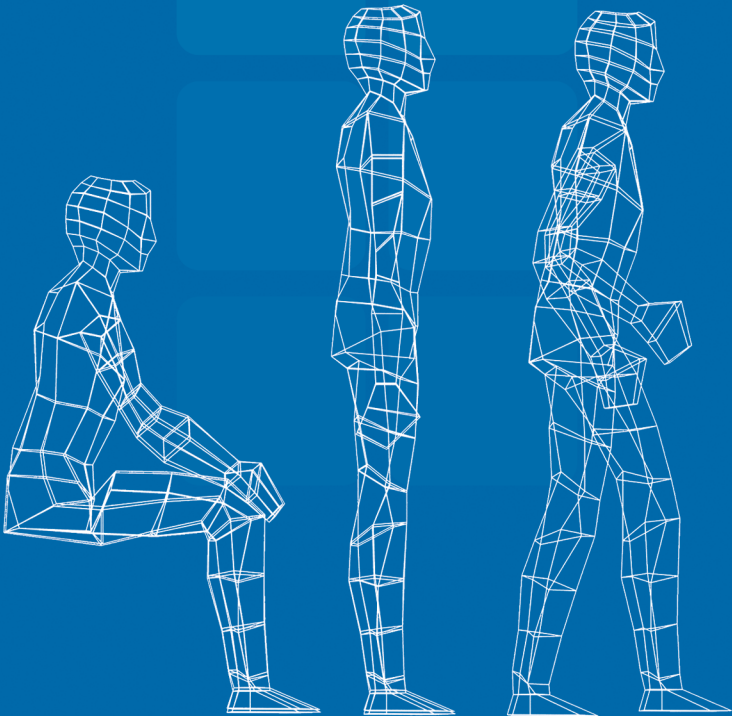


The best way to deal with back pain – Get back active
Based on the latest research

THE **BACK** BOOK



THE
BACK
BOOK

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THE NEW APPROACH TO BACK PROBLEMS

Back problems are very common and can cause considerable pain and disability but, fortunately, serious or permanent damage is rare. There has been a revolution in thinking about back care and we now deal with it in a different way. This booklet sets out the facts and shows you how to feel better as quickly as possible. It's based on the latest research. Don't take back pain lying down!

What you do about your back problem is usually more important than the exact diagnosis or treatment.

Back attack can be alarming. Even a minor back problem can be very painful and it's natural to think that something dangerous might have happened. But stop and look at the facts:



BACK FACTS

- Most back problems are not due to any serious injury or disease.
- The acute pain usually improves within days or a few weeks, at least enough to get on with your life. The long-term outlook is good.
- Sometimes aches and pains can last for quite a long time. But that doesn't mean it's serious. It does usually settle eventually - even though it's frustrating that no one can predict exactly when! Most people can get going quite quickly, even while they still have some pain.
- About half the people who get backache will get it again within a couple of years. But that still does not mean it's serious. Between attacks most people return to normal activities with little if any pain.
- What you do in the early stages is very important. Resting for more than a day or two usually does not help and may actually prolong pain and disability.
- Your back is designed for movement: it needs movement - a lot of movement. The sooner you get moving and doing your ordinary activities as normally as possible, the sooner you will feel better.
- The people who cope best with back pain are those who stay active and get on with life despite the pain.

CAUSES OF BACK PAIN

Your spine is one of the strongest parts of your body. It is made of solid bony blocks joined by discs to give it both strength and flexibility. It is reinforced by strong ligaments, and surrounded by large and powerful protective muscles. Terms like "back strains" or "back sprain" do not mean ligament or muscle tears nor do they mean there is any serious injury or damage.

Despite what you might have heard:

- Few people with back problems have a slipped disc that traps a nerve. Even then, it usually gets better by itself. Very few back problems ever need surgery.
- X-rays and MRI scans rarely detect serious spinal injuries and usually don't help ordinary back problems. They may even be misleading. Doctors and surgeons sometimes mention 'degeneration' which sounds frightening, but it's not damage or arthritis. These are the normal changes with age - just like gray hair.

It is surprisingly difficult to damage your spine

The sooner you get on with your life - the sooner you will feel better

Back pain need not cripple you, so don't let it!

