Lumbar Stress Fracture (Spondylolysis)

A stress fracture can develop of the *pars interarticularis* – an area on the vertebrae near the facet joints. This stress fracture is referred to as a spondylosis. If the stress fracture progresses it can lead to a spondylolisthesis – which is where one of the vertebrae becomes unstable and subluxes forward. A Spondylolysis is frequently seen in adolescents who participate in sports involving repetitive and excessive extension or rotation of the lower back (e.g. gymnasts, cricket bowlers, high jump, ballet). A Spondylolysis or spondyloslisthesis can also be seen later in life, due to the wear and tear process of aging.

Exercises/Releases for Lower Back Pain

- **Lumbar Extension:**
- **Wall side shift (to correct lumbar list):**
- **Trigger ball – glutes / quadratus lumborum / lumbar extensors:**
- **Childs pose/side stretch (for QL & extensors):**
- **Glute Stretches:**

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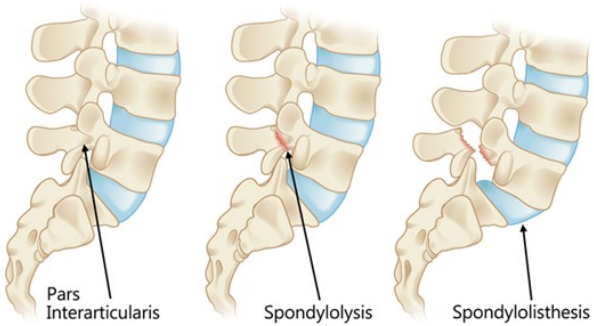

CLIENT HANDOUT

Typically a Client will Present with:

- Lower back pain on one side – usually at night, or with extension based activities (walking, running, jump/landing). Sometimes buttock/leg pain may be present.
- Morning stiffness and ache.
- Muscle tightness or guarding around the area of pain.
- Overtime, the individual may develop a stooped posture to adapt in order to reduce pain.

Treatment Usually Involves:

- An MRI/CT/bone scan can confirm a stress fracture earlier on. An X-ray will usually only show at later stages.
- Advice – usually involves a period of rest from sport, to allow the fracture to heal. Your Physio may also discuss what movements/activities they want you to avoid.
- Release tight muscles with massage or dry needling – especially in the lower back, glutes and hamstrings.
- Clinical Pilates/Exercise Rehab – core control, teach controlled extension, glute strength, muscle flexibility.