

Understanding Facet Joint Pain

FACET JOINT ARTHROPATHY

Could these **small joints** be
causing your back pain?



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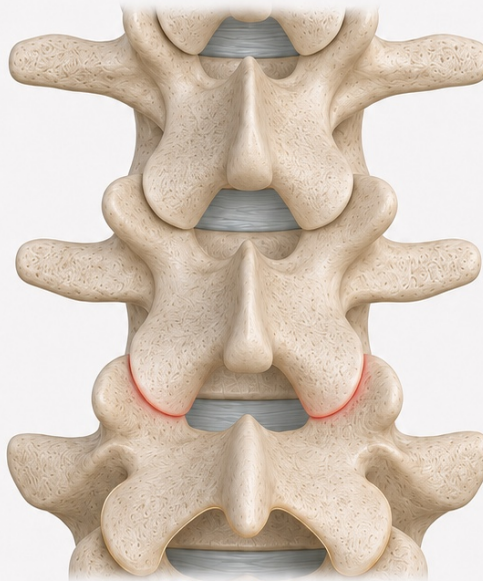
Why the diagnosis matters

Facet arthritis is common, but an imaging finding does not automatically identify the source of pain. The history, examination and response to carefully selected diagnostic testing must be considered together.

What Are Facet Joints?

WHAT ARE FACET JOINTS?

Facet joints are **small paired joints** behind each vertebra.



They help:



STABILIZE
THE SPINE



GUIDE
MOVEMENT



ALLOW BENDING
& ROTATION

Arthritis in these joints is called **facet arthropathy**.

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Small joints with an important role

Facet joints are paired joints behind each vertebra. They help stabilize the spine while guiding bending and rotation. Degenerative change in these joints is called facet arthropathy.

What Does Facet Pain Feel Like?

WHAT DOES FACET PAIN FEEL LIKE?

Common features:



Aching pain beside the spine



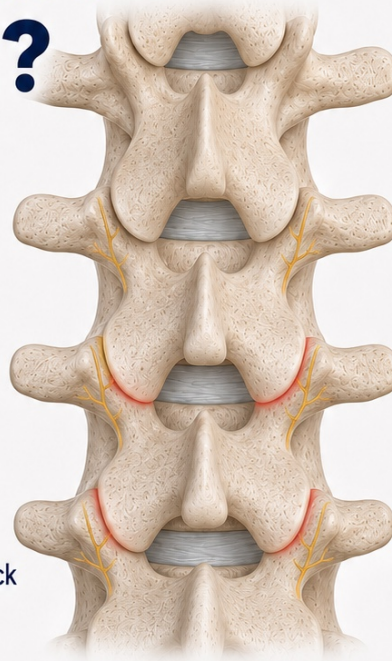
Morning stiffness



Worse with standing, twisting, or leaning backward



Pain may spread into the buttock or upper thigh



Facet pain usually **does not** cause classic sciatica **below the knee**.

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A typical presentation

Facet-mediated pain is often felt beside the spine and may worsen with standing, twisting or leaning backward. It can spread into the buttock or upper thigh, but usually does not follow classic sciatica below the knee.

What Can MRI Tell Us?

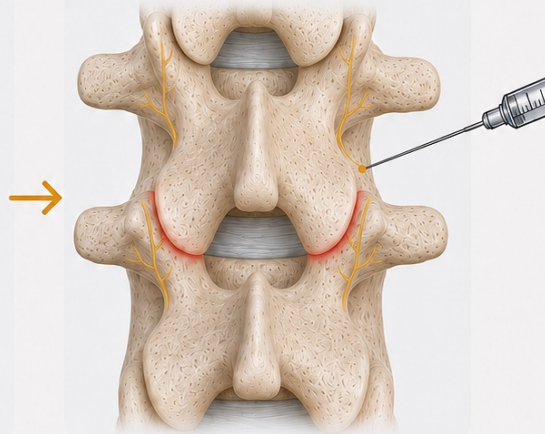
MRI CAN SHOW FACET ARTHRITIS— BUT NOT WHETHER IT HURTS

MRI can identify **facet osteoarthritis** and other structural changes.

MRI
SHOWS ARTHRITIS



MEDIAL BRANCH BLOCK
TESTS THE PAIN SOURCE



A diagnostic medial branch block may help determine whether the facet joints are **truly causing your pain**.



Imaging shows degeneration.
A block tests whether it is painful.

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MRI provides anatomy - not the complete diagnosis

MRI can show facet osteoarthritis, but imaging alone cannot determine whether a particular joint is painful. Clinical findings and, when appropriate, a diagnostic medial branch block help identify the pain source.

How Is Facet Pain Treated?

