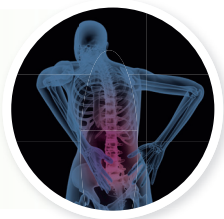
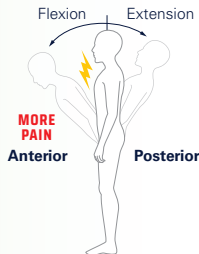


CLINICAL PRESENTATION OF SYMPTOMS

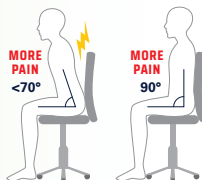
Midline low back pain
(with or without
leg pain)



Annular strain is increased
by flexion, axial rotation,
and compression.
Therefore, pain is
exacerbated most when
leaning forward as this
weight-bearing position
puts the most pressure
on the painful disc



Sitting (flexion)
provokes symptoms

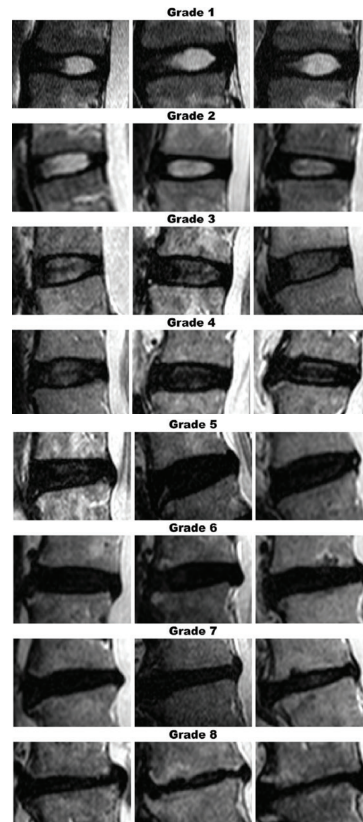


QUESTIONS TO ASK

Questions to ask when identifying
discogenic low back pain:

- 1 Midline low back pain?
- 2 Increased pain when leaning forward in a standing position?
- 3 Relief when extending/leaning backward in a standing position?
- 4 Sitting intolerance?
- 5 Exacerbation of pain during the sustained hip flexion (SHF) maneuver?
- 6 Mild to moderate degeneration on MRI imaging?
- 7 Incomplete relief with MBB/RFA?

MODIFIED PFIRRMANN GRADING



➤ PREDICTOR VARIABLES FOR IDENTIFYING DISCOGENIC LOW BACK PAIN

PHYSICAL

- Midline Low Back Pain (with or without leg pain)²
- Pain with Forward Flexion³
- Sitting Intolerance²
- Positive Sustained Hip Flexion Maneuver (in certain patients)⁴

IMAGING

- Mild to Moderate Disc Degeneration¹
- Contained Disc Protrusions
- HIZ Lesions⁵
- Modic Changes of Type II or Less⁵

VIVEX has used reasonable efforts to provide accurate information herein, but this information should not be construed as providing clinical advice, dictating reimbursement policy, or as a substitute for the judgment of a healthcare provider.

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