

# Exercise therapy

## Back ache

Z. Rozkydal

1. Lumbago
2. Chronic lumbalgia
3. Sciatica

Disc- degeneration, protrusion, hernia

Discogenic pain- radicular syndrom –bellow knee

psedoradicular syndrom- up the thigh

Facet joints

Spinal stenosis

Spondylolistesis

Ancylosing spondylitis

Osteoporosis

Infections

Tumors

Development correct movements

Rebuild fixed stereotypes in various postural situations

Cortical components of the movement system

Plasticity of CNS

Relaxation is necessary

Body image

Deep sensation

To form truly economical movements stereotypes

Breathing pattern

Stabilisation of muscle function

Acute x chronic – different approach

Acute stage- medicine, rest

Chronic stage

specific exercise, individual intensity

change the posture

ergonomic measurement

supportive bracing

strengthening of trunk muscles:

Th and L spine, thorax, pelvis muscles

Spinal stabilisation function:

Not only flexion and extension.

Not according origin and insertions

Upright alignment

To reinforce segments with other muscles

Coordination during muscle activation

Spinal extensors- deep extensor first !!  
then superficial extensors

Synergy between diaphragma, abdominal muscles  
and pelvic floor muscles- play a crucial role

Pelvic tilt is important  
Intraabdominal pressure is increased

The patient should not be a pasive recipient of the therapy  
but active participant of the therapy

## Other modalities

Mobilisation techniques

Influencing of trigger points

McKenzie therapy

CT guided facet denervation

CT guided periradicular therapy (morphium, marcain, local corticoids)

Analgetics

NSAID

Anticonvulsion drugs- muscle relaxant

Antidepressant drugs

Drugs for peripheral nerve regeneration

Surgery