



Interventional (Diagnostic) Therapy– Pro`s

with fluoroscopy

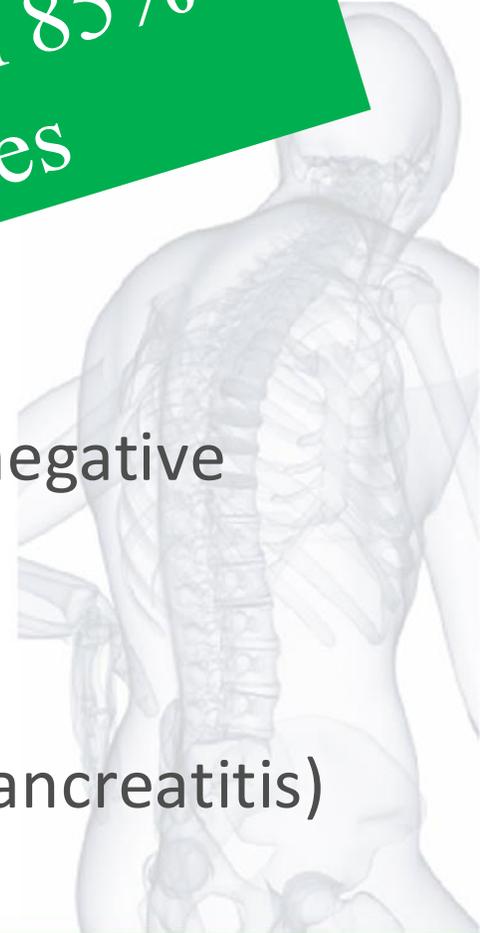
Dr. med. Heino Prillwitz

SSIPM/FIPP/SGSS-Schmerzspezialist/SGUM/DEGUM-Tutor



- Mechanical causes of pain (92%), idiopathic (70%)
 - arthrosis (10 %)
 - dh (4 %)
 - stenosis (3 %)
- osteoporosis fx (3 %)
- instability (2 %)
- Not mechanical causes (1%)
 - Neoplasma, Infektion, Scheuermann Erkrankung, Seronegative Spondyloarthritiden
- Viszerale causes (2%)
 - Prostatitis, Endometriosen,, renale Erkrankungen, Aortenaneurysmen, Gastrointestinale Erkrankungen, Pancreatitis)

