

Introduction

Pain has been a major concern of humankind, and it has been the object of different efforts to understand and control it. Indeed, pain is even older, for there is reason to believe that pain is inherent in any life linked with consciousness (*John and John, 2001*). Pain has been defined as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage (*Tom and Kantherine, 2005*).

Back pain has become one of the leading causes of disability in the society and the cost of treatment has been increasing progressively each year, without any obvious effect on the frequency and severity of the condition (*Scott et al, 2002*).

Although most patients with back pain are referred initially for evaluation of a possible lumbar herniated disc, most do not have discogenic pain. Thus, the doctor must consider all possible sources of pain. Such consideration is especially important when the doctor is evaluating patients who have undergone multiple neurological or bony procedures in the past but who have not experienced pain relief (*Rabb and Stillerman, 1996*).

Many problems can cause or contribute to back pain. They include skeletal, traumatic, inflammatory, neoplastic, gynecological and urological causes (*James et al, 2005*).

The first aim of evaluation of patients with back pain is to identify the character, site, reference, precipitating factors, differential diagnosis, degree of pain, contributing factors, functional limitation and source of pain . Then develop an appropriate management strategy (*Cathy, 2004*) .

Negative finding of radiographs on the spine push doctors to search for another etiologies for back pain and another methods for diagnosis . Computed tomography shows the bony anatomy and also gives the best images of the detail of facet degeneration and spinal stenosis . Magnetic resonance imaging is used to examine soft tissue structures, such as the discs and nerve roots . Isotope bone scanning is indicated in specific situations, such as suspected sacroiliitis or malignancy (*Cathy, 2004*) .

Treatment of chronic back pain may consist of pharmacologic and / or non-pharmacologic approaches . Pharmacologic treatments generally include non-steroidal anti-inflammatory drugs and opioid or non opioid analgesics and antidepressants . Nonpharmacologic techniques such as physical therapy , acupuncture , massage and relaxation . Epidural corticosteroid injections can provide short-term relief of sciatica but do not improve functional status or reduce the need for surgery (*Fritzell et al., 2001*) .