- Your doctor will often not be able to pinpoint the source of the pain. Again, it's frustrating not to know exactly what is wrong. Actually, it's good news - you do not have any hints of damage to your spine.

Back pain may come from the working parts of your back - the muscles, ligaments, and small joints. No one knows for sure! For a while your back is simply not moving and working as it should. You can think of it being 'out of condition'. So what should you do? Don't take it lying down! Get your back moving and working properly again. This stimulates its natural ability to recover faster and avoids getting you further 'out of condition'.

REST OR STAY ACTIVE?

The old fashioned treatment for back pain was rest. Some people with back problems were sent to bed for weeks or even months on end, just waiting for the pain to disappear. We now know that bed rest for more than a day or two is the worst possible treatment, because in the long term it actually prolongs the pain:

- Your bones get weaker.
- You get stiff.
- Your muscles get weak.
- You lose physical fitness.
- You want more pain medication.
- You get depressed.
- The pain feels worse.
- It is harder and harder to get going again.

Bed rest is bad
for backs



No wonder it doesn't work! We no longer use bed rest to treat any other common condition and it's time to stop bed rest for back problems.

You may be limited in how easily you can do things when the pain is really bad. You might even be forced to lie down for a while at the start. But don't take back pain lying down! Bed rest is not a treatment – it's simply a short-term result of the worst episodes for at most for a day or two. The most important thing is to keep moving or get moving again as soon as you can.

ACTIVITY IS GOOD

Your whole body must keep active to stay healthy. It thrives on use! It withers without use.

Regular physical activity:

- Gives you stronger bones.
- Develops your muscles.
- Keeps you supple.
- Makes you fit.
- Makes you feel good.
- Releases natural chemicals that reduce the pain.
- Makes you look better and healthier

Use it or lose it



Even when your back is painful, you can speed your recovery without harming your back.

- Walking
- Swimming
- Exercise bike
- Dancing/yoga/keep fit
- In fact, continue most daily activities and hobbies even if your back slows you down a bit.

The sooner you get active, the sooner your back will feel better

Exercise gets your back moving again by keeping muscles and joints from getting too stiff or from seizing up. It also makes your heart and lungs stronger. Exercise improves physical fitness and makes you look better.

Different things suit different people. Experiment - find what works best for you and your back. Your goal is to get moving and steadily increase your activity. Do a little bit more each day.

Get your stiff joints and muscles working again! It can be painful. Athletes accept that when they start training, their muscles and joints hurt. They have to work through the pain before they can get back to normal. They notice aches and pains more when they resume strenuous activity, particularly as they get older. But pain does not mean they are doing any damage. So don't worry if exercise makes you a bit sore at first – that's usually a sign you are actually making progress! As you get fully fit to tolerate your day, the pain should ease off.

No one pretends it's easy. Painkillers and other treatments can take the edge off the pain to let you get started, but you still have to do the work. There is no other way. You have a choice: rest and get worse, or get active and recover.

Do not fall into the trap of thinking it will be easier in a week or two, next month, next year. It won't! The longer you put it off, the harder it will be to get going again. The faster you get back to normal activities and back to normal work the better - even if you still have some problems.

DEALING WITH AN ATTACK OF BACK PAIN

Most people manage to deal with most attacks themselves. What you do depends on how bad your back feels. For instance, allow yourself some extra time in the morning after a bad setback. During the night you may stiffen up from the inactivity and feel worse when you start to rise. Get up a little earlier to give you more time to work out the kinks before you start your regular duties. Because there's no serious damage, you can usually:

- Use something to control the pain.
- Modify your activities for a short time, if necessary.
- Stay active and get on with your life.

Some people have more persistent pain – but the same principles apply.



Control of pain

There are many treatments that can help - even if there is no miracle cure. They may not remove the pain completely, but they should control it enough to let you get active and make yourself better.

Pain killers

You should not hesitate to use painkillers if you need them. You can safely mask the pain to get active: your body will not let you do any harm. Acetaminophen is the simplest and safest pain killer. Or you can use or add anti-inflammatory medication like Ibuprofen or aspirin.



