Lumbar facet syndrome is a painful disorder of the lumbar spine thought to originate from the facet joints and includes a spectrum of structural changes (e.g., osteoarthritis, capsular tears, synovial cysts, articular cartilage injury) (Beresford 2010) that may be responsive to facet blocks as both a diagnostic strategy and possible treatment for recalcitrant cases. Patient presents with local back pain and sometimes referred pain into the upper aspect of the lower extremity stopping above the knee. There are usually no neuropathic signs or symptoms. The condition may or may be associated with spinal degeneration. (Dixit 2017) In manual therapy circles, this condition is sometimes considered to directly overlap with joint dysfunction.

History

- Back pain with or w/o referral to buttock/hamstring.
- Worse w/ low back extension with/or without rotation. (Beresford 2010)
- At times "sudden onset" w/o any external loading.
- Basic flexion against gravity and catching either on flexion or returning to normal posture.
- Eccentric or concentric posture contractions of low back muscles.
- Pain increased with movement at a focal spot.
- Possible extension, jamming, or impact (e.g. running) mechanism of injury.

Physical Exam Findings

- No specific diagnostic criteria
- Flexion preference away from pain.
- Hyperextension may be provocative (e.g., walking up hill).
- Sharp pain when loading spine towards direction of pain (which may be extension, rotation or lateral bending).
- Usually L5/S1 palpable pain focal spot (facet)
- Kemp's test w/ local L5/S1 pain.
- P-A prone passive restriction.
- DSLR (active) can cause LBP if the patient arches back and has weak core stabilizers.
- No lower extremity neuro/ vascular changes.
- Negative disc tests.

Ancillary Tests

- X-ray are not indicated in the absence of red flags. May show facet sclerosis.
- Diagnostic facet blocks (only specific indicator of facet generated pain)

Treatment Options

Should be treated conservatively. The emphasis of care is to decrease pain and improve function; improve range of motion, and increase tolerance to sensitive movements of activities.

Activity Modification
- Stay active
- Extension load sparing strategies (limiting overhead activities, walking downhill etc.) (short term)

Exercise
- Walking
- Lumbar Stabilization Exercises
- General strengthening exercises
- Graded exposure to sensitive motions

Manual Therapy
- Spinal manipulation
- Flexion/distraction
- Soft tissue therapy

Common Treatment Duration
- 4-6 weeks

Other Options (Rare)
- Therapeutic facet injections
- Radiofrequency denervation

Potential ICD 10 Codes

- **M54.59** = Mechanical low back pain
- **M99.0.3** = Segmental and somatic dysfunction of lumbar region
- **M47.816** = Spondylosis without myelopathy or radiculopathy, lumbar

DDX List for this Condition

- Lumbar Sprain
- Lumbar Joint Dysfunction
- Lumbar discogenic pain
- Myofascial Pain Syndrome

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