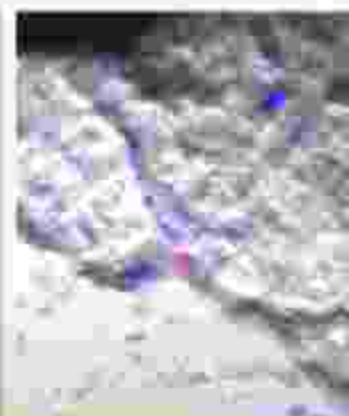
## Mechanisms of Back pain: Features in a degenerated disc

### Radial fissures:

- ✓ Mechanically and chemically conducive for regrowth of the blood vessels and nerves.
- ✓ Because there is low mechanical pressure, and depleted of proteoglycans that resist neural growth activity (albert et al. (2013))

### Radial fissures allow blood vessel & nerve ingrowth

Nerves are then sensitised by inflammation, or infection<sup>3</sup>?

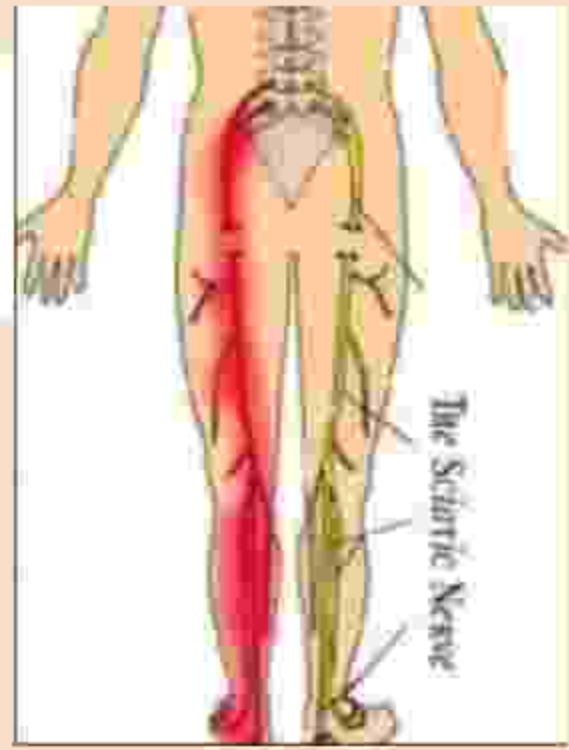


Polly Lama, 2014



## Mechanisms of Back pain: Disc Herniation

- ✓ Herniation generates radicular pain from nerve root



Zero hr. after injury



0 hrs



+ 3 hrs



## Mechanisms to the cause of Back pain: Genetic inheritance

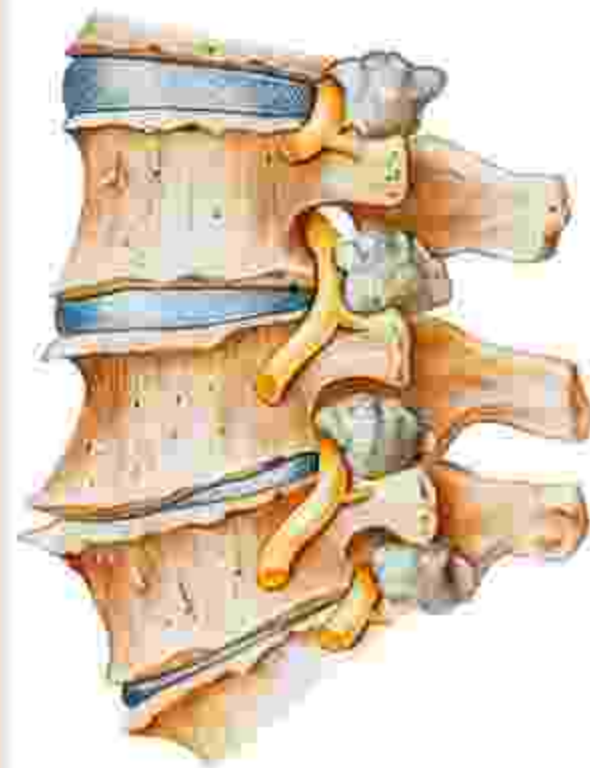
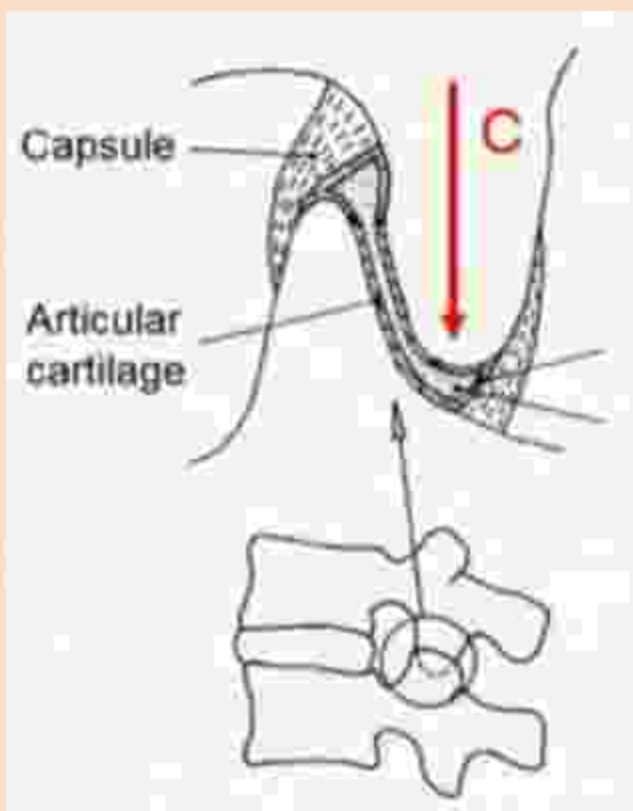
- ✓ With confidence 30-50% of Disc diseases (or BP) may be attributed to genetic inheritance.
- ✓ Example of these genes are: Vit D receptor, Collagen IX, and proteoglycans builders.
- ✓ Genetic predisposition is **least L4-S1**, and **high at L1-2**.
- ✓ The **mechanical influence** is high at L4-S1, and least at L1-2



