

## EFFICACY OF MINIMAL INVASIVE TECHNICS AND PHYSIOTHERAPY IN GERIATRIC PATIENTS WITH LOW BACK PAIN

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### AIM

This study was carried out with the aim of determining whether minimal invasive technics were effective or not for low back pain management in geriatric population.

## **MATERIALS & METHODS**

Totally twenty patients (mean age:66.2±7.03; 15 F, 5 M) with chronic low back pain (CLBP). 14 patients had minimal invasive

surgery (radio frequency ablasion (n=10), sacral epiduroscopic laser decompression (n=4) ) and physiotherapy application additionally. 6 patients received physiotherapy application alone.

### **Exclusion Criteria**

- have any spine surgery
- have any neurological and cognitive disease
- Scoliosis

### Pain Pressure Threshold

#### Digital Algometer (Wagner Pain Test®)

Before and after physiotherapy application followings were measured from muscle belly. Process of lumbar spinous

M.Piriformis

M.Quadratus Lumborum

M.Quadriceps Femoris

- M.Tibialis Anterior
- M Gastrochemius
- M. Hamstrings

### PHYSIOTHERAPY APPLICATION

15 sessions of physiotherapy including hot-pack, relaxatio training and spinal stabilization exercise were applied to all patients.

## RESULTS

After treatment PPT increased in all areas as to before treatment in both groups. Difference were only significant increases of PPT in piriformis, hamstring muscles and processus spinozus of L5 (p<0.05). Changes in PPT is seen in table 1 and 2.

### Table 1. Changes in PPT in spinous procces

group 👻	L5 🔽	L4 🔽	L3 🔽	L2 🔽	L1 👻
FD	3.9±2.7	0,9±2.4	1.8±2.1	1.4±2.8	1.4±2.9
RFA	1.9±1.8	1.7±1.7	2.3±2.0	2,9±2.5	1.6±1.3
SELD	0.7±0.6	0.2±0.6	0.1±0.5	0,4±0.3	0.2±0.2
PA	0.03±3.8	0.9±1.9	1,6±1.2	0.9±2.3	0,7±0.7
р	.050*	.50	.33	.42	.19 _

\*p<0.05

### Table 2. Changes in PPT in muscle

group 💌	QLR 🔻	QLL 🔻	piriR 💌	piriL 💌	QFR 💌	QFL 🔻	hamsR 💌	hamsL 🚽
FD	2.6±2.1	2.1±1.4	2.7±2.2	2.0±2.6	1.3±1.6	1,7±2.0	2,0±3.1	3.2±3.8
PA	0.9±1.1	0.8±0.9	1.1±1.2	0.5±0.9	1,5±1.1	0,8±0.9	1.7±2.6	2.4±1.5
RFA	2.2±1.5	1.9±1.6	3.3±2.8	1.4±0.6	0,8±1.9	2.24±2.2	1.3±2.5	1,4±1.3
SELD	1.3±2.8	2.4±1.9	0.04±0.3	0.05±0.9	0,09±1.3	1.6±3.1	0.02±0.3	0,6±0.5
р	.35	.31	.50*	.11	.23	.17	.56	.39*

\*p<0.05

FD: Facet denenation RFA: Radiolexquercyablasion PA: Phyloidnesspyalone SELD: Sacetlepiduracopiclaserdecom QLR: QuadratusLumbournight QLI: QuadratusLumbournight

Pirk PirlomisRight PirL: PirlomisLett

QFR: Quadricepsfemorisrigh

QFL: Quadricepsferrorisleft

HamsR: Hamstinglight HamsL: Hamstinglet

# CONCLUSION

This study showed immediate effects of minimal invasive technics and physiotherapy.

For precise comments the number of patients should be increased and long term follow-up were needed.

## REFERENCES

1-Koes, Bart W., et al. "Randomised clinical trial of manipulative therapy and physiotherapy for persistent back and neck complaints: results of one year follow up." Bmj 304.6827 (1992): 601-605.

2- Erdogmus, Celal B., et al. "Physiotherapy-based rehabilitation following disc herniation operation: results of a randomized clinical trial." Spine 32.19 (2007): 2041-2049.