

# Back Pain: Fact or Fiction?

By Dr. Connie D'Astolfo, DC, PhD (candidate)

Advancing Patient Care™

For those of you who follow my articles every month, you will be familiar with my persistent message that back pain is one of the most common and challenging conditions seen in medical practice today. It affects more than 75% of the adult population, with prevalence rates even higher in our seniors. Back pain is extremely costly to the health care system, our work places and to us, as it is highly associated to other chronic health conditions such as depression, anxiety, hypertension and diabetes. Since the musculoskeletal system is the body's foundational structure, back or spinal pain is typically an indication that "wear and tear" has occurred. Wear and tear means that muscle strength has declined, tendons/myofascial/joint tissue (once elastic) has now become rigid and ossified; inflammation from injured tissues is irritating adjacent structures, i.e. causing nerve pain, etc. In time, these structural changes will lead to significant functional alterations, impeding the quality of your life.



It is evident from the seriousness of this condition that a deeper understanding of this condition is required to reduce its impact. Unfortunately there are plenty of misconceptions surrounding back pain and the treatment for this common but debilitating condition. And it is known that patients often get conflicting information from their friends, families and health care providers. It can be challenging to know what is truth and what is false and without the correct information you could actually do more harm than good. Let's examine some common misconceptions:

## Popular Misconceptions:

"My back is damaged for life-I will never be the same again" This is a statement I commonly hear from my back pain patients and I can confirm that this is false. Your back pain may not indicate serious damage even though it may be very painful, recur and, in some cases, become chronic.

"My doctor tells me to just avoid standing for long periods of time and I should get better" This again is false and may not be true in all cases. Not all patients have the same triggers to their low back pain. It is important that you understand the best activities and exercises for your recovery and those to potentially avoid.

"Since starting my rehabilitation/exercises I feel more pain-Is this making me worse?" Once again this is false. Most back pain is associated with impairment in strength and mobility; a side effect of having a sedentary lifestyle. In these cases it is not uncommon that many patients will feel more discom-

fort when starting their rehabilitation. This discomfort is best managed by temporarily reducing pain through use of medication, natural supplements, laser therapy, TENS or other modalities in order to increase function, strength and flexibility in your spine.

"I need X-rays or an MRI to see what's wrong". This is false, and the same goes for other advanced imaging like CT scans. An MRI will show many structural alterations in the spine that are related to common anatomical changes from aging which may not be causing your back pain. This is why information from an MRI may not always help manage your recovery. Studies show that many people have spinal abnormalities and yet have no pain at all, while others have severe pain but no abnormality. Imaging can be a useful tool, but is often over used and doesn't give us a full picture.

"Bed rest will help the pain resolve". False. It is true that the pain will feel better if you rest, but too much rest leads to loss of muscle support, the same muscles needed to hold you up when you do get out of bed. Studies have shown that too much rest can cause more chronic back problems. The best option is to keep moving while trying to avoid positions or actions that cause more pain.

"I'm only going to get better with surgery". Again, this is usually false. It is important to note that there are certainly some people that need surgery, but all of the current research recommends a prolonged trial of "conservative" care such as chiropractic, rehabilitation, physiotherapy therapy before resorting to surgical intervention. The general finding is that surgery is not very effective for most cases of acute or chronic back pain.

"The pain will go away on its own". This is partially true. Often the pain, or at least this particular episode, does go away but research tells us that many people slip into a rollercoaster pattern with pain that comes and goes for years. It's best to get the problem properly diagnosed and resolved rather than continuing on that coaster.

"My mother had a bad back- this why I have back pain too". Several studies have shown genetic links to back pain, one recent study found that having an immediate family member with disc problems made it 4 times more likely that you would have disc problems. Even a genetic link is not a life sentence, it's all about choices. If you know diabetes or heart disease runs in your family you can choose to stay active, watch your weight and eat well to minimize your risks. It's the same with a history of back issues. If you stay active, maintain a healthy weight, diet and a strong core you will minimize your risk of injury and future pain.

"Once you have back pain, then you have it forever". Again, this is false for most cases of back pain. Most back problems are not signs of major damage, rather minor injuries to the muscles, discs and joints in the spine. If these minor injuries are repeated year after year or if there are co-existing

chronic problems like diabetes, heart disease, it can turn into a serious problem. Combined with modest exercise efforts of 10-15 min per day and correcting bad habits like poor sitting posture or poor lifting techniques, poor eating habits, smoking, most people can keep back problems at bay. The problem arises once the pain disappears and the exercises/lifestyle changes stop. If you go back to the same bad habits you'll end up with the same bad pain.

## "The Key to Effectively Treat Back Pain is to identify your Risk Factors and the Symptoms of Chronic Back Pain as Early as Possible"

Nearly everyone has low back pain sometime but chronic back pain most commonly affects middle ages and senior populations. It occurs in part to the aging degeneration process but most often (as with other chronic diseases) as a result of poor diet, weight gain, stress and sedentary life styles. The risk of experiencing chronic back pain increases with age. Read below for signs and symptoms of chronic back pain:

### Symptoms of Chronic Back Pain

Are you experiencing any of the following?

- Persistent low back pain
- Persistent neck pain
- Headaches
- Abnormal gait or mobility issues
- Persistent crying or complaints of pain when touched (infants and children)
- Abnormal posture, i.e. slumping, uneven shoulders (adolescents)
- Pain in one leg or both legs (seniors)
- Numbness or tingling in buttocks or legs or toes (seniors)
- Depression and/or Anxiety
- Avoidance of recreational activities
- Difficulty in Normal Activities of Daily Living

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