It may surprise you, but these simple over-the-counter painkillers are often the most effective for your back problem. Unfortunately, many people do not use them properly. You should start with the full recommended dose and take them regularly every 4-6 hours as you need them - do not wait till your pain is out of control. You should usually take the painkillers for a few days, but you may need to take them for a week or two. Rarely do people require anything stronger.

Do not take Ibuprofen or aspirin together or if you are pregnant or if you have asthma, indigestion, or an ulcer. Your doctor may consider a newer anti-inflammatory if some of these problems arise.

Heat & cold

Some people find that heat or cold may help relieve pain and relax muscles. In the first 48 hours try a cold pack on the sore area for 5-10 minutes at a time - a bag of frozen vegetables wrapped in a damp towel. Other people prefer heat - a hot water bottle, a bath, or a shower.

Massage

Massage is one of the oldest treatments as many people find gentle rubbing eases the pain and relaxes muscles.

Manipulation

Doctors now agree that manipulation can help with back pain. It is safe if done by a qualified professional: chiropractors, osteopaths, some physiotherapists, and a few physicians with special training. You should feel the benefit within a few sessions but it's not a good idea to have treatment for months on end.

Other treatments

Many other treatments such as electrical stimulation, acupuncture, or alternative medicine may be suggested for back pain. Despite the claims, be realistic. No pain control method is a quick or lasting fix. What really matters is whether they help you get active.

Anxiety, stress and muscle tension

Anxiety and stress can increase the amount of pain we feel. Tension can cause muscles to tighten and become painful.

Many people get anxious about back problems, especially if it doesn't get better as fast as they expect. You may get conflicting advice - from your family and friends or even from doctors and therapists - which may make you uncertain about what best to do. Trust the advice in this booklet - it comes from the latest research. Remember, serious damage is rare and the long-term outlook is good. So do not let fear and worry delay your recovery.

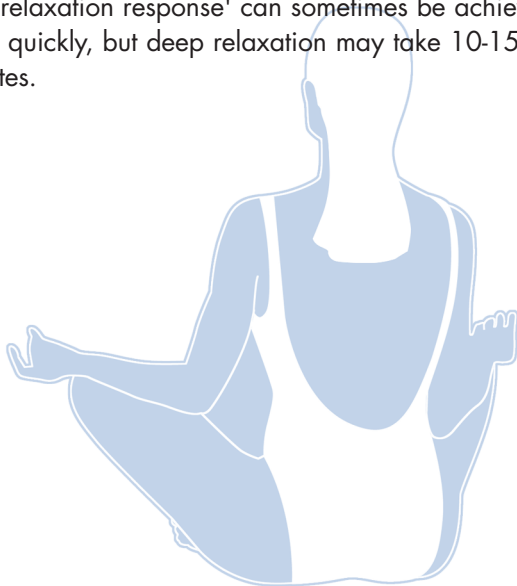


Stress can aggravate or prolong pain. If stress is a problem – recognize it at an early stage and do something about it. You cannot always avoid stress, but you can learn to reduce its effects by controlled breathing, muscle relaxation and mental calming techniques. One of the best ways of reducing stress and tension is exercise.

The Swedish relaxation exercise:

- 1 Don't try too hard to relax.
- 2 Find a comfortable position, sitting or lying down – somewhere quiet.
- 3 Take deep breaths 'slow & steady'; hold for about 15-20 seconds and exhale.
- 4 Focus your mind on something calm and repetitive.
- 5 'Let go' when exhaling,. Imagine and concentrate on breathing - not on relaxing.

The 'relaxation response' can sometimes be achieved quite quickly, but deep relaxation may take 10-15 minutes.



