

Facet joint pain

How symptoms and a diagnostic block guide treatment.

The joint

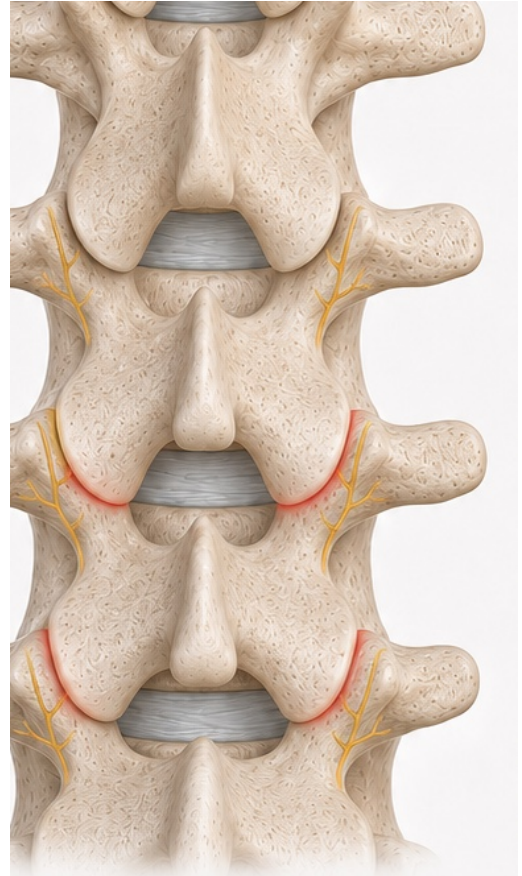
Facet joints are paired joints behind each vertebra. They guide motion and help stabilize the spine. Degenerative changes are called facet arthropathy.

The pain pattern

Pain is commonly felt beside the spine. It may worsen with standing, twisting, or leaning backward and spread to the buttock or upper thigh.

The important distinction

Facet pain does not usually cause classic sciatica below the knee. Leg symptoms, tingling, or weakness may need a separate evaluation.



FROM MRI TO A TREATMENT DECISION

Imaging is a clue

MRI may show arthritis, but it cannot establish that the joint is the source of pain. Your symptoms, examination, and response to a targeted test matter together.

The diagnostic medial branch block

A small amount of local anesthetic is placed near the nerve carrying pain signals from a facet joint. You track relief of your usual pain while the anesthetic works. The result helps determine whether a longer-lasting procedure may fit your goals.

A positive block helps guide care. Your full clinical picture still matters.

Treatment options

The medial branch nerve can be treated in different ways.

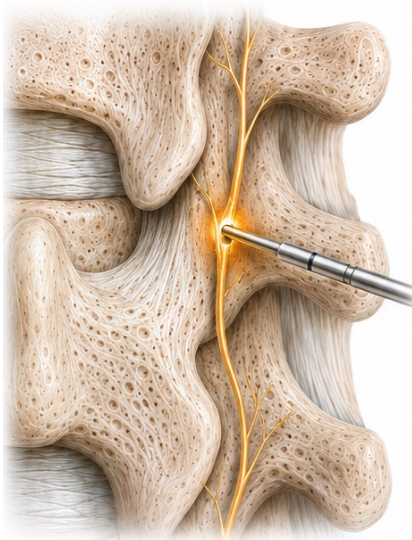
When is a procedure considered?

A procedure may be considered when pain persists despite appropriate conservative care and the clinical assessment and diagnostic block support facet-mediated pain. Prior treatment, anatomy, and functional goals shape the choice.

RFA and rhizotomy

Traditional radiofrequency ablation (RFA) creates a controlled thermal lesion around the medial branch nerve. Medial branch nerve transection, also called rhizotomy, physically divides the selected nerve and may incorporate bipolar radiofrequency treatment.

TWO WAYS TO INTERRUPT FACET PAIN SIGNALS



01 RADIOFREQUENCY ABLATION



02 NERVE TRANSECTION

Image guidance helps identify the target. Temporary soreness is common; relief may evolve over several weeks. Follow your physician's instructions and discuss risks, alternatives, and expected outcomes before treatment.



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Questions about your treatment?

Bring your questions and your pain record to the visit. This brochure is general education and cannot replace an individual evaluation.