No diagnose in 85% of the cases



acut lumboradicular syndrom L5 re

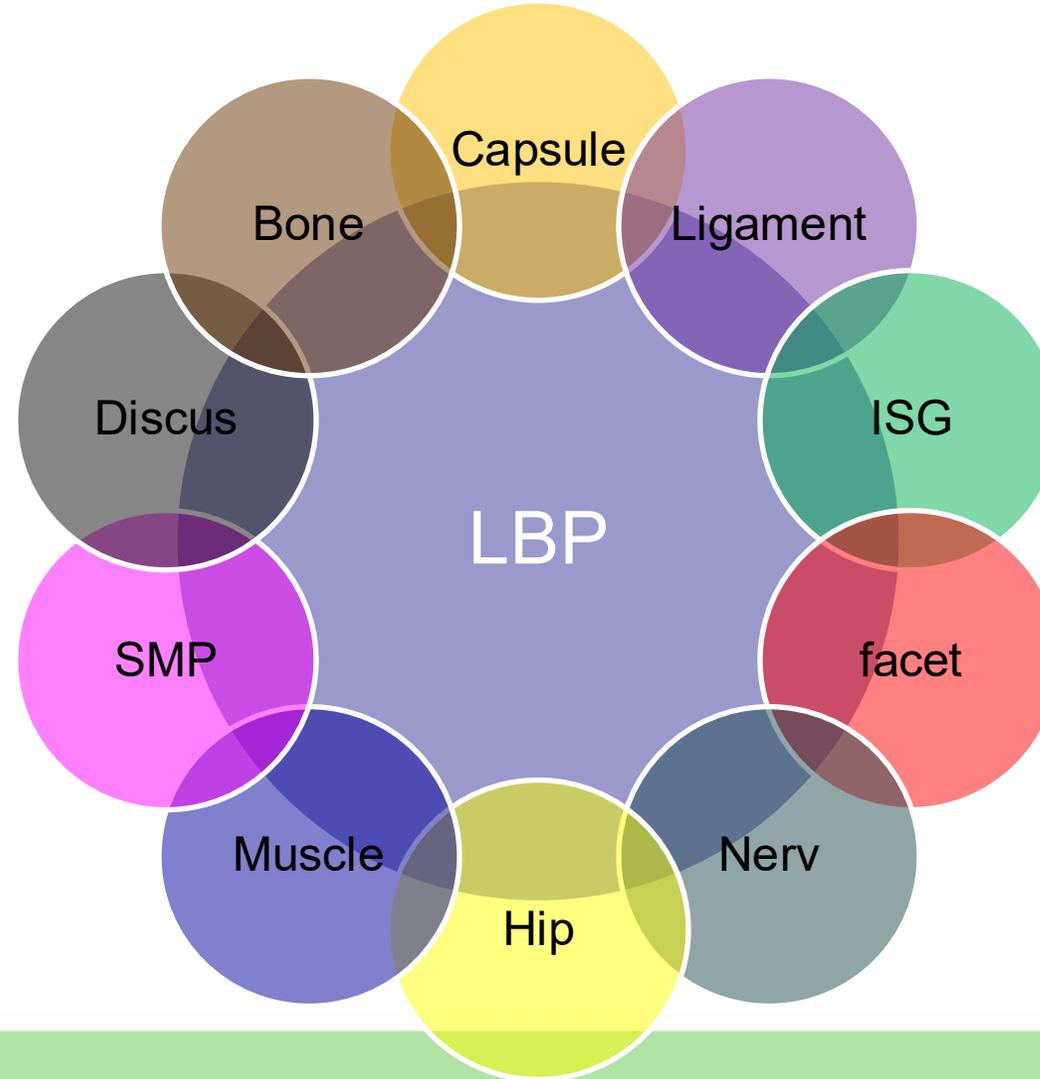
9

Ischialgie

186000

Lumbago

1070000

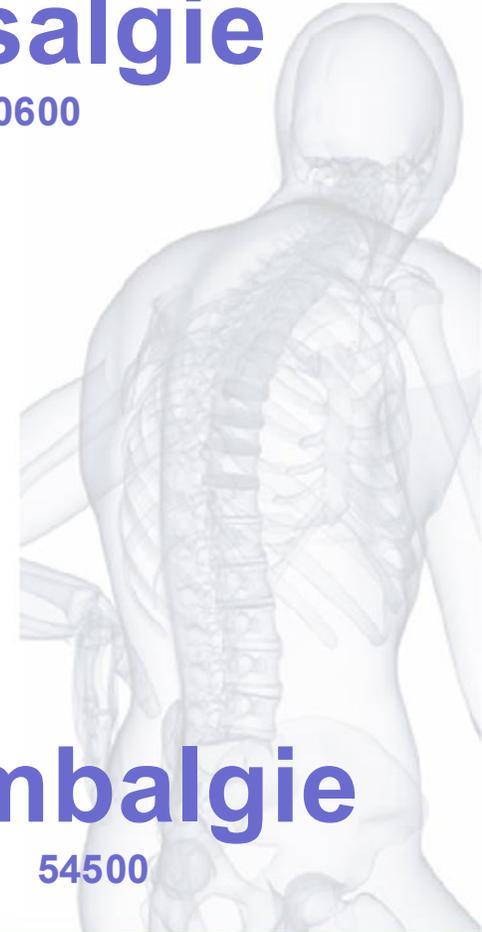


Dorsalgie

90600

Lumbalgie

54500



- Drugs and Physio
 - It always help !



Verordnung zur Physiotherapie KVG

PatientIn

Name

Vorname

Strasse

PLZ / Ort

Geb.datum Geschlecht

AHV-Nr.

Telefon

Datum

Empfänger:

Diverse
Bahnhofstrasse 22
8570 Weinfelden

Versicherung

Name

Strasse

PLZ / Ort

Gesetz/V-Nr.

Fall-Nr./-Dat.

Arbeitgeber

Name

Strasse

PLZ / Ort

Physiotherapeutische Behandlung (durch Arzt/Ärztin auszufüllen)

Ziel der Behandlung

Analgesie/Entzündungshemmung

Verbesserung der Gelenkfunktion

Verbesserung der Muskelfunktion

Propriozeption/Koordination

Verbesserung der cardio-pulm. Funktion

Entstauung

Anderes

Spezielles

Funktioneller Verband (Tape)

Instruktion

Diagnose

separate Zustellung an Vertrauensarzt gem. KVG

Rückenschmerzen

Physiotherapeutische Massnahmen

(durch Arzt/Ärztin auszufüllen, wenn er/sie es wünscht)

Physiotherapie

Verordnung

Arztkontrolle nach Behandlungen



Where is the pain?



- **Help with diagnosis finding and confirmation**
- Rapid pain relief (Reduction of chronicity and incorrect muscle loading/posture)
- Faster recovery – restoration of biomechanical functionality
- Reduction of medication and costs
- Reduction or precision of surgical interventions
- Initiation of a precise/specific conservative therapy – improvement of functionality
- Minimally invasive techniques – less risks



- 51y, Women
- since 1 week immobilizing pain
- In Hospital since 5d!
 - Oxycontin 10/5mg 1-0-2
 - Diclofenac 75mg 1-0-1-0
 - Paracetamol 1g 1-1-0-1
- Rx, MRI – unobtrusive
- Ortho/Neuro: no OP-indication





Smoother gait
No pain
No weakness



- **Help with diagnosis finding and confirmation**
 - **Acut sacroiliacaljoint disorder right (mechanical)**
- **Rapid pain relief**
 - **Takes 5min**
- **Faster recovery – restoration of biomechanical functionality**
- **Reduction of medication needs**
- **Initiation of a precise/specific conservative therapy – improvement of functionality**
- **Reduction of chronicity and incorrect loading/posture**
- **Reduction or precision of surgical interventions**
- **Cost reduction**
 - **1 CHF (drugs)**
- **Minimally invasive techniques – reduction of surgical risk**
 - 🧐



immediately

Diagnose

separate Zustellung an Vertrauensarzt gem. KVG

Acute SI-Arthropathie and joint-disorder right with myofascial component and lack of lumbar spine control (shortening of the hamstring group)

auszufüllen)

Physiotherapeutische Massnahmen

(durch Arzt/Ärztin auszufüllen, wenn er/sie es wünscht)

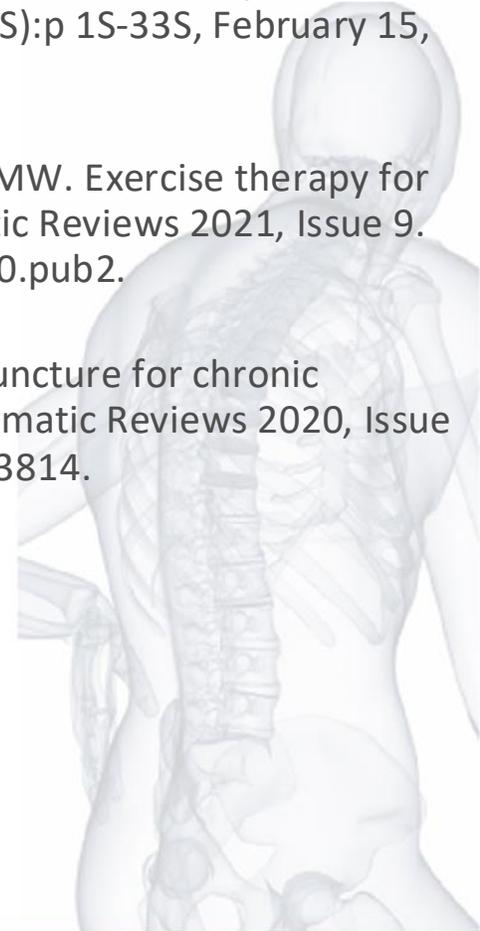
Active physiotherapy to strengthen, build, and mobilize the gluteal muscles and hip external rotation.

