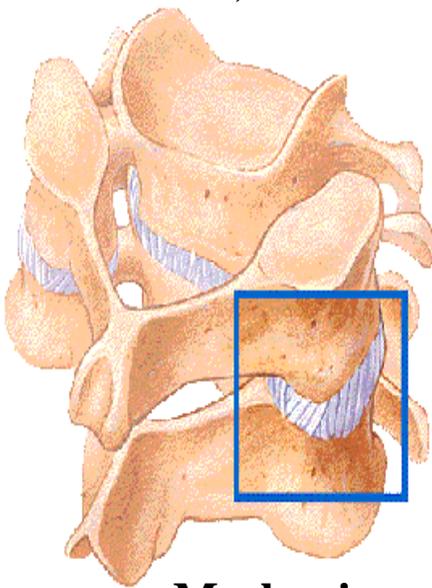


# THORACIC FACET JOINT LESION



## What is a facet joint?

The facet joints are small stabilising joints located between and behind adjacent vertebrae. Their role is to allow the needed amount of mobility in order to turn, look round and bend forwards and backwards.



## What is a facet joint lesion?

The sliding surfaces of the facet joints are covered by a low friction, moist cartilage. When facet joints become worn or torn the cartilage may become thin or disappear. This can cause the joints to become inflamed. When this occurs, a protective reflex arrangement arises that causes the muscles which run either side of the spine to go into spasm.

## Mechanism of Injury

Most commonly when twisting and lifting awkwardly also found in those maintaining one position for too long and/ or when carrying a heavy weight, such as a bag, continually over one side. This overloads the facet joints and causes inflammation, swelling and pain.

Facet joint inflammation may also be a result of a twisting injury in which the cartilage around the joint becomes torn. The torn portion of cartilage can then limit mobility by forming a block within the joint. As a result, pain is produced when pressure is applied to the joint.

Disc degeneration can also cause irritation around the facet joints as can arthritis as a result of previous injury or general wear and tear.

## What are the symptoms of a facet joint lesion?

- Acute episodes of thoracic facet joint pain are usually intermittent and generally unpredictable.
- Typically turning / rotation of the spine is most painful
- Tenderness to palpation of the facet joint or adjacent muscles is a common feature.
- You may experience pain spreading into the upper back, chest wall, and/ or rarely into the arm. This is called referred pain.
- Pain may be worse when holding a fixed position.
- Keeping on the move should help reduce the pain.

## What will Physiotherapy consist of?

When facet joints become inflamed the muscles which run parallel to the spine contract or go into spasm as a protective mechanism. It is therefore important for your therapist to relax these muscles in order to correct abnormal curvature of the spine. Your therapist will also need to reduce the inflammation within your spine and prevent the condition from occurring in the future. This can be achieved with:

**Manipulation** is usually the most effective form of treatment, it is a high speed, short movement thrust given at the end of available range. It is used to break down adhesions, remove a blockage within a joint and restore full painless movement. A click or noise may be experienced during this treatment

**Massage** encompassing a variety of techniques and is given with sufficient pressure through the superficial tissue to reach the deep lying structures. It is used to increase blood flow, decrease swelling, reduce muscle spasm and promote normal tissue repair.

**Myofascial/ trigger point release** is a form of manual therapy whereby sustained pressure is applied to specific areas of palpable muscle tension. The aim is to apply pressure of varying intensities in order to lengthen soft tissue and reduce the palpable knot. This technique may be initially painful but after 30-50 seconds of sustained pressure the pain subsides.

**Mobilisation** is a manual technique where the joint and soft tissues are gently moved by the physiotherapist to restore normal range, lubricate joint surfaces, and relieve pain.

**Ultrasonic Therapy** transmits sound waves through the tissues stimulating the body's chemical reactions and therefore healing process, just as shaking a test tube in the laboratory speeds up a chemical reaction. It reduces tissue spasm, accelerates the healing process and results in pain relief.

**Interferential Therapy** introduces a small electrical current into the tissues and can be used at varying frequencies for differing treatment effects. E.g. pain relief, muscle or nerve stimulation, promoting blood flow and reducing swelling/inflammation.

**Short Wave Diathermy** emits electromagnetic waves deep into the tissues. This results in increased blood flow to the area to promote healing, gives pain relief and can produce a heating effect to soften the tissues in preparation for mobilisation/manipulation.

### Other treatments that could be used

**Laser Therapy** emits beams of light into the tissues of the body, stimulating chemical reactions and having a similar effect to ultrasound though using light energy instead of sound energy.

**Acupuncture** is an oriental technique of introducing needles into the skin to increase or decrease energy flow to promote pain relief and healing.

**Injection Therapy** is a specialist procedure, which needs the consent of your G.P. A non-harmful steroid and/or local anaesthetic are injected directly into the injured structure. It has a dramatic effect on removing inflammation and promoting healing.