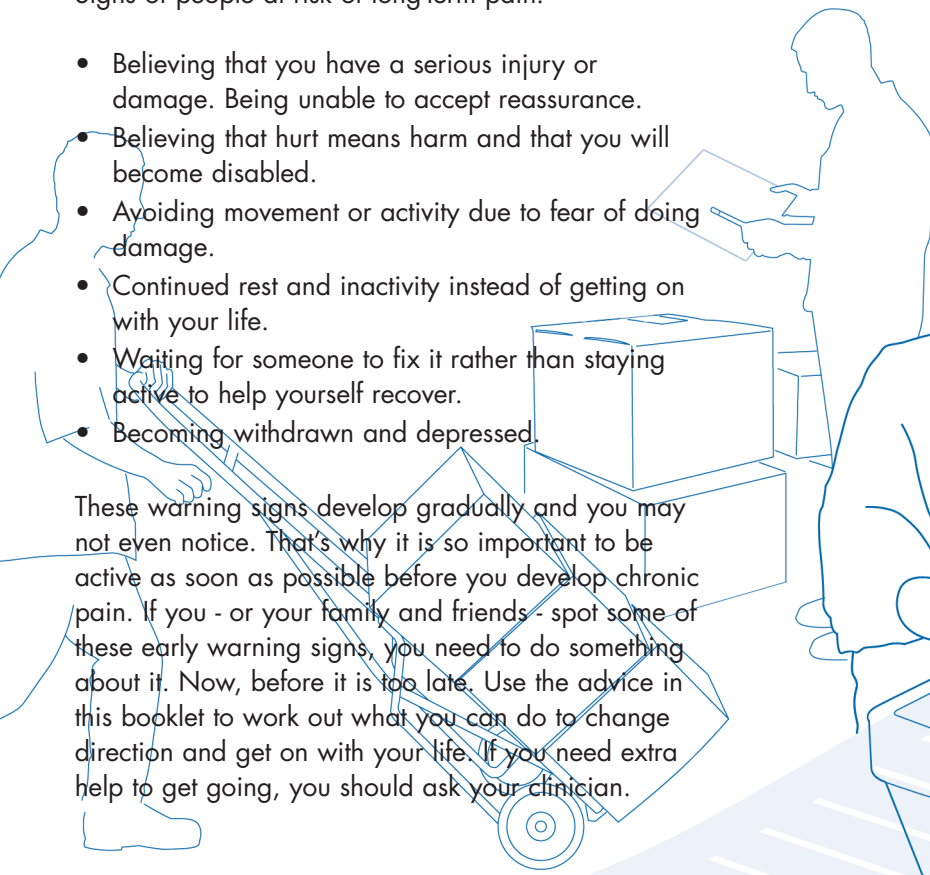
THE RISK OF CHRONIC PAIN

There has been a lot of research in recent years to identify people at risk for long-term pain and disability. What may surprise you is that most of the warning signs are not medical findings but are about how people think and feel as well as how active they remain.

Signs of people at risk of long-term pain:

- Believing that you have a serious injury or damage. Being unable to accept reassurance.
- Believing that hurt means harm and that you will become disabled.
- Avoiding movement or activity due to fear of doing damage.
- Continued rest and inactivity instead of getting on with your life.
- Waiting for someone to fix it rather than staying active to help yourself recover.
- Becoming withdrawn and depressed.

These warning signs develop gradually and you may not even notice. That's why it is so important to be active as soon as possible before you develop chronic pain. If you - or your family and friends - spot some of these early warning signs, you need to do something about it. Now, before it is too late. Use the advice in this booklet to work out what you can do to change direction and get on with your life. If you need extra help to get going, you should ask your clinician.



You may run into a practical problem here. Clinicians deal best with clear-cut diseases and injuries for which they have a cure. We are often not as good at dealing with more ordinary problems like back symptoms. For example, it's not good to stay off work doing nothing for weeks on end just to attend physical therapy. Nor is waiting months for a surgeon to tell you that you don't need an operation. That simply delays your recovery! Which is why it really does depend on what you do yourself. You have to make it clear to your Doctor that you realize all this, and what you want is help to get on with your life.

If you are still off work after a month, you risk developing long-term problems! There is then a 10% risk you will still be off work in a year's time. Long before you get to that stage you really need to face the problem and take action.



Hurt does not
mean harm



HOW TO STAY ACTIVE

As we've explained, the sooner you start getting mobile and active again the better. Only if the pain is particularly severe do you need to rest or be off work. But even then you can still do most daily activities if you think about them first. Work out a plan. What are the problems and how can you get round them? Can you do things a different way?

The idea is to strike a balance between being as active as you can and not irritating your back pain too much at first. The basic rules are simple:

- Keep moving.
- Do not stay in one position for too long.
- Move about before you stiffen up.
- Move a little further and faster each day.
- Don't stop doing things - just change the way you do them.