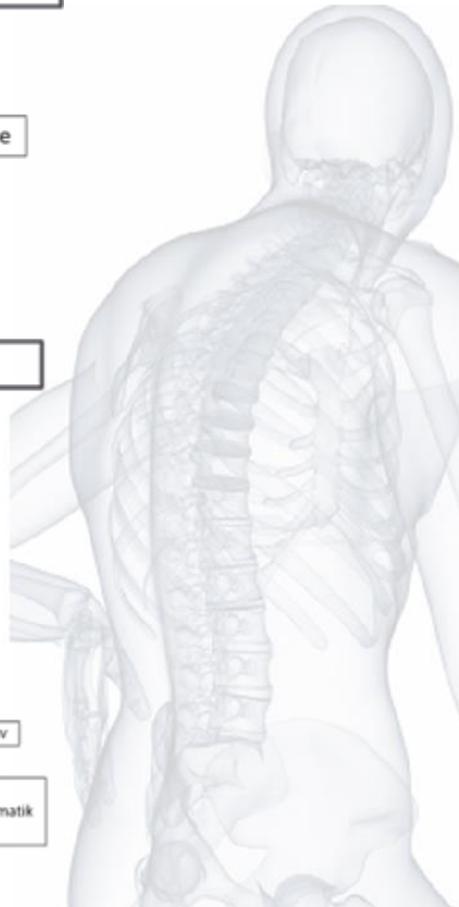
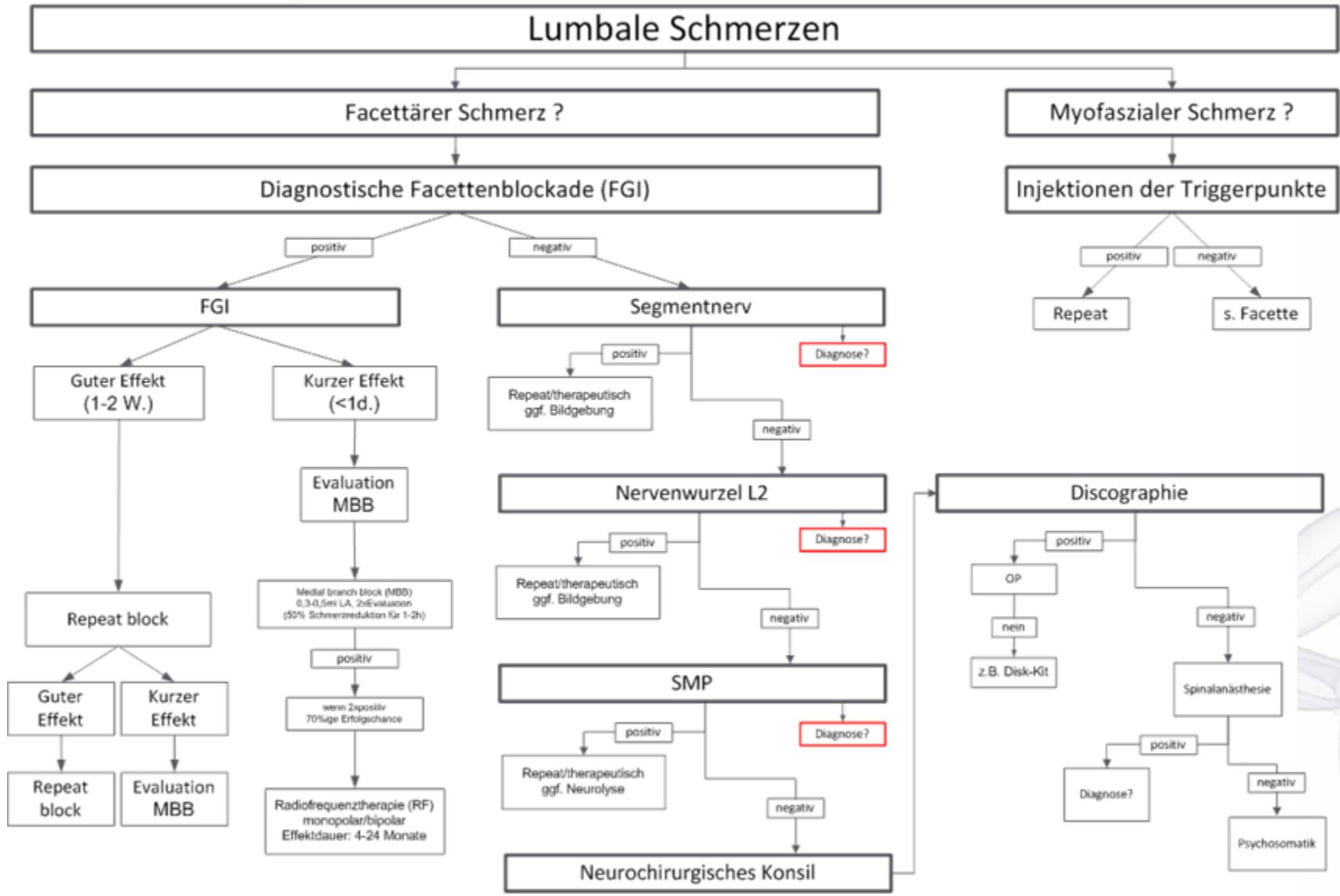
Please focus on isometric exercises with a low eccentric loading phase. Stabilization of the leg axis. Pelvic floor training. Foam roll (Blackroll), detoning measures.

Back hygiene, and, if necessary, a workplace assessment.

