



Dealing with back pain means dealing with your brain, as the way you think is just as important as the way you move

THE SPINAL SOLUTION

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The bad backs business is big business because it affects so many people. Until you've had a bad back, it's hard to understand exactly how debilitating it can be.

When a back really "goes" it's often impossible to do anything. For example, I had one patient who was getting ready to go on holidays. She'd had a rotten sleep the night before and had been rushing around for days getting organised to go away. After helping her husband pack the car and getting the house organised she thought she'd quickly make the bed upstairs. Just as she bent down to tuck the sheet in, she felt excruciating pain in her back and suddenly locked up. She fell to the floor and couldn't move in any direction.

Slowly, she crawled her way to the phone, each movement agonising. She finally called her husband on his mobile. He was by this time very helpfully sitting in the car in their driveway, honking the horn impatiently and

wondering why she hadn't come down as they were late leaving for their holiday!

Needless to say, not all back pain is like this. Not everyone with back pain experiences really acute episodes. More commonly, people have grumbly aches that go on for years. This kind of pain stops you sitting for any length of time and often makes you feel a bit stiff when you get up

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in the morning, but most of the time it's low grade with the occasional stab if you do something really stupid.

Note the warning signs

Backs rarely just "go". Generally they niggle and ache when you've sat for too long or stood at a cocktail party for hours. They feel a little stiff occasionally and occasionally catch if you lift something heavy. But most of us don't read these symptoms as warning signs because they disappear when you stop the movement that caused them.

However, this is your body's warning system and the wise person (and there aren't many of them!) will take heed and see someone about their back before it breaks down.

Most of us treat our bodies like poorly maintained cars. We don't take care of them or check their wheel alignment and, even though the warning light comes on for a service, we ignore it until finally the whole thing just breaks down.

Last year, at the World Congress on Low Back & Pelvic Pain in Barcelona, the European guidelines for the management of nonspecific low back pain were tabled. In layman's language, this basically means a whole stack of international scientists and experts in all the areas related to low back pain looked at all the research and evidence related to back pain and came up with a consensus on what works and what doesn't; what should be done and what shouldn't. So

WHAT KINDS OF BACK PAIN ARE THERE?

→ ACUTE LOW BACK PAIN

An episode of back pain that persists for less than six weeks.

→ CHRONIC LOW BACK PAIN

Low back pain persisting for more than 12 weeks.

→ RECURRENT LOW BACK PAIN

A new episode of low back pain after a symptom-free period of six months.

here is the latest and greatest advice in the world of back pain.

How common is it?

In industrialised countries, between 70 and 80 per cent of people will experience back pain at some time in their lives. The peak ages are between 35 and 55. Interestingly, many people who have had even quite severe back pain at this age often find it gets better as they get older. Once you've had your first episode, you have a 60–70 per cent chance of having another bout within the year.

What is the most common diagnosis?

Nonspecific low back pain, where the pain is not attributable to any recognisable specific pathology (such as tumours, infection, fracture, nerve root compression etc), is the most common form of back pain and the most frustrating as it is usually caused by a multitude of physical and psychological factors.

A typical sufferer would be someone like my patient Barbara who has a really sway back, is a young grandmother and doesn't do much exercise but is on her feet all day at home and loves gardening. After a period of stress with the family and not sleeping well, she decides to get out in the garden and do some weeding. She bends down to pick up a spade from the ground — and her back goes ... again.





Or Bruce, a lawyer in a high-stress job, who sits all day, every day. He used to be super fit and now barely gets a chance to walk to the shops. He has young kids whom he loves playing with but that's about the limit of his exercise. He's felt his back niggling for weeks but ignored it; then he gets up one morning to go to the bathroom, bends to brush his teeth and suddenly can't move.

Where does it come from?

In about 85 per cent of people with acute low back pain, the symptoms are not related to pathology. This is probably the most frustrating thing as there is rarely just one source for the pain. The guidelines recommend that X-rays are unlikely to be useful and even more advanced imaging

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such as CT scans and MRIs are unlikely to provide much additional benefit in the acute stages (unless of course the assessment indicates that there may be something more sinister lurking).

I have known many patients who over the years have been really frustrated when their specialist or GP won't refer them for scans, saying, "It won't change how we treat this." This is actually very true even if it's a little hard for the patient to understand.

The old diagnoses of "bulging discs" and "pinched nerves", while easy to picture, just aren't likely. In fact, where we used to think that "disc bulges" were responsible for

much acute back pain, it is now thought the prevalence of a prolapsed intervertebral disc is only about 1–3 per cent.