Sitting – Chose a chair and position that is comfortable for you - experiment. Try some support in the small of your back. Get up regularly – take advantage of TV commercials.

Desk work – Adjust the height of your chair to suit your desk. Arrange your keyboard and monitor so that you are comfortable. Get up and move around when you can.



Driving – Adjust your seat from time to time. Try some support in the small of your back.
Take regular breaks. Get out of the car, walk about.

Lifting – Think before you lift. Do not lift more than you need to. Keep the load close to your body. Don't twist while you are lifting but turn with your feet.

Carrying and shopping – Think about you what need to carry. Hug things close to your body or split the load between both hands. Use wheels if you can!

Daily activities/hobbies – Keep changing activities. Don't stay in one position for too long

Sports – Continue normal sport, but you may need to reduce the intensity and take a bit longer.

Swimming – you may want to vary your stroke – backstroke, sidestroke, crawl.

Sleeping – Some people find a firmer mattress helps - or you can try a board beneath the mattress.

Experiment.

Try Acetaminophen or Ibuprofen an hour before you go to bed.

Sex – Fine! – but you may need to try different positions.



GETTING ON WITH YOUR LIFE

It is important to maintain the momentum of your life - and that includes staying at work if you possibly can. Doing things will distract you from the pain, and your back will not be injured and usually will not feel any worse at work than at home or transferring to a more monotonous task. If you have a heavy job, you may need some help from your fellow workers. Simple changes may make your job easier.

If you need to see a clinician tell him or her about your work. You may need to talk to your supervisor or boss. Discuss any parts of your job that may be a problem at first, but stress that you want to be at work. Offer your own suggestions to overcome difficulties - you might even show them this booklet.

If you do have to stay off work, it helps to get back as soon as possible – usually within days even if you still have some pain. The longer you are inactive and off work the longer it takes to get comfortable again. Being off work risks your health and increases the chance of long-term pain and disability.

If you are not at work within about a month you should be planning with your Doctor and employer how and when you can get back. Your health and safety representative may be able to assist. Temporary modification of your job or pattern of work may help you get back sooner.

You will have good days and bad days. That's normal

Doctors and therapists can help to ease the pain but only you can get your back going !

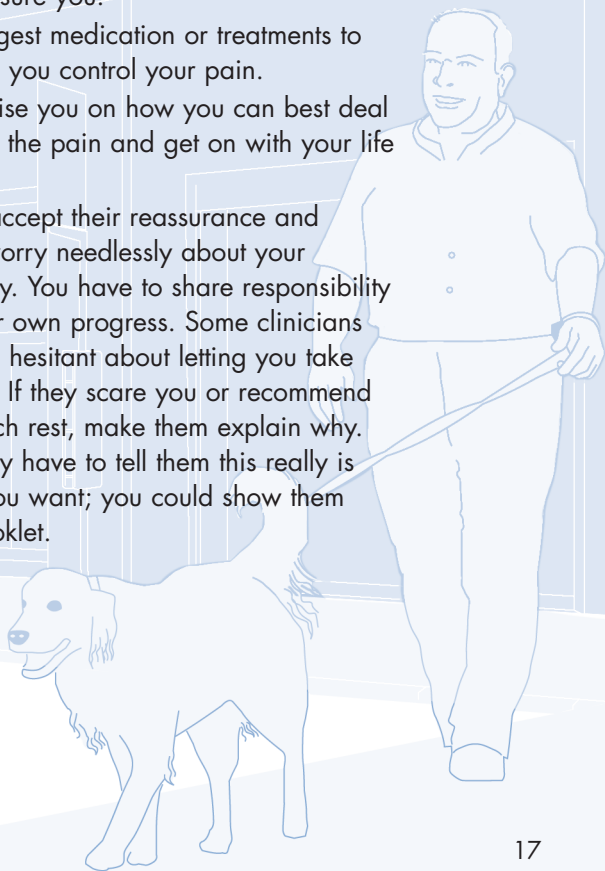
What doctors can and can't do

Although we have stressed that you can deal with most back pain yourself, there may be times you are uncertain and feel the need to check. That's quite reasonable. But remember there is no quick fix for back pain. So you should be realistic about what you expect from Doctors.