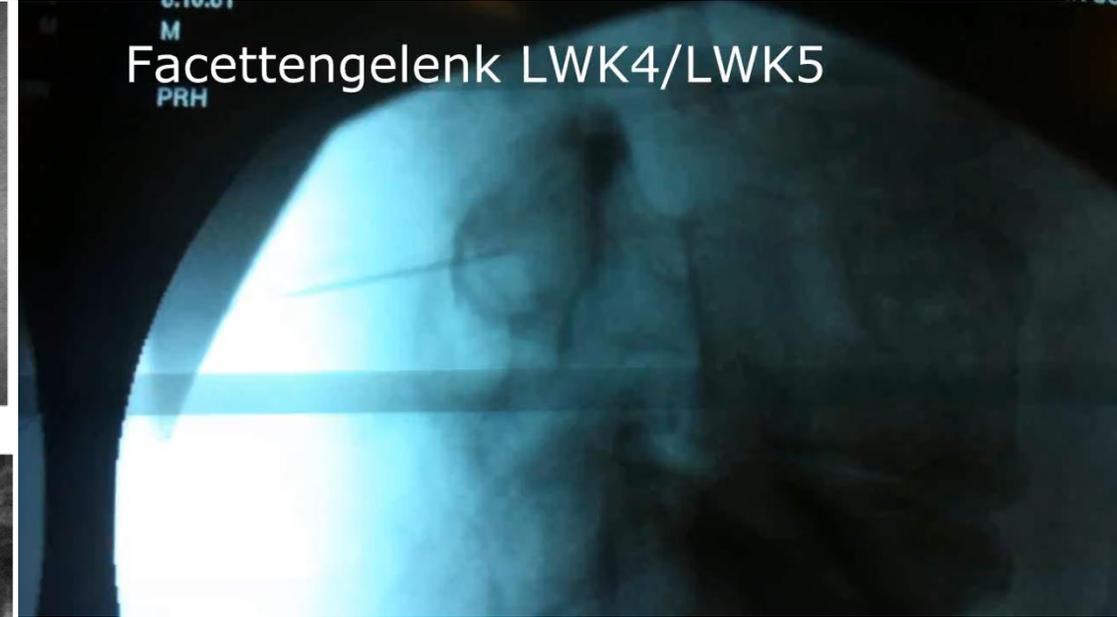
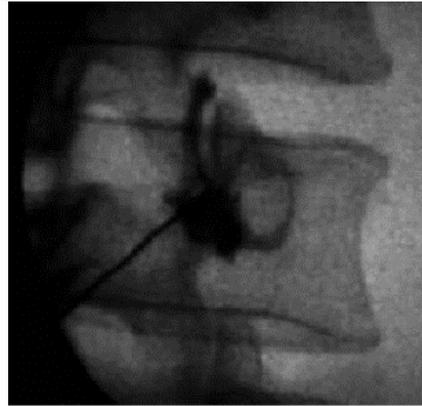
Evidence data

- Abenhaim, Lucien; Rossignol, Michel; Valat, Jean–Pierre; Nordin, Margareta; Avouac, Bernard; Blotman, Francis; Charlot, Jacques; Dreiser, Renée Liliane; Legrand, Erick; Rozenberg, Sylvie; Vautravers, Philippe for the Paris Task Force. The Role of Activity in the Therapeutic Management of Back Pain: Report of the International Paris Task Force on Back Pain. Spine 25(4S):p 1S-33S, February 15, 2000.
- Hayden JA, Ellis J, Ogilvie R, Malmivaara A, van Tulder MW. Exercise therapy for chronic low back pain. Cochrane Database of Systematic Reviews 2021, Issue 9. Art. No.: CD009790. DOI: 10.1002/14651858.CD009790.pub2.
- Mu J, Furlan AD, Lam WY, Hsu MY, Ning Z, Lao L. Acupuncture for chronic nonspecific low back pain. Cochrane Database of Systematic Reviews 2020, Issue 12. Art. No.: CD013814. DOI: 10.1002/14651858.CD013814.





- Most common causes
 - ca. 45% - 60% with LBP*
 - joint disorder
 - Inflammation
 - Osteoarthritis
 - Overloading - myofascial



Original Manuscript

Equivalent Outcomes of Lumbar Therapeutic Facet Joint Nerve Blocks and Radiofrequency Neurotomy: Comparative Evaluation of Clinical Outcomes and Cost Utility

Laxmaiah Manchikanti, MD¹, Radomir Kosanovic, MD¹, Vidyasagar Pampati, MSc¹, Mahendra R. Sanapati, MD¹, Amol Soin, MD², Nebojsa Nick Knezevic, MD, PhD³, Bradley W. Wargo, DO⁴, Joshua A. Hirsch, MD⁵

Results: A total of 326 patients met the inclusion criteria with 99 patients receiving lumbar facet joint nerve blocks (lumbar facet joint nerve blocks with L5 dorsal ramus block) and 227 receiving lumbar radiofrequency neurotomy. Forty-eight patients in the facet joint nerve block group and 148 patients in the radiofrequency group completed one-year follow-up.

Patients experienced significant improvement in both groups from baseline to 12 months with significant pain relief ($\geq 50\%$). Significant pain relief was recorded in 100%, 99%, and 79% of the patients in the facet joint nerve block group, whereas, it was 100%, 74%, and 65% in the radiofrequency neurotomy group at the 3, 6, and 12 month follow-up, with a significant difference at 6 months.

