

## 5 MYTHS ABOUT BACK PAIN

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80% of all Canadians will suffer from at least one significant episode of back pain in their lives. Back pain can negatively impact an individual's ability to work, participate in recreational, sporting, and social activities, and perform routine everyday tasks such as household chores and self-care. Back pain is the second most common medical complaint, after the common cold. Work-related back injuries are the country's number one occupational hazard, making the back the body part most often injured in the workplace. For 90% of back pain sufferers, the primary site of back pain is the lower back. With back pain being so prevalent and common, let's look at some of the common myths surrounding back pain and what modern thinking and science has to say about them.



**Myth 1:** *If you've slipped a disk (also known as a herniated or ruptured disk), you must have surgery. Surgeons agree about exactly who should have surgery.*

**Truth:** Surgery to relieve back pain should only be used as a last resort. Even if specific testing reveals a damaged disk, recovery often results without surgery. An injured or herniated disk in the back does not actually slip, but rather bulges, leaks and becomes inflamed putting pressure on nerves and surrounding pain sensitive structures. Studies using Magnetic Resonance Imaging (MRI) have shown that the herniated disk often shrinks on its own over time. Approximately 90% of disk injuries improve gradually over 6 weeks, with complete recovery expected in 8 to 12 weeks. Non-surgical treatment aims at facilitating this process, minimizing pain and discomfort from joint irritation and muscle spasm, and prescribing specific exercises to help with recovery. It should be noted that herniated disks do not cause most back pain! Only two percent of back pain patients are likely to benefit from surgery. Most specialists agree that non-surgical treatment should be tried first.

**Myth 2:** *X-ray images, CT and MRI scans can always identify the cause of pain.*

**Truth:** In research studies, abnormalities of the spine were as common in people without back pain as those suffering back pain. Abnormalities detected with imaging may have nothing to do with the symptoms experienced. Even the best imaging tests cannot identify a muscle spasm or ligament sprain that may be the cause of pain. Imaging is usually reserved for special cases such as those suffering trauma in a fall or accident, surgical candidates, unresolved cases of severe chronic back pain, and suspicion of underlying tumor, infection or other serious disease.

**Myth 3:** *Diagnosing back pain is simple and straightforward.*

**Truth:** The causes of back pain can be complex and difficult to diagnose. There are many biological tissues that can generate pain in the back. These may include muscles, ligaments, bones, nerves, and joints. Quite often it is a combination of several or all of

these structures that can manifest into back pain. For example, a lifting injury may result in muscle spasm, which is accompanied by a ligament sprain and joint irritation. Ideally all of these need to be addressed for full and complete resolution if therapy is required. Not all leg pain is sciatica either. Back pain resulting in secondary buttock or leg pain can result from referred pain in the low-back. Referred pain is pain felt at a site distant from the true source of irritation or injury. Biological tissues in the low-back can result in referred pain to the buttock or leg regions. A licensed health practitioner who deals with back pain is best trained to diagnose the source(s) of your pain and prescribe appropriate therapy when required.

**Myth 4:** *If your back hurts, you should take it easy until the pain goes away. Bed rest is the mainstay of therapy.*

**Truth:** For the longest time, patients with back pain were told to lie down and get bed rest for their back pain. While many patients experienced less pain while lying down, it was not always the case that they got better. Modern research indicates that individuals who remain active do better than those who try bed rest. Remaining active means continuing with daily activities as tolerated and easing back into a regular routine. Activities may have to be modified while recovery occurs, but movement is important for recovery provided it does not put the individual at risk for further injury.

**Myth 5:** *Most back pain is caused by injuries or heavy lifting.*

**Truth:** Up to 85% of individuals with back pain can't recall a specific incident that brought on their back pain. Back pain can result from a single exposure to a bending or twisting incident or it can be small cumulative loads placed on the spine over time. Heavy lifting or injuries though risk factors, do not account for all back pain. Scientific research also reveals the following statistics and risk factors: smoking, being overweight, poor posture, poor physical fitness, and stressful life events have all been linked to back pain. The highest frequency of reported symptoms for back pain occurs between the ages of 35 to 55. In males, the risk of injury peaks at approximately 40 years of age, and in women between 50 and 60 years of age.

Join us next month when we examine easy preventative measures individuals can take in minimizing and avoiding back pain.

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