HOW IS FACET PAIN TREATED?

Treatment should **follow the diagnosis**.

1 START WITH CONSERVATIVE CARE



Activity modification



Physical therapy



Medication when appropriate



2 CONFIRM THE PAIN SOURCE



Diagnostic medial branch block



3 CONSIDER LONGER-TERM RELIEF



Radiofrequency ablation may help carefully selected patients after a positive diagnostic block.



The key is treating the **confirmed pain generator**—not simply an MRI finding.



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Share it with someone who has back pain

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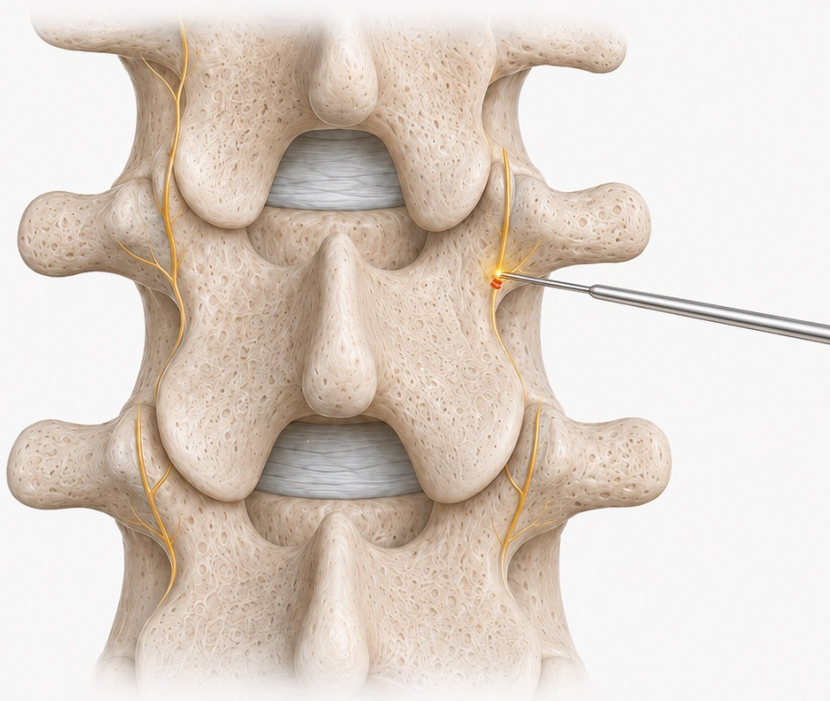
Treatment should follow the diagnosis

Care generally begins conservatively. If symptoms persist and the clinical pattern is appropriate, a diagnostic medial branch block may be used before considering a longer-lasting procedure.

Medial Branch Nerve Transection

MEDIAL BRANCH NERVE TRANSECTION

A minimally invasive rhizotomy for **selected patients** with **facet-joint pain**.



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A treatment option for selected patients

The targeted medial branch nerve carries pain signals from the facet joint. Nerve transection, also called rhizotomy, physically divides the selected nerve and may incorporate bipolar radiofrequency treatment.

Who May Be Considered?

WHO MAY BE CONSIDERED?

Is the pain really coming from the **facet joints**?

Possible candidates may have:



Chronic axial neck or back pain



Pain worsened by leaning backward



Persistent pain despite conservative care



Temporary relief after a diagnostic medial branch block



Recurrent facet pain after previous treatment



A **positive diagnostic block** is key to patient selection.

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A positive diagnostic response is important

The procedure is not appropriate for every patient. Selection considers the pain pattern, examination, response to diagnostic medial branch blocks, anatomy, prior treatment and functional goals.

How Is It Performed?

HOW IS IT PERFORMED?

Targeting the medial branch nerve

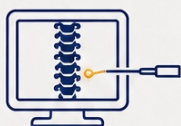
1



POSITION

The patient lies face down. Local anesthesia—with or without sedation—is used.

2



GUIDANCE

Fluoroscopy guides the probe to the target nerve.

