

Joint Instability – lack of neuromuscular control of a joint during activities.

Synonyms: Segmental instability, functional instability.

Symptoms may include pain on palpation, muscle spasm, a history of painful locking or catching during spinal motion, pain on return from forward bending, pain during transitional activities, pain with sudden or trivial activities, problems with unsupported sitting, or pain that worsens with sustained positions. Chronic pain with a history of multiple reoccurrences is a common finding. It is estimated that 13-30% of low back conditions are due to lumbar instability.

How is it diagnosed?

A thorough patient history and physical examination can lead towards the diagnosis of instability. Functional instability is different than mechanical instability. Imaging studies may be required if a patient has mechanical instability, which is often corrected with surgical intervention.

How is it treated?

Commonly used treatments for pain associated with instability include ice, heat, electrical muscle stimulation, massage and/or manual therapy. Natural anti-inflammatories, topical analgesics, orthopedic braces, and/or kinesiotape may be recommended. Specific stabilization exercises with appropriate progression is the gold standard for treatment of instability.

Alternative treatments.

NSAID's, muscle relaxants, opioids, steroid injections, surgical interventions.

Prognosis is excellent. With early diagnosis and proper management, most patients can expect complete recovery. Continued exercise beyond active care reduces recurrence rates.

Duration of care: *Approximately* 2 times a week for 6 weeks and once a week for 3 weeks (15 visits).