

## **Thoracic back pain**

Thoracic back pain is less common than low back pain and can often provide an even greater challenge to treat. 'Serious pathology' – fractures, infections, tumours – has to be ruled out but is fortunately very rare. Sometimes, non-musculoskeletal problems present with thoracic back pain including oesophageal or cardiopulmonary problems and it is important to rule these out.

In the majority of patients with thoracic pain, the problem is usually due to the soft tissues and posture and non-operative measures with manual therapy are the mainstay of treatment.

### **Assessment**

Following a full history and examination investigation may be indicated. MRI scanning is useful in ruling out serious pathology and also shows the state of the discs and facet joints in detail together with any evidence of neurological compression. However, the MRI scan is taken with the patient lying down and this is often the position in which pain is relieved and so things may be missed. This is why standing Xrays are mandatory in many cases to evaluate the standing position of the spine and to see if there is any deformity. An MRI or Xray in isolation is of only limited use. It is the combination of imaging together with a full history and examination that gives the clinician the information needed to give a diagnosis. Sometimes, if further invasive treatment is to be considered then diagnostic injections may be used. These either numb an area or provoke pain in an area to pin down the exact site of pain and to correlate the abnormality on an MRI scan with the pain.

### **Treatment**

This of course depends on the diagnosis, any associations, the impact it has on the patients life and what has been tried already. More information can be obtained on the treatment page help sheets