# Mechanisms to the cause of Back pain: Osteoarthritis

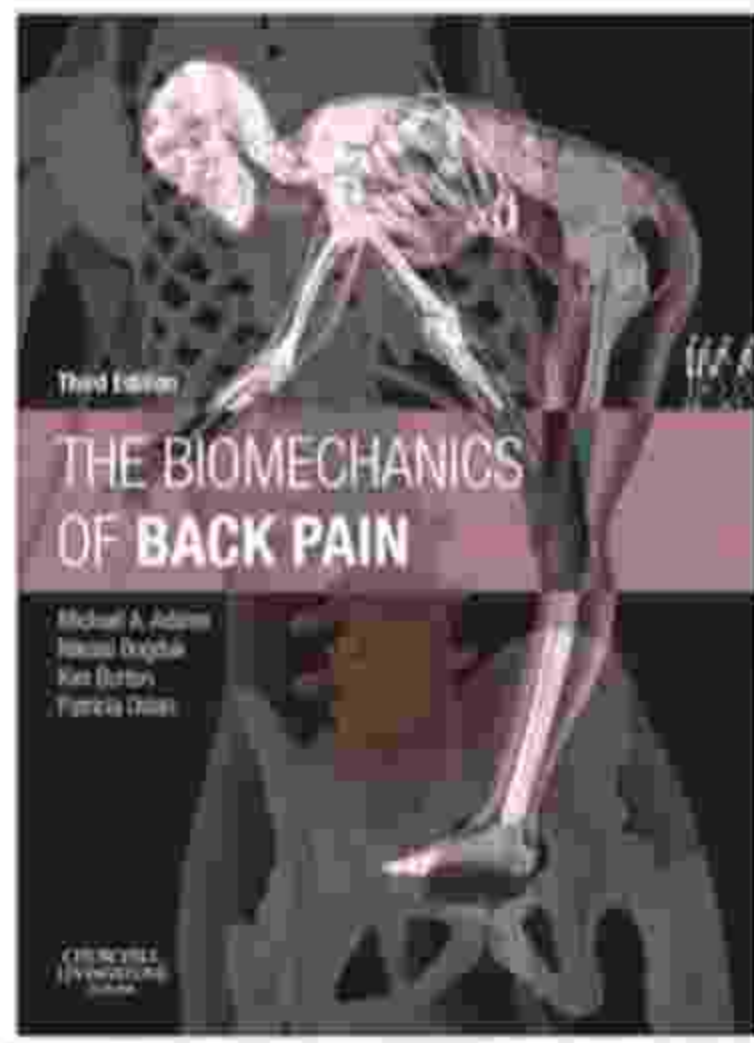
## Spinal degenerative cascade leading to osteoarthritis

- Disc degeneration & narrowing cause facet joints to face more compression.
- Slackening of ligaments responsible for spine stability can lead to segmental instability, osteophytosis, and stenosis (Robson Brown et al (2008))



## Thanks for your attention!

- ❑ Unless otherwise credited, all images are from *"The Biomechanics of Back Pain"* by Adams, Bogduk, Burton and Dolan. Publishers: Churchill Livingstone (3<sup>rd</sup> Edition 2013)
- ❑ I thank my co-authors, and the publishers, for permission to reproduce them





Hoy D, March L, Brooks P, Blyth F, Woolf A, Bain C, Williams G, Smith E, Vos T, Barendregt J, Murray C, Burstein R, Buchbinder R. The global burden of low back pain: estimates from the Global Burden of Disease 2010 study. *Ann Rheum Dis.* 2014 Jun; 73(6):968-74.

Wu, A., March, L., Zheng, X., Huang, J., Wang, X., Zhao, J., Blyth, F. M., Smith, E., Buchbinder, R., & Hoy, D. (2020). Global low back pain prevalence and years lived with disability from 1990 to 2017: estimates from the Global Burden of Disease Study 2017. *Annals of translational medicine*, 8(6), 299. <https://doi.org/10.21037/atm.2020.02.175>.

Adams, M. (2015, July 30). The biomechanics of back pain: what we know so far [Video file]. In *The Biomedical & Life Sciences Collection*, Henry Stewart Talks. Retrieved January 14, 2022, from <https://hstalks.com/bs/3084/>.

<https://hstalks.com/t/3084/the-biomechanics-of-back-pain-what-we-know-so-far/?biosci>