

Chronic Back Pain: Is it robbing your Quality of Life?

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Back pain is one of the most common and most challenging clinical conditions seen in medical practice. Back pain is so prevalent that it affects more than 75% of the population. In fact four out of five adults will experience back pain sometime during their lifetime and a high percentage of seniors will have a significantly reduced quality of life due to back pain conditions. As such, persistent back pain is now recognized as a "chronic disease" by the World Health Organization because of its complex nature and the huge impact it has on our health, productivity and our economy. Studies have demonstrated that back pain is often a co-morbidity associated with another illness most commonly depression, anxiety, diabetes, heart disease and obesity. In clinical practice, I often see seniors suffering with back pain that also develop diabetes, depression, significant weight gain, anxiety and so on. These co-morbidities also reduce in severity once the back pain is properly managed.

It is evident from the seriousness of this condition that an effective management model is required to reduce its impact. 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.

Identifying 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.

Symptoms of Chronic Back Pain

Are you experiencing any of the following?

- Persistent back pain
- Burning pain in buttocks
- Pain in one leg or both legs
- Numbness or tingling in buttocks or legs or toes
- Weakness in the legs or "foot drop."
- More pain with standing and walking
- Less pain with leaning forward or sitting
- Depression and/or Anxiety
- Difficulty in Normal Activities of Daily Living

Key Messages for Back Pain Sufferers:

1. Your back pain may not indicate serious damage even though it may be very painful, recur and, in some cases, become chronic.
2. 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.
3. 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.
4. Most back pain is associated with impairment in strength and mobility; a side effect of having a sedentary lifestyle. In these cases it is best managed by temporarily reducing pain in order to increase function, strength and flexibility.
5. Chronic back pain is a disease associated with risk factors, comorbidities, prevention and a natural history which can be managed and controlled.

What Causes Chronic Back Pain?

As people age and as we continue to adopt a more sedentary lifestyle, bone strength and muscle and connective tissue elasticity and tone tend to decrease. One common cause of chronic low back pain is spinal stenosis.

Spinal Stenosis:

Recent research suggests that spinal stenosis is caused as a result of micro instability at the joint surfaces surrounding the spinal canal. These changes are silent until they result in progressive loss of strength in joint capsule, leading to arthritic degeneration. The cartilaginous spinal discs begin to lose fluid and flexibility, which decreases their ability to cushion the vertebrae and thus begin to degenerate. Compression of neurological and micro-vasculature in the nerve roots lead to reduced blood supply to the lower extremities, most notable when walking.

Obesity, smoking, weight gain, stress, poor physical condition, posture inappropriate for the activity being performed, and poor sleeping po-



sition also may contribute to the pain of spinal stenosis. Additionally, scar tissue created when the injured back heals itself does not have the strength or flexibility of normal tissue. Buildup of scar tissue from repeated injuries eventually weakens the back and can lead to more injury and pain.

Spinal stenosis may cause more serious problems including loss of bowel or bladder control, severe pain when coughing and progressive weakness in the legs. People with diabetes may have pain radiating down the leg related to neuropathy which tends to complicate a stenosis condition. People with these symptoms should seek attention immediately to help prevent permanent damage.

SPINEgroup's clinical process for the management of spine pain disorders, including Spinal Stenosis parallels none in Ontario

SPINEgroup®: The Centre of Excellence for Spine Care

At SPINEgroup, we strive for the highest possible standards in spine care. We are a unique clinic in Ontario that brings together a team of clinical experts trained in spine and spine related conditions targeted at diagnosing and managing chronic and complex spine pain disorders through coordinated programs of care. This means the treatment is aimed at getting you

better, faster and at the lowest cost. The program of care is delivered by our clinical team of experts including our chiropractor, physiotherapist, massage therapist, psychologist and case managed by our registered nurse in conjunction with your family doctor and/or specialist.

WE ARE HIGHLY RECOMMENDED AND REFERRED BY MEDICAL PHYSICIANS ACROSS THE GREATER TORONTO AREA

I will give you a real case example of one of our past patients, who for confidentiality reasons, we will refer to as "Mr. Brown".

Mr. Brown, a 55 year old man, presented to our clinic four months ago with severe bilateral leg pain, weakness, instability and numbness/tingling. The patient was unable to work due to the pain and had been off work for over 2 months. He had attempted weeks of regular chiropractic and physiotherapy treatments with no success. After a thorough history, orthopedic evaluation and review of his x-rays and MRI, we diagnosed the patient with central canal spinal stenosis (a degenerative condition where spinal arthritic changes narrow the spinal canal causing pain and neurological changes. The arthritic damage had been irritating his nerve roots and compressing the spinal cord causing weakness and severe, sharp pain down his legs.

As a consequence of his pain and disability, the patient had also become depressed. His history and exam also revealed high blood pressure, elevated glucose levels (diabetic) and significant weight gain since the onset of his disability. Along with his pain condition, diabetes and depression, the patient was at high risk for heart disease or stroke.

Mr. Brown was triaged to the Spine Care Program and after his 8 week treatment; Mr. Brown's pain was reduced from 9/10 to a rate of 3/10 and has regained a great deal of strength and balance in his legs. He lost 10 pounds, his blood pressure had normalized and his glucose levels were reduced. With the help of the psychological counseling, the patient demonstrated a reduction in his depressive symptoms. Mr. Brown was finally gaining more control of his life and able to resume his normal daily activities. For an additional 3 weeks, we were able to assist Mr. Brown with a return to work plan and at the 11 week mark he was discharged with a home exercise plan and successfully returned to full work duties. The full cost of his treatment was less than half the cost of typical rehab care with positive results.

Our Unique Treatment Approach

The Spine Care program has a high success rate for complex spinal injuries and conditions including spinal stenosis, scoliosis, herniated and bulging discs, moderate to severe disc degeneration, with on our evidence based, team modelled and self-management approach. Treatment management typically includes spinal manipulation, spinal rehabilitation, laser therapy, spinal decompression, massage therapy and psychotherapy. In most cases patients are able

to receive reimbursement for the program cost through their extended benefit insurance plans.

Currently our success rate for the program is an average of 85-100% for pain reduction and functional improvement and we have scored high for continued improvement post discharge.

The program length is **16 sessions over 8 weeks**, followed by a consult at one

month and at three months post discharge. Patients thereafter will receive complimentary assessments (in person or through teleconference) every year to ensure continued compliance, motivation and clinical outcomes. Your medical physician will receive reports on your progress. In addition to our OHIP funded physiotherapy services and our Spine Care Programs, SPINEgroup offers Low Cost Group Rehab programs. Our Group Rehab programs are excellent options for those who have been discharged from their OHIP physiotherapy treatment plans or have completed their Spine Care Program or those seniors looking for a low cost option for their rehabilitation.

Dr. Connie D'Astolfo, DC, PhD (c) is a chiropractor and the director of SPINEgroup® an integrated medical rehab clinic located in Vaughan. Dr. D'Astolfo is currently pursuing a PhD at York University. She has several published peer reviewed articles and is a chapter author for several medical texts. Her interests include chronic disease prevention and management, spinal disorders and rehabilitation. You can visit our website at www.spinegroup.ca or contact our client care representative at **905-850-7746** for more information on our clinical programs including our popular Spine Care Program.

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Presented by:

Dr. Connie D'Astolfo, DC, PhD (c)

RSVP's: Space is limited.

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seat by contacting Johana

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Refreshments will be served



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