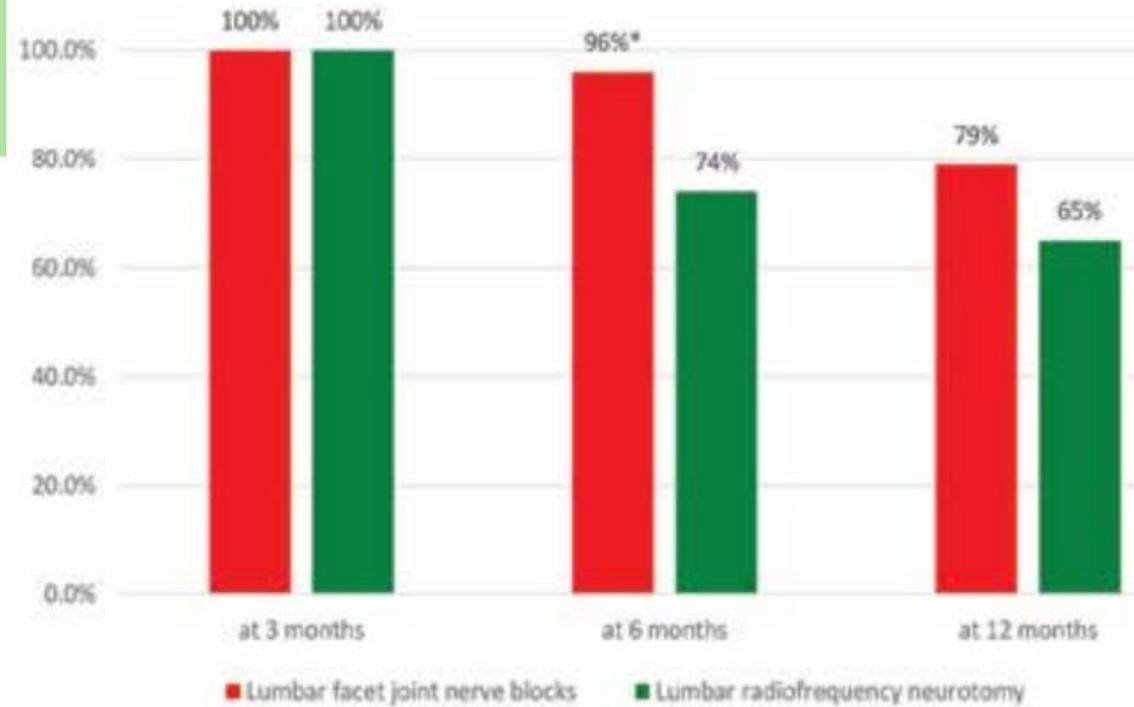


Fig. 2. Proportion of patients with significant pain relief for lumbar facet joint nerve block and lumbar radiofrequency neurotomy
* $P < 0.01$

Table 2. Pain relief characteristics.

	Lumbar Facet Joint Nerve Blocks (99)	Lumbar Radiofrequency Neurotomy (227)
Baseline	8.2 ± 0.4 (99)	8.1 ± 0.8 (227)
3 months	3.5* ± 0.7 (99)	3.6* ± 0.9 (227)
6 months	3.4* ± 0.6 (77)	3.2* ± 0.6 (181)
12 months	3.4* ± 0.5 (48)	3.1* ± 0.4 (148)

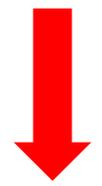
* Significantly different from baseline values within the group.

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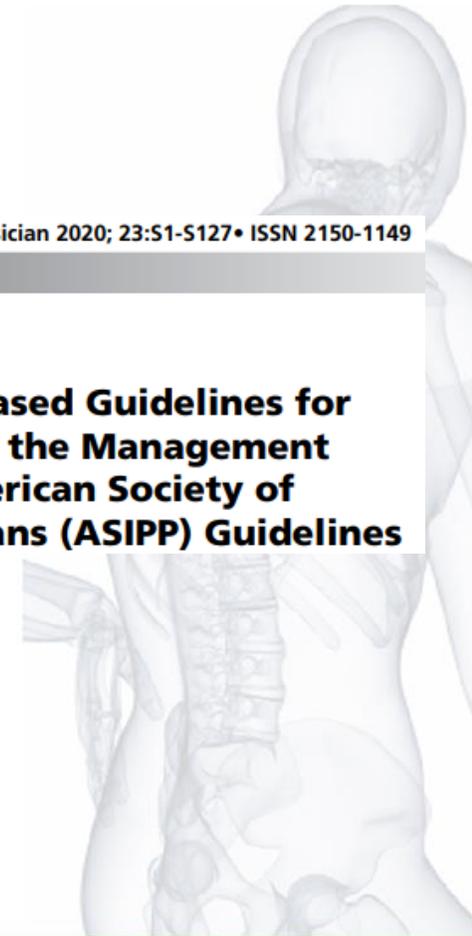
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Facet Joint Interventions Guidelines

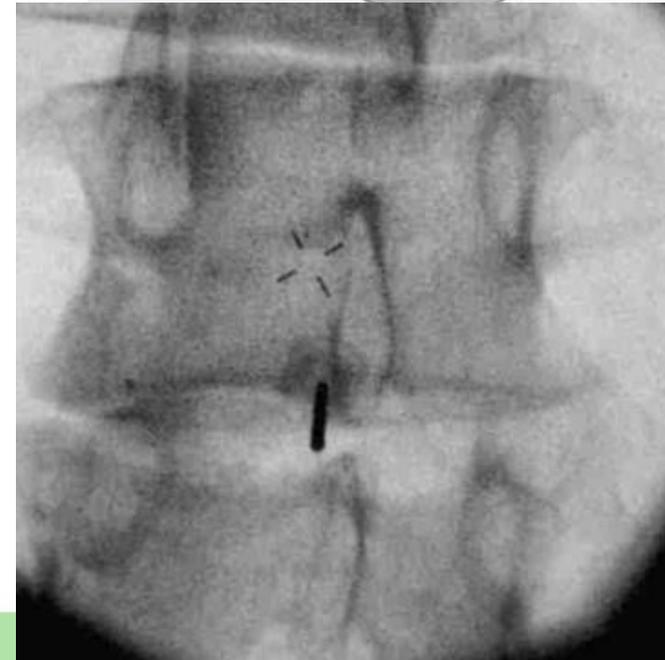
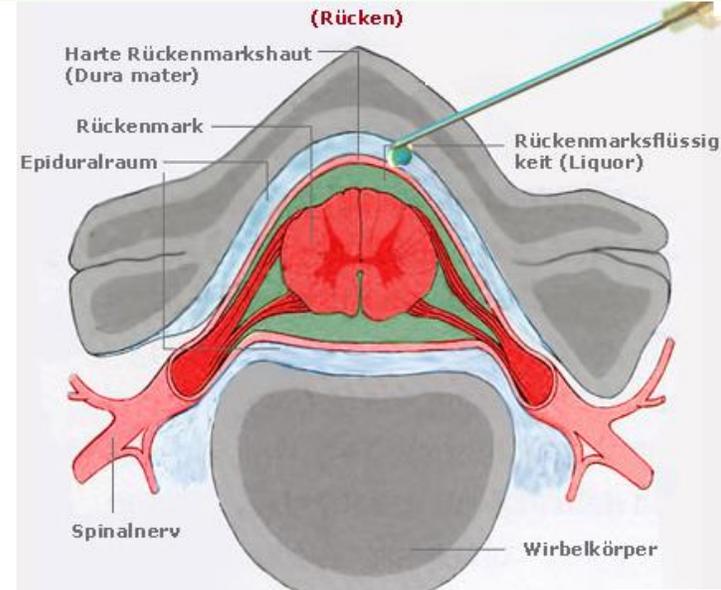
e Comprehensive Evidence-Based Guidelines for Facet Joint Interventions in the Management of Chronic Spinal Pain: American Society of Interventional Pain Physicians (ASIPP) Guidelines



