Radiographic Assessment for Back Pain
What Are Radiographic Assessments?

Radiographic assessments for low back pain involve the use of X-rays to determine the cause of the pain or discomfort. Usually, X-rays are ordered by your physician in cases in which he or she suspects congenital defects, degenerative disease, trauma, metastatic cancer or bone deformity as a cause of lower back pain.
When Should I Get an X-Ray for Low Back Pain?

Most cases of back pain tend to get better without major medical intervention in six to eight weeks after the onset of the pain. Therefore, X-rays are usually not recommended until after back pain has been present for at least that long unless your physician suspects a problem such as spondylolisthesis or fracture may be present.

If you have had lower back pain for only six to eight weeks, have treated it with rest, mild exercise or analgesic or antiinflammatory medications, and are seeing an improvement in your condition or are able to perform more activities, you probably do not need an X-ray.

Also, if you have had an X-ray of your back in the past two years that did not find any significant structure-related cause for your pain, your doctor may not recommended you have another X-ray unless you have had a new injury or illness.

However, there are some cases that may require X-ray assessment immediately such as when there is numbness or loss of feeling in the legs or feet, weakness, problems with urination or pain that becomes worse as time goes on.
Other Reasons for Having an X-Ray

Other factors may cause your doctor to order an X-ray assessment for low back pain prior to the six-to-eight-week point. They include:

- if you are over the age of 65, under the age of 18, or are a student athlete,
- if you have a history of osteoporosis,
- if you have a history of cancer,
- if your pain is intense while you are at rest or if it increases at night,
- if you are experiencing fever and chills along with your pain,
- if you have had a sudden and unexplained loss of weight accompanying your back pain,
- if you have experienced an injury or have been subjected to a repeated stress that may have caused a fracture in one of the bones of your spine,
- or if you have had a previous surgery or fracture in the lower back.
What Types of X-Ray Are Used?

Usually, most physicians will order anteroposterior (called AP) and/or lateral view X-rays for low back pain. The AP view is a front-to-back image taken when you are facing the X-ray machine. Lateral views are the side-to-side images taken while you are standing sideways from the X-ray camera. Less often, the physician will request an oblique X-ray, which provides a view from an angle.

In order to get a true picture of your spine, your physician may order weight-bearing images. These are X-rays that are taken while you are standing up rather than lying down. By having the X-rays taken while you are standing, your doctor can get a better picture of the forces that affect your spine that may cause pain. Additionally, in some cases your physician may order X-rays taken while you are stretching or bending to better determine the cause of your pain. Lateral flexion and extension (bending forward and backward) X-rays may be taken to assess the degree of motion between the vertebrae.
X-ray examination can be a useful screening tool to assess any bone abnormality of the spine. It can also complement findings from other tests such as magnetic resonance imaging (MRI) and computerized tomography (CT) scans.

Significant findings on X-rays may determine the need for additional studies and may indicate which type of test would be indicated.

As with any medical procedure, you should be fully informed on the reasons behind, and the expected results of, any test your physician prescribes for you.
DISCLAIMER
The information in this pamphlet is selective and does not cover all possible uses, actions, precautions and possible side effects of radiographic assessment. If you have any questions contact your health care provider for more information. This brochure is for general information and understanding only and is not intended to represent official policy of the North American Spine Society. Please consult your health care provider for specific information about your condition.

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