They can:

- Make sure you don't have any serious disease and reassure you.
- Suggest medication or treatments to help you control your pain.
- Advise you on how you can best deal with the pain and get on with your life

Try to accept their reassurance and don't worry needlessly about your recovery. You have to share responsibility for your own progress. Some clinicians may be hesitant about letting you take control. If they scare you or recommend too much rest, make them explain why. You may have to tell them this really is what you want; you could show them this booklet.



Warning signs

If you have severe pain that gets worse over several weeks instead of better, or if you're feeling sick in addition to your back pain, you should see your doctor.

Here are a few symptoms, which are all very rare, but if you do have back pain and suddenly develop any of these you should see a medical professional right away.

- Difficulty passing or controlling urine.
- Numbness around your anus or genitals.
- Numbness, pins and needles, or severe weakness that stays in both legs.
- Severe unsteadiness on your feet.

Don't let that list worry you too much.

IT'S YOUR BACK

We've shown you that back pain is rarely due to anything serious and it should not cripple you unless you let it. You've got the facts and the most up-to-date advice about how to deal with back problems. The important thing now is for you to get on with your life. How your back affects you depends on how you react to the pain and what you do about it yourself.

There is no instant answer. You will have your ups and downs for a while - that's normal. But look at it this way:



There are two types of sufferer

One who avoids activity ☹️
and one who copes 😊

- ☹️ The avoider gets frightened by the pain and worries about the future.
 - The avoider is afraid that hurting always means further damage.
 - The avoider rests a lot, and just waits for the pain to get better.
- 😊 The coper knows that the pain will get better and does not fear the future.
 - The coper carries on as normally as possible.
 - The coper deals with the pain by being positive, staying active and getting on with life.

Who suffers most?

- ☹️ Avoiders suffer the most. They have pain for longer, they have more time off work and they can become disabled.
- 😊 Copers get better faster, enjoy life more and have less trouble in the long run.

Remember that back pain is rarely due to any serious disease



So how do I become a Coper and prevent unnecessary suffering?

Follow these guidelines - you really can help yourself.

- ☺ Live life as normally as possible. This is much better than giving in to the pain.
 - Keep up daily activities - they will not cause damage. You may have to avoid really heavy things for a few days.
 - Try to stay fit - walking, cycling or swimming will exercise your back and should make you feel better. And continue even after your back feels better.
 - Start gradually and do a little more each day so you can see the progress you are making.
 - Either stay at work or go back to work as soon as possible. If necessary, ask if you can get lighter or modified duties for a few days.
 - It's normal to continue to have aches or twinges for a time.
- ☹ Don't rely on painkillers alone. Get active and take control of the pain yourself.
 - Stay positive! Don't stay at home or give up doing things you enjoy.
 - Don't get frightened. Continuing pain does not mean you are going to become an invalid. It may be telling you how much work you have to do to get in shape.
 - Don't listen to other people's horror stories.
 - Don't get gloomy on the down days.

*Get on with your life -
you'll get better quicker
and have less trouble
later*



Remember:

- Back problems are common but rarely due to any serious disease. The long-term outlook is good.
- Even when your back is very painful, it is rare to find serious damage. Hurt does not mean harm.
- Rest for more than a day or two is usually bad for you.
- Staying active will help you get better faster and prevent more back trouble.
- The sooner you get going, the faster you will get better.
- If you don't manage to get back to most normal activities quite quickly, you should seek additional help.
- Regular exercise and staying fit helps your general health, happiness and your back.
- Don't let your back take over your life. You have to get on with it.

**That's the message from the latest research -
you really can help yourself**

Patients want accurate and effective information -
The Back Book has been written to meet that need.

The Back Book (American Edition) is intended as a guide for patients and the advice it contains is based on the latest research: clinical trials have shown it to be effective. It should be suitable for anyone with back problems, and clinicians may give it to their patients to help with early management. It is scientifically linked with the US Department of Health and Human Services' AHCPR Literature Review process for Acute Low Back Problems Guideline #14, and with the Royal College of General Practitioners, and Faculty of Occupational Medicine guidelines for back pain in the UK.

To be sure it contains the latest reliable back information, it has been written by a team of experts:

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General Practice

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Orthopaedics

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