Herniated Disc Condition

Name

Institutional Affiliation

Herniated Disc Condition

**Patient Assessment**

After the discussion of the condition’s history, the physician afterward performs a physical assessment on the patient. The assessment may entail various processes. Neurological assessment is one of the procedures, this procedure enables the doctor to know whether you have sensation loss or muscle weakness (Ghatge, 2018). On this assessment, the doctor records on how you move by the use of your toe and heel. He likewise assesses whether you are able to feel anything by touching your foot and leg. Reflexes on ankle and knee should likewise be tested. The other assessment conducted is known as the Straight Leg Raise Test and it is a very reliable method for assessing herniated disc for the patients who are below 35 years. The other assessment method that can be used is the back pain, in the event that the patient is experiencing lower back pain, he is most probably diagnosed with this condition.

**Nurse Care Plan**

When it comes to taking care of the patient with Herniated disc condition, there are two stages of the herniated disc care plan. The first phase of treatment deals with disease symptoms and treatment. In this treatment, drugs are mostly used. Example of the drugs used include those ones issued over-the-counter and this is following the doctor’s recommendation, such drugs include ibuprofen. There are narcotics like codeine, there are Anticonvulsants which aids in radiating pain related to the nervous system. Cortisone injections and muscle relaxer are likewise administered during the treatment (Ramani, 2014). The other phase is whereby some recommendations and training are offered to the patients to prevent future occurrence of the condition. In this phase, physiotherapy may be of great use. The nurse always ensures that the patient is taking the correct medication and doses during the treatment.

**Pharmacologic treatment**

In this phase, drugs are administered to the patients; these drugs vary from painkillers to those ones that treat the condition (Revord, 2019). There are narcotics like codeine and anticonvulsants which play a major role in radiating the pain in the nervous system. There are those ones issued over-the-counter with doctors recommendation like ibuprofen.

**Non-pharmacology treatment**

This form of treatment involves physiotherapy and surgery. In the physical treatment, the doctor may recommend a number of physical activities which may depict minimum pain to the patient. The other non-pharmacology method may involve surgery on the infected part of the spinal cord and in this case, is the lower back (Halikov & Abduhalikov, 2017)

**Differential diagnosis**

**Osteophytes**

The condition alludes to the noninflammatory procedure that develops majorly because of the collapse of the intervertebral disc. There are ordinary aging processes.

**Disc cyst**

This is a condition which alludes to a rare lesion that causes radicular or lumbar pain. There is no comprehensive history and management of the condition.

**Neurinoma**

This is a condition which at many times account for a third of the total spinal primitive tumors (Kulkarni, 2014). They are mostly found in the lumbosacral region of the spine and it is mostly diagnosed at the age of 40 years. This condition in the lumbosacral is not common.

**Synovial Cyst**

This is also known as ganglion cysts or juxtafacet cysts are basically not common and match with a synovial proliferation in the juxtaposition of the interapophysiary joint.

**Follow up, and Prognosis**

After the treatment, the patient should regularly do the follow-up with the veteran doctor who will monitor how the condition responds to the treatment and medication. Most of the patients take up to six weeks to respond to the treatments or go back to their routine ways of life.

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