- Most common causes
 - acut/chronic radicular pain
 - degenerative changes
- study:
 - Spine Patient Outcome Research, JAMA 2006; 296: 2485-2487
 - Bei ca. 60%-80% of patients total pain relief
 - Bei ca. 10%-20% subtotal pain relief

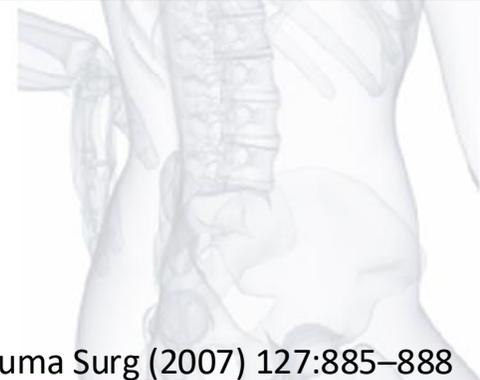
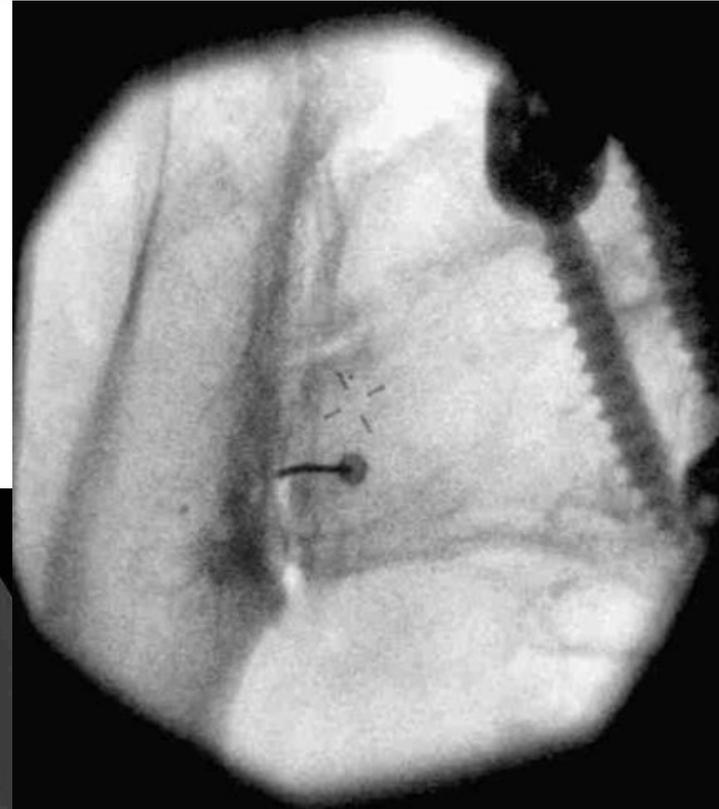
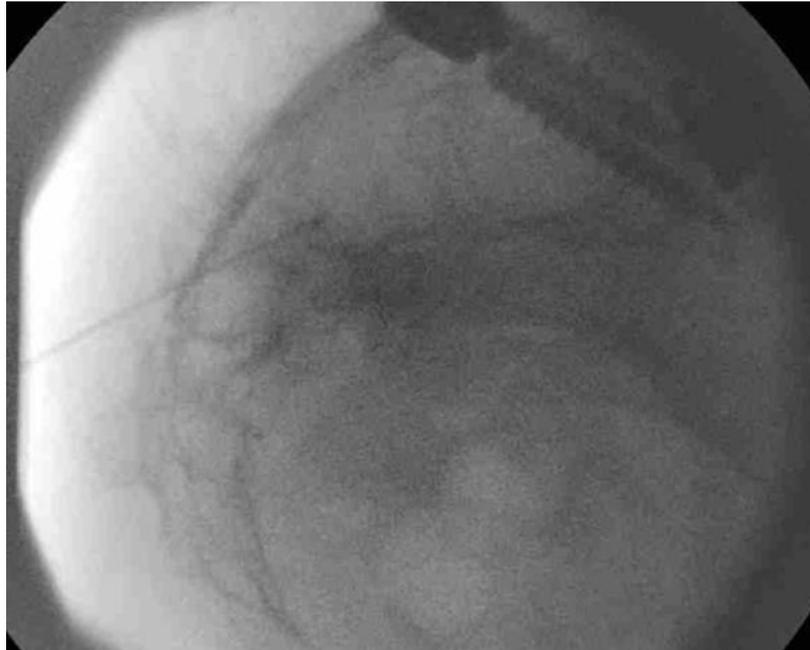


- Most common causes
 - Spinal stenosis
 - Polyradicular pain
- Study situation:
 - First line therapy:
reduction pain of 70%
in 75% of patients