3



NERVE TRANSECTION

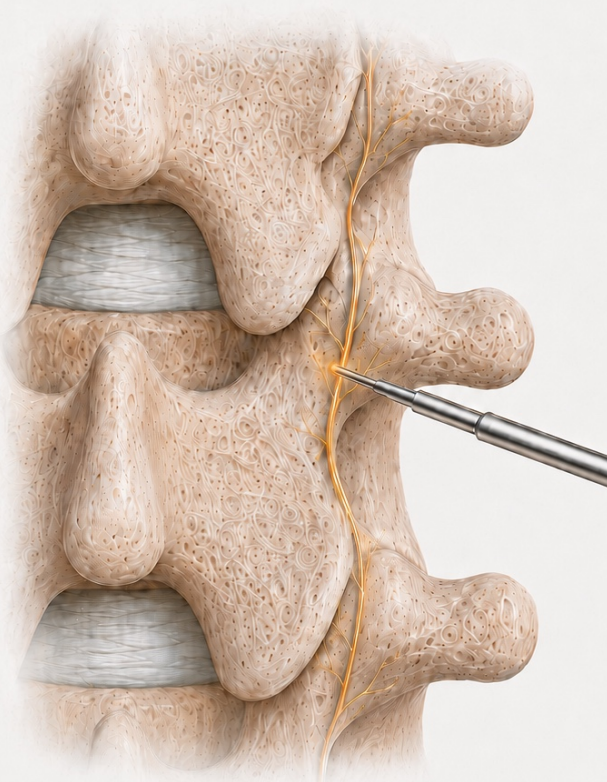
The exposed medial branch nerve is precisely cut.

4



ABLATION

Bipolar radiofrequency energy ablates the nerve ends.



The process may be repeated at additional painful levels.

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Technique is individualized

Imaging guides positioning and identification of the target anatomy. The exact approach varies with spinal level, anatomy and previous surgery. The illustration is simplified for patient education.

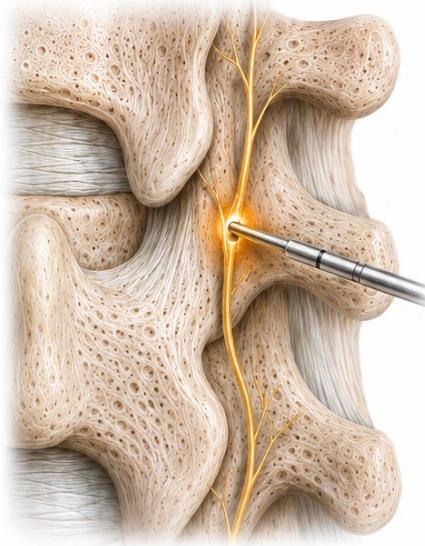
Transection and Traditional RFA

TRANSECTION VS TRADITIONAL RFA

Both target the **medial branch nerve**—but in different ways.

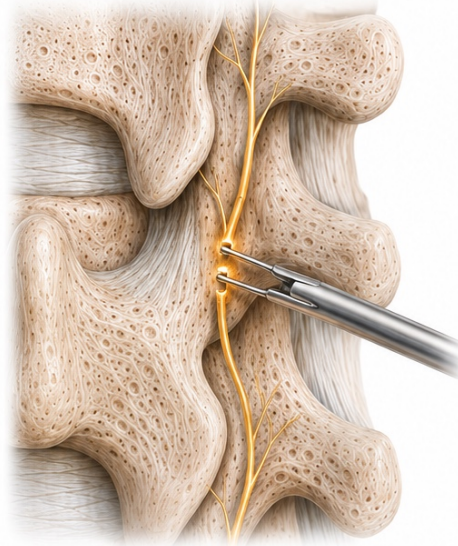
1 TRADITIONAL RFA

- Needle-based treatment
- Creates a thermal lesion
- The nerve is not surgically divided



2 NERVE TRANSECTION

- Small incision
- The nerve is exposed and divided
- Bipolar RF ablates the nerve ends



Both approaches aim to interrupt pain signals from the facet joint.

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Related procedures, but not identical

Traditional radiofrequency ablation creates a controlled thermal lesion around the medial branch nerve. Rhizotomy physically divides the selected nerve. The appropriate approach depends on diagnosis and shared decision-making.

What to Expect Afterward

WHAT TO EXPECT AFTERWARD

Recovery is **gradual**—not immediate.

- 1



FIRST FEW DAYS
Soreness around the treatment area is common. Take it easy and follow your post-procedure instructions.
- 2



1–3 WEEKS
Pain relief may begin as the treated nerve stops carrying pain signals.
- 3



MOVING FORWARD
Gradually return to activity. A guided rehabilitation plan may support mobility and function.

✓ **The goal:** less facet-joint pain and better movement.

Recovery and results vary from person to person.

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Recovery is gradual

Temporary soreness is common. Activity is generally advanced according to the physician's instructions. Pain relief may evolve over several weeks, and outcomes vary from person to person.

A Careful Diagnosis Comes First

Evaluation and treatment should be individualized.



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Educational information

This pamphlet is intended for general education and does not provide an individual diagnosis or treatment recommendation. Potential risks, benefits, alternatives and expected outcomes should be discussed during a clinical evaluation.

Medical review

Designed with AI assistance and reviewed for medical accuracy by Reza S. Roghani, MD, PhD.

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