

# Back pain: your treatment options

Back pain has many possible sources, and the right treatment depends on which one is behind yours. This sheet is a simple overview of the options we offer, starting with the least invasive. Your care team will recommend options based on your history, exam, and imaging.

| Treatment                                          | What it targets                                                      | Often considered when...                                                    | What's involved                                                                                             |
|----------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>Start here — conservative care</b>              |                                                                      |                                                                             |                                                                                                             |
| <b>Movement &amp; rehabilitation</b>               | Strength, flexibility, and movement patterns that load the spine     | Almost always — on its own or alongside other treatment                     | A directed plan from us, carried out with a physical therapist we refer you to                              |
| <b>Medication management</b>                       | Inflammation, nerve pain, or muscle spasm                            | The type of pain is clear and a medication is a good match                  | Office visits to review, adjust, or reduce what you take                                                    |
| <b>Targeted injections</b>                         |                                                                      |                                                                             |                                                                                                             |
| <b>Epidural steroid injection</b>                  | Irritated spinal nerves, often from a disc problem or narrowing      | Pain spreads into the buttock or leg                                        | About 15–30 minutes; skin numbed; X-ray guided; home the same day. <a href="#">Detailed sheet available</a> |
| <b>Facet joint injection / medial branch block</b> | Small joints at the back of the spine, or the nerves that serve them | Pain is mostly in the low back and worse with twisting or leaning back      | A short X-ray-guided injection. A block can also show whether RFA is likely to help                         |
| <b>Sacroiliac (SI) joint injection</b>             | The joint connecting the spine to the pelvis                         | Pain sits low in the back or buttock, often on one side                     | A short image-guided injection; home the same day                                                           |
| <b>Longer-lasting nerve treatments</b>             |                                                                      |                                                                             |                                                                                                             |
| <b>Radiofrequency ablation (RFA)</b>               | The small nerves that carry pain from the facet joints               | Two diagnostic blocks have confirmed the facet joints as the source         | About 20–40 minutes; gentle heat through a needle; same-day outpatient; bring a driver                      |
| <b>Basivertebral nerve ablation (BVNA)</b>         | The nerve inside the vertebra that carries endplate pain             | Long-standing low back pain with specific MRI findings (Modic changes)      | About an hour with sedation; home the same day with a driver                                                |
| <b>Advanced options</b>                            |                                                                      |                                                                             |                                                                                                             |
| <b>Spinal cord stimulation (SCS)</b>               | How pain signals travel to the brain                                 | Nerve pain continues despite other treatment, including after spine surgery | Always starts with a trial of about a week — nothing is implanted unless the trial helps                    |
| <b>Kyphoplasty</b>                                 | A compression fracture of a vertebra                                 | Sudden back pain from a fracture, often related to osteoporosis             | At the surgical center with sedation; bone cement stabilizes the fracture; home the same day                |

## You don't have to pick just one

Most people start near the top of this list, and many do best with more than one approach at once — for example, an injection to calm pain while rehabilitation builds strength. Any step further down is a decision you make together with your care team.

## Questions worth bringing to your visit

- What do you think is causing my pain?
- Which option would you try first, and why?
- What can I do at home in the meantime?
- What should make me call you sooner?

This sheet is general information, not medical advice, and does not list every treatment option. Your care team will recommend what fits your situation — follow their guidance if it differs from this sheet.