### What can you do to help your condition?

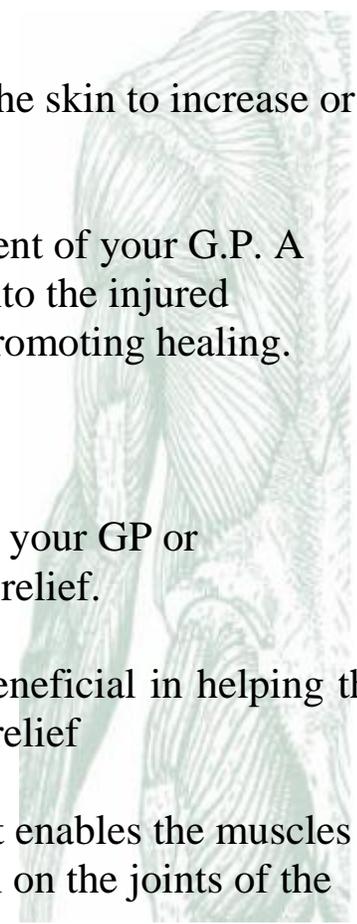
**Analgesia / Anti-inflammatory medication**– In consultation with your GP or Pharmacist these types of medication may provide significant pain relief.

**Heat Packs**- The application of a hot pack to the neck may be beneficial in helping the muscles to relax, promote blood flow to the area and provide pain relief

**Posture** – good posture is crucial for preventing this condition as it enables the muscles of the spine to act as a supporting structure and decreases the strain on the joints of the spine.

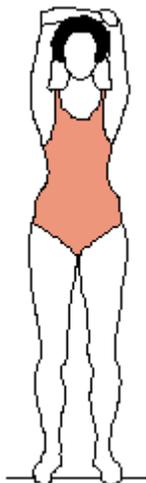
**Ergonomics** - ensure that all your seating is encouraging you to attain good posture and your mattress is supporting your spine adequately.

**A firm supporting pillow** - seems to help some people when sleeping but may aggravate others.

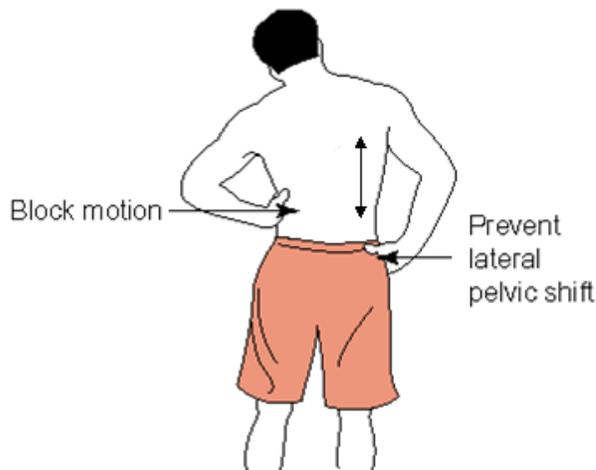


**Exercise/Postural programme** – comply with the prescribed exercise/ postural programme. Your physio will instruct you as to which of the following exercises to begin with, when to add the others, as well as how to progress the exercises.

**1. Lateral trunk flexion**



**2. Lateral trunk flexion with block**



**3. Thoracic rotations**



**Exercise 1:** Stand with your back against a wall with arms bent and interlocked above your head. Slowly bend to one side.

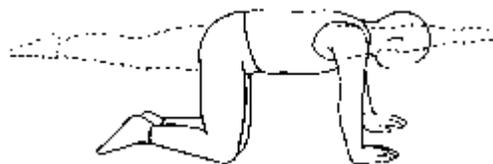
**Exercise 2:** Place one hand over your lower rib cage to act as a block or pivot. Place the other hand on the opposite hip. Side bend away from his hand. Hold for 10 seconds. Repeat both exercises 10 times.

**Exercise 3:** Sit on a chair, with your arms crossed above your chest. Slowly, rotate your trunk to one side. Hold for 10 seconds. Repeat 10 times.

**4. Camel – Cat.**



**5. Stability exercise**



**Exercise 4:** Start in the “all-fours” position. Slowly allow your trunk to sag as far as you can so that your back is arched. Then round your back up at the waist as far as you can by contracting your lower abdominal muscles. All motion should be initiated from your lower back. Perform 10 cycles.

**Exercise 5:** Initially “set” your abdominal muscles and hold for 20 seconds whilst breathing normally. Maintain this whilst slowly lifting one arm. Hold for 10 seconds and repeat 10 times. To progress, perform the above but also extend the leg on the opposite side of the arm lifted.

**What if physiotherapy does not help or resolve my condition?** It is very rare that physiotherapy does not resolve this condition, in these cases a cortisone injection may be appropriate and in very extreme cases surgery is a possible option. These options can be discussed with your therapist if appropriate