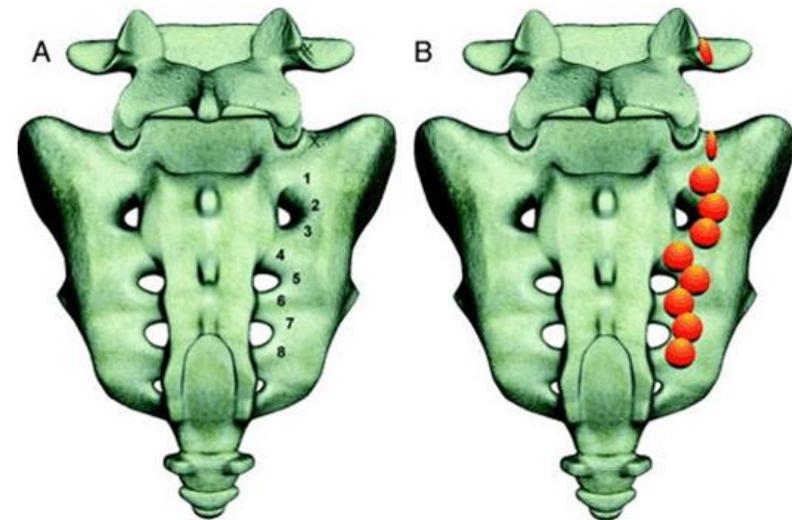
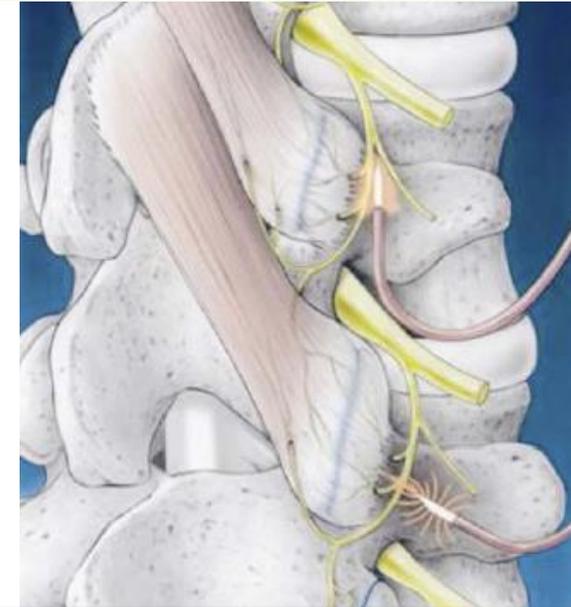


Efficacy of Epidural Injections in Managing Chronic Spinal Pain:
A Best Evidence Synthesis - 52 trials ca. n=2700
Conclusion: benefit shows the efficacy of epidural injections in
managing a multitude of chronic spinal conditions

- Sacroiliac joint (SIJ) pain is responsible for approximately 15-25% of reported back pain*
 - Joint-dysfunction
 - Osteoarthritis
 - Muscleweakness
 - Inflammation
 - Accidents



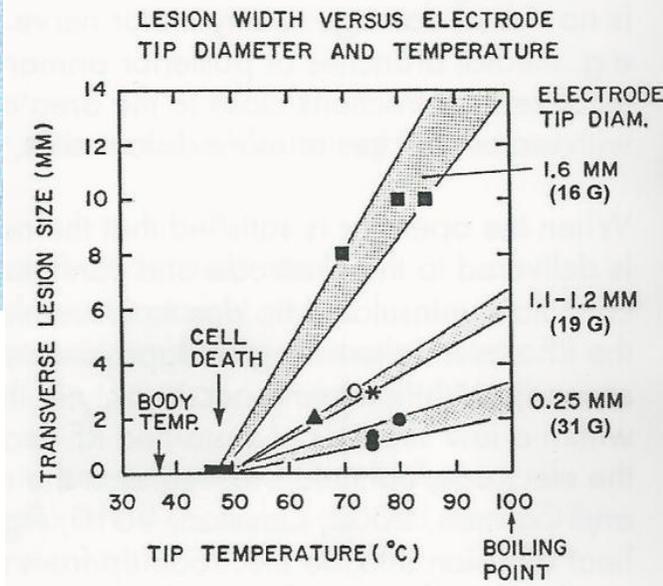
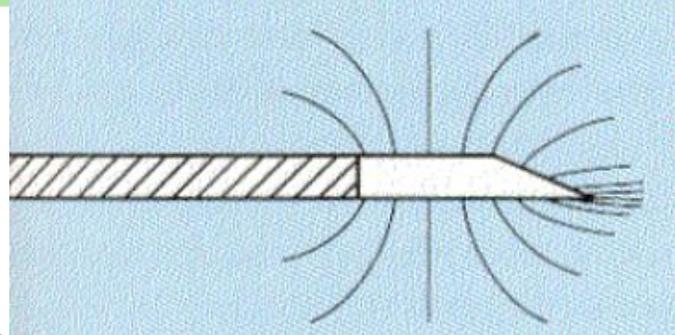
- Struktur: Ramus dorsalis medialis des Spinalnervs (Medial Branch)
- possible usses
 - Therapieresistente Patienten
 - Nichtpharmakologische Behandlung
 - RF, gRF



