

Lower Back Pain – Taking Back Control

*Back Pain should not be seen as a result of ageing
or "wear and tear"*

Back pain can be very painful and worrying, however it is very common and rarely dangerous. **80%** of people, worldwide, will experience back pain during their lifetime. It is equally common across all age's groups; from young to old and does not worsen with age.

Scans are rarely needed and can (sometimes) be harmful

Some believe that a scan (X-ray, MRI) will identify the cause of their back pain. However, research shows that scans are only needed when a serious condition is suspected (cancer, fracture/broken bone, infection), and, luckily, these serious conditions are rare and account for only 1% of all back pain worldwide.

Research has shown that many people who have no back pain have:

- disc bulges (30% of 20-year-olds, increasing to 84% of those 80 years of age)
- disc degeneration (37% of 20-year-olds increasing to 96% of 80-year-olds)
- disc protrusions (29% of 20-year-olds increasing to 43% of those 80 years of age)
- facet joint degeneration or arthritis (4% of 20-year-olds increasing to 83% of 80-year-olds).

The problem with having a scan is that it will almost always show *something* and much of these findings are poorly linked with back pain. This can be harmful when we start to *become the diagnosis*; we stop gardening due to a 'disc bulge'. We stop walking the dog because of fear of further 'degeneration'.

Back pain can exist without damage or injury

And so whilst physical changes in the spine do not always cause with pain, the opposite can also be true; whilst some back pain may be related to a sudden, repeated or heavy-loading event, we now know that pain levels can be turned up by many other factors. These include physical, psychological, health, lifestyle, and social factors.

This means that you may feel more pain when you move or try to do something, even though you are not damaging your back.

Many people suffer from headaches when they are stressed, sad, tired or run down.

Back pain works the same.

Being aware of all the different factors can give you a better understanding of your pain and what things need to be addressed to turn down the 'volume switch' for back pain.

Bad Pharma

Scientific research has shown that strong painkillers such as those containing an opioid do not provide greater pain relief over simpler, over-the-counter options, and actually have greater potential for harm.

There are harmful effects associated with opioids, such as dependence, overdose, falls, fractures, depression, and sexual dysfunction.

Long-term use of nonsteroidal anti-inflammatories (NSAIDs, such as ibuprofen) can cause peptic ulcer disease, acute renal failure, and stroke/myocardial infarction. Moreover, chronic NSAID use can exacerbate a number of chronic diseases including heart failure and hypertension.

Surgery is rarely an option for back pain

Many people are, unfortunately, sent too quickly for surgery (such as lumbar fusions), however, the results for back surgery are no better in the medium and long-term than non-surgical interventions, such as exercise and conservative treatment.

Non-surgical options, which includes activity/exercise, should always come first.

Prolonged rest is unhelpful

The days of prescribed bed-rest are (finally!) gone! Prolonged rest is unhelpful, and is associated with higher levels of pain, greater disability, and longer absence from work.

However, there is very strong evidence that keeping active and returning to all usual activities – gradually - including work and hobbies, is important in aiding recovery.

Apprehension and fear-avoidance can be the limiting factors when it comes to movement; feeling stiff and sore after exercise does not indicate damage to your body - it simply reflects your body not being used to the activity. Start with gentle activity and then increase gradually.

Recent research suggests that as little as 6 minutes walking a day, as part of a six-week walk training program, was as effective as six weeks of specific strengthening exercises program for the low back.

Speeding up recovery

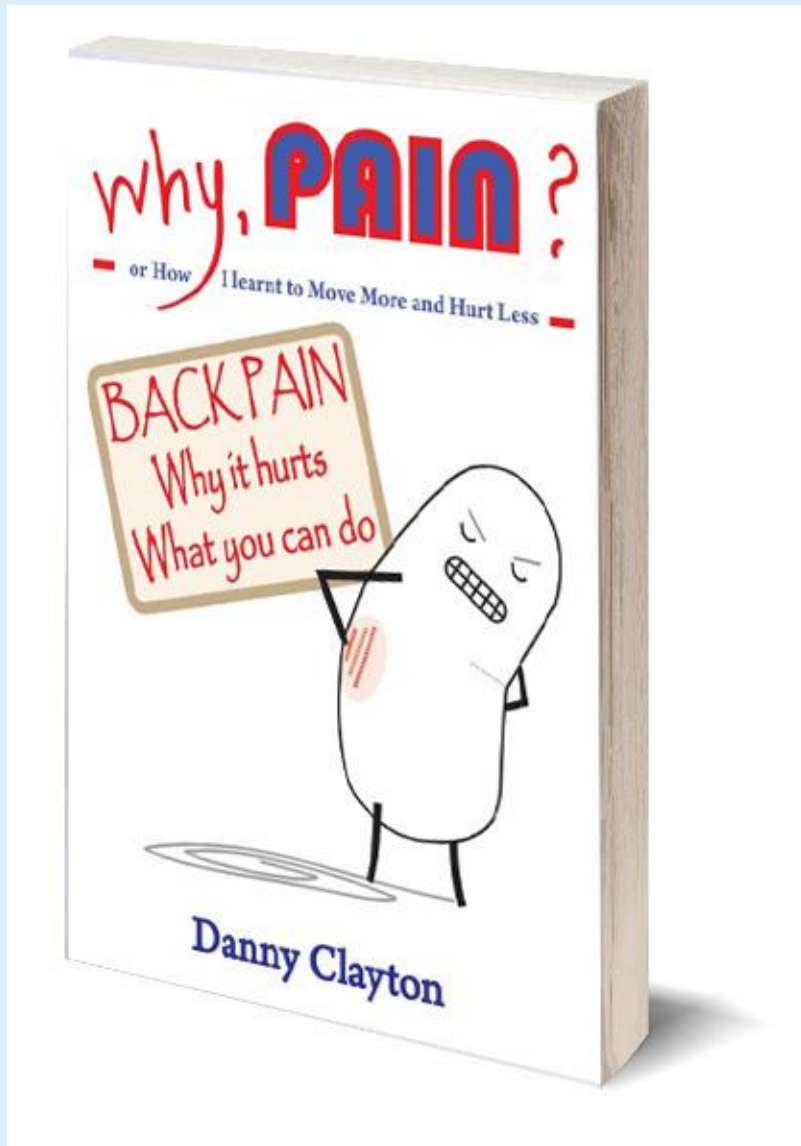
The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to the NHS to improve health and social care. Their advice for “**Non-specific low back pain and sciatica management**” includes;

- Consider **manipulation, mobilisation or soft tissue techniques** (for example, **massage**) for managing non-specific low back pain with or without sciatica, but only as part of multi-modal treatment packages.
- Consider a **group exercise** programme for people with a specific episode or flare-up of non-specific low back pain with or without sciatica. Take people’s **specific needs, preferences and capabilities** into account when choosing the type of exercise.
- Consider a combined **physical and psychological** programme (preferably in a group context, that takes into account a person’s **specific** needs and capabilities) for people with persistent non-specific low back pain

Back pain can become a vicious circle, and self-limiting; your back hurts, so you rest, so muscles waste, you move differently, and so your back hurts...

A “normal”, healthy, fit back needs to be flexible, strong and durable. One of the major causes of muscle wastage is inactivity. By knowing which muscles are ‘tired’ and which muscles have become ‘lazy’, we can readdress the balance, and learn to self-manage your pain, and in the process **regain confidence, independence, and control.**

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https://www.amazon.co.uk/Why-Pain-Back-hurts-learnt-ebook/dp/B07DQJQG8G/ref=sr_1_1?ie=UTF8&qid=1535296961&sr=8-1&keywords=why+pain