

# From acute to chronic: Effective strategies for managing spinal pain.

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## Introduction

Spinal pain, whether acute or chronic, presents a significant challenge to millions of individuals worldwide. The complexity of spinal pain arises from the spine's intricate structure and its role in supporting the body and facilitating movement. Effectively managing spinal pain requires understanding its progression from acute to chronic stages and implementing strategies that address both immediate relief and long-term management. Acute spinal pain is typically sudden, severe, and of short duration. It often results from a specific incident such as an injury, strain, or an abrupt movement. Common causes include muscle strain, herniated discs, or acute trauma like a fall [1, 2].

Initial management of acute spinal pain often involves rest and avoiding activities that exacerbate the pain. Applying ice to the affected area can help reduce inflammation and numb the pain, especially within the first 48 hours following the onset of pain. Over-the-counter Nonsteroidal Anti-Inflammatory Drugs (NSAIDs), such as ibuprofen or naproxen, are commonly used to manage pain and inflammation. Acetaminophen can also be effective for pain relief, though it does not address inflammation. As the acute phase subsides, physical therapy becomes a crucial component of recovery. A physical therapist can design a tailored exercise program to improve flexibility, strengthen muscles, and enhance spinal support. Early intervention with physical therapy can prevent the development of chronic pain by promoting healing and restoring normal function [3, 4].

For more severe cases of acute pain, where symptoms persist or worsen, medical interventions may be necessary. Epidural steroid injections can provide significant relief by reducing inflammation around the nerves. These injections are often used for conditions such as herniated discs or spinal stenosis that cause nerve compression. In some instances, surgical options may be considered if conservative treatments fail to provide relief. Transitioning from acute to chronic spinal pain involves a shift in management strategies. Chronic spinal pain is characterized by its persistence, typically lasting longer than three months, and often continuing even after the initial cause of the pain has resolved. The challenges in managing chronic pain are more complex and require a comprehensive approach that addresses both physical and psychological aspects [5, 6].

In managing chronic spinal pain, a multidisciplinary approach is often necessary. Physical therapy remains a cornerstone of treatment, but it focuses more on long-term strategies to

manage pain and prevent recurrence. Exercises designed to improve posture, strengthen the core muscles, and enhance spinal stability are critical. Postural training and ergonomic adjustments can help reduce strain on the spine during daily activities. Chronic pain management also involves addressing psychological factors. Chronic pain can lead to or be exacerbated by stress, anxiety, and depression. Cognitive-Behavioral Therapy (CBT) is a useful tool in managing chronic pain. CBT helps individuals develop coping strategies, change negative thought patterns related to pain, and improve overall well-being [7, 8].

Pharmacological management for chronic spinal pain may involve a combination of medications. While NSAIDs and acetaminophen can still be useful, their role may be limited due to potential long-term side effects. Adjuvant medications, such as antidepressants or anticonvulsants, may be prescribed to manage nerve pain and improve overall pain control. Muscle relaxants may be used to alleviate muscle spasms associated with chronic pain. However, opioids are generally not recommended for long-term use due to their risks of addiction and adverse effects [9, 10].

## Conclusion

Managing spinal pain requires a comprehensive approach that evolves from addressing acute pain to managing chronic conditions. Acute spinal pain is best managed with rest, medication, physical therapy, and, when necessary, medical or surgical interventions. As pain transitions to a chronic state, a multidisciplinary approach involving physical therapy, psychological support, medication, and lifestyle modifications becomes crucial. By combining these strategies, individuals can effectively manage spinal pain, improve their quality of life, and regain functionality.

## References

1. Shanthanna H, Eldabe S, Provenzano DA, et al. Evidence-based consensus guidelines on patient selection and trial stimulation for spinal cord stimulation therapy for chronic non-cancer pain. *Reg Anesth Pain Med.* 2023;48(6):273-87.
2. Sdrulla AD, Guan Y, Raja SN. Spinal cord stimulation: clinical efficacy and potential mechanisms. *Pain Pract.* 2018;18(8):1048-67.
3. Nanji JA, Carvalho B. Pain management during labor and vaginal birth. *Best Pract Res Clin Obstet Gynaecol.* 2020;67:100-12.

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4. Scarborough BM, Smith CB. Optimal pain management for patients with cancer in the modern era. *CA Cancer J Clin.* 2018;68(3):182-96.
5. Gurba KN, Chaudhry R, Haroutounian S. Central neuropathic pain syndromes: current and emerging pharmacological strategies. *CNS drugs.* 2022;36(5):483-516.
6. Galán-Martín MA, Montero-Cuadrado F, Lluch-Girbes E, et al. Pain neuroscience education and physical exercise for patients with chronic spinal pain in primary healthcare: a randomised trial protocol. *BMC Musculoskelet Disord.* 2019;20:1-1.
7. Bussièrès AE, Stewart G, Al-Zoubi F, et al. Spinal manipulative therapy and other conservative treatments for low back pain: a guideline from the Canadian chiropractic guideline initiative. *J Manipulative Physiol Ther.* 2018;41(4):265-93.
8. Hachem LD, Ahuja CS, Fehlings MG. Assessment and management of acute spinal cord injury: From point of injury to rehabilitation. *J Spinal Cord Med.* 2017;40(6):665-75.
9. Patel R, Kua J, Sharawi N, et al. Inadequate neuraxial anaesthesia in patients undergoing elective caesarean section: a systematic review. *Anaesthesia.* 2022;77(5):598-604.
10. Aggarwal A, Suresh V, Gupta B, et al. Post-herpetic neuralgia: a systematic review of current interventional pain management strategies. *J Cutan Aesthet Surg.* 2020;13(4):265-74.

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