In chronic low back pain and recurrent low back pain pathology, degenerative changes, wear and tear on the joints, arthritic changes and narrowing of the disc spaces and spaces around the nerves can play a more significant role, but are still probably only part of the total story.

The pain is more likely to be related to the muscles, joints and ligaments around the area. CT scans and MRIs may be recommended.

However, it is important to know you can have a terrible scan showing lots of degenerative changes and have very little pain. Conversely, you can have terrible pain and a clear scan. So while a scan may give you some of the story it is definitely not the whole story and should only be considered as part of the assessment.

More likely the pain is related to a multitude of factors both physical and psychological. Things such as poor posture, muscle weakness or too much sitting superimposed on another activity such as lifting, bending, pulling or twisting can often make a back vulnerable.

Then add some stress, anxiety, distress, depression or job dissatisfaction and you have the recipe for a bad back

How long does it take to settle?

Generally, 90 per cent of acute back pain will settle within six weeks. This is more likely if it is your first episode.

If you are getting recurring episodes your body (and probably your mind) is trying to tell you something! You need to go and see a health professional and sort out what is going on.

While most of us would love to be able to take a tablet or have a quick click or a crack and put something "back in", in reality it's more likely that the problem will take time and effort on your part.



What to do in the beginning

Now this is the big change. Where years ago the recommendation for most pain was bed rest, this is no longer the case. Part of the problem with prolonged bed rest is that you also get joint stiffness, muscle wasting and a higher risk of DVT. In fact, unless your pain is so bad you really can't move, you really are best to try and keep moving as normally as you can, including going to work as it also helps take your mind off it.

Back pain is really scary, so it's hard to stay calm and not worry. Make sure you see your GP or physiotherapist and have an assessment so they can help monitor you.

You may be prescribed some medication for pain relief. The first choice will most



Ice or heat? As a general rule, I tell patients if the pain is severe, use ice. **If the pain is more a dull ache it is more likely to be a muscle spasm and will respond to a heat pack.**

likely be paracetamol, then non-steroidal anti-inflammatories (such as Nurofen) and finally, if you are in a really bad way, you might be prescribed muscle relaxants to help ease the muscle spasm and hence reduce pain. You may also be given a soft brace or corset to help support your back when sitting or standing. If the pain is not settling, some physiotherapy, chiropractic or osteopathic treatment may be recommended.

Acupuncture may also be helpful.

Avoid sitting for any length of time in the acute stages, especially in soft lounges, as you may find that even though you might feel comfortable while you're in there you may not be able to get out!

Back pain and referred pain into the legs can often really interfere with your sleeping. If this is the case, try a pillow under your knees (if you like sleeping on your back) or a pillow between your knees (if you're on your side).

What to do long term

Pain is a wonderful motivator. In the acute stages you will be promising on your mother's grave that you will turn over a new leaf, start doing some exercise, avoid so much sitting and decrease your stress. Once the pain settles, it's easy to forget how bad

you felt and lose your motivation.

If you have pain that is recurrent, it is important to go and see someone to have your whole body looked at. It's highly likely you will have some weakness in that area around your stomach and back and the muscles of the core. A good physiotherapist will be able to set up a very specific program of exercises to retrain those muscles and get you back to a being confident and strong in your back again.

They may even suggest you have a relatively new form of scanning called a transabdominal ultrasound, which is similar to the scan women have when they are pregnant. Rather than looking for babies, the physio will be able to assess if you are activating your core muscles and, if not, how you can reactivate them.

Because recurrent low back pain is so multifactorial, the long-term fix will probably need to address many factors, both physical and psychological, which may be affecting your back.

Bad backs are largely about bad habits. In order to change your pain, the long-term fix is also about changing your brain. Understanding how you move and how you have learnt to compensate for muscles that are weak or not working is an important

WHAT TO WATCH FOR IF YOU WANT TO AVOID LOWER BACK PAIN

- Posture
- Breathing patterns
- Pelvic floor control
- Hormone and stress levels
- Too much sitting
- General exercise levels
- Workstation ergonomics
- Bed and pillows
- Anxiety or depression
- A tendency to do stupid things (such as lift heavy things out of low car boots or move 1500 bricks in one day, as one of my patients did recently).

part of the long-term solution for recurrent back pain. If you're sick of having a bad back every time you go on holidays or whenever you want to go and do some gardening, it might be time to look at the long-term picture. ♦

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