■ Frequenzart

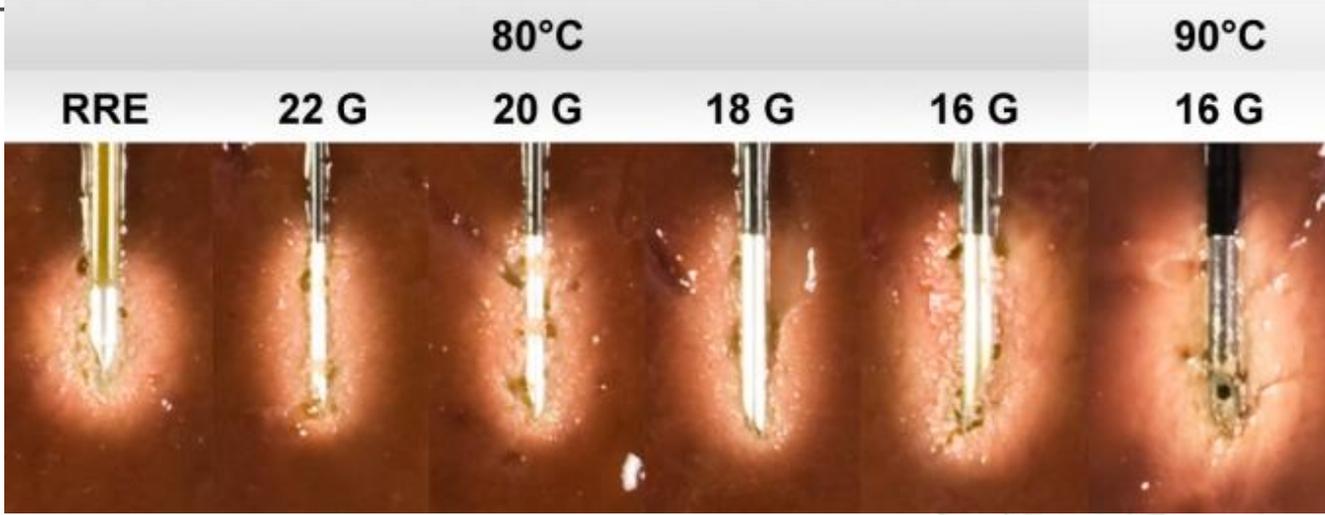
■ RF

- Elektr. Feld erzeugt Hitze
- Kontinuierlich: T 80°C-90°C/90s



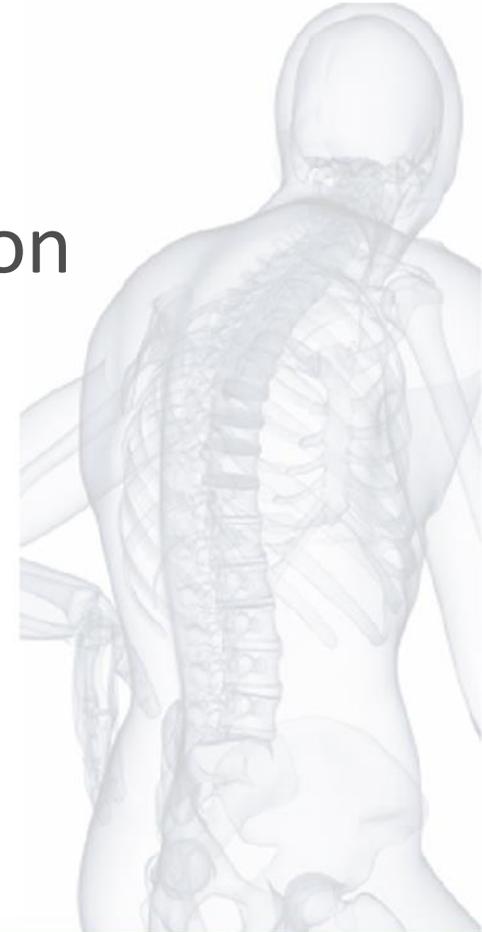
e RF

- Short bursts: T 42°C, /240s
- Neuromodulation (Ø Schädigung)



Wie aus einer Mitteilung des RFEF hervorgeht, hatte Yamal am Montagmorgen eine invasive Radiofrequenzbehandlung im Schambereich erhalten – ohne dass die Ärzte der Nationalmannschaft informiert wurden. Yamal hat seit geraumer Zeit mit Leistenproblemen zu kämpfen.

- Use diagnostic technic of interventional procedurs (more pro`s then con`s)
- Find the cause and find the diagnose
- Dont`t forget overlapping causes (use structure)
- Dont use steroid without evidence for inflammation (steroids are NO pain killer)

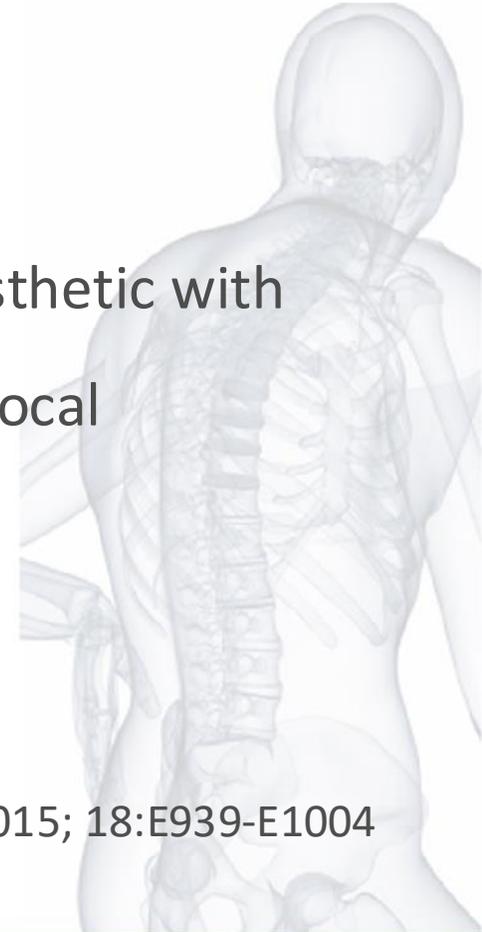


Vielen Dank für
Ihre Aufmerk-
samkeit!



- Efficacy of Epidural Injections in Managing Chronic Spinal Pain: A Best Evidence Synthesis
- PubMed 1966 – 08/2015; Cochrane reviews; randomized trials with a placebo control or an active-control design, article
- Insgesamt 52 Studien (Evidenz-Level 1-3)
 - Lumbal: 43, Cervical 8, Thoracal 1
- Results
 - «...epidural administration of local anesthetic alone or local anesthetic with steroid are equally efficacious...»
 - «...Disc herniation and radiculitis, there is Level II evidence that local anesthetic with steroid is superior to local anesthetic alone...»

- Systematic Review - Pain Physician 2015; 18:E939-E1004



53 y, man – pain since years, stiffness

Patient: right now I'm having trouble walking, especially getting up from a chair. I have terrible pain in my thighs, hamstrings, and calves.

Dr.: Could you walk me to the door for a bit?

Dr.: How long does the morning stiffness last?

Patient: currently, about half an hour. That's pretty normal at the moment.

Dr.: Could you do a squat?

