

FACT SHEET — SPINAL — MECHANICAL

Facet Joint Syndrome

Pain from the small joints of the spine — a very common and frequently underdiagnosed cause of back pain

The facet joints (also called zygapophyseal joints) are paired joints at the back of each vertebral segment that guide and limit spinal movement. They are a source of back pain in up to 40% of people with chronic lower back pain, yet they are frequently attributed to more general "mechanical back pain" without specific identification of the facet as the primary structure involved.

Symptoms

- Localised lower or mid back pain, often with a characteristic pattern
- Worse with extension (leaning back) and rotation
- Eased by flexion (leaning forward) and sitting
- Stiffness after prolonged static postures
- Can refer pain into the buttock and posterior thigh — usually not below the knee
- Typically no neurological symptoms

Treatment

Manual therapy	Facet joint mobilisation and manipulation is highly effective for facet-mediated pain. Both oscillatory mobilisation and high-velocity thrust techniques address facet joint dysfunction directly.
Exercise	Core stability, flexion-biased exercises, and McKenzie-type exercises. Avoiding sustained extension loading.
Facet joint injection	An injection of local anaesthetic and steroid directly into the facet joint or the medial branch nerve supplying it. Both diagnostic and therapeutic.
Radiofrequency ablation (RFA)	For chronic facet pain confirmed by diagnostic blocks — the medial branch nerves are ablated to provide longer-term pain relief. Typically lasts 6–18 months.

Related fact sheets

Lumbar muscle and ligament strain	Often coexists with facet joint pain.
Degenerative disc disease	Disc degeneration alters facet joint loading.
Spondylolisthesis	Degenerative facet changes can contribute to slippage.

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