

Low Back Pain

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Some Interesting Facts

Paul Monaro has recently completed a course run by Prof Peter O'Sullivan, a world renowned clinician & researcher into persistent low back pain (LBP). The techniques & philosophies demonstrated on the weekend were similar to many of the practices Paul has adopted over the years. Here are some points of interest from the course.

Common misconceptions about LBP:

1. "Bending is bad for your back". It is true that repeated or sustained bending is sometimes problematic. However our backs are made to bend, and regular full-range movement is healthy for our tissues.
2. Many backs are "unstable". While a popular notion, this is rarely true. Most backs are very strong structures, even after injury.
3. The back or pelvis "goes out of place". Except in cases of severe trauma, this simply doesn't happen. It can feel like things are out of place, just like it feels like one side of your face is swollen after the dentist injects your gum.
4. "Most LBP is associated with a weak core". This occurs in certain individuals. However in many cases of persistent LBP, there is over-activity of core muscles, and this over-bracing often contributes to pain. For example, chronic coccygeal (tail-bone) pain is sometimes due to an over-active pelvic floor.
5. "Movements that hurt are harmful". In many cases, protective avoidance of movement contributes to pain, and is less healthy for the spine.



One major misconception, even held by many health practitioners, is that the cause of LBP can be identified by X-ray, CT or MRI scan. In the vast majority of cases, the cause cannot be identified this way. Once we reach adult-hood, most of us will have so-called "abnormal findings" if a scan is taken. Consider these findings from a LBP study:

In a sample of pain-free young adults (average age 25years), there was evidence of disc degeneration in 50% of cases. These people had **no back trouble**.

In a sample of 300 pain-free middle aged subjects (average age 45 years), MRI findings revealed:

- 91% had disc degeneration.
- 64% had bulging discs.
- 56% had loss of disc height.
- 38% had *annular* tears (tears within the lining of the disc).
- 32% had disc *protrusions* (large bulges).

Again, these people had **no low back pain**. The implication is that such findings are in-fact normal changes that occur as part of life.

In many cases of persistent LBP, the pain is not a sign that damage is being done. The amount of pain and disability can be influenced by many factors, and will often be present without actual tissue damage. Factors might include:

- The amount of muscle tension.
- Stress levels.
- Getting inadequate sleep
- The degree of fear & negative emotions.
- Experience & beliefs about LBP.
- Context. Other life factors can override or heighten pain sensation.
- The degree of focus on pain.

Three examples below help to illustrate the potential influence of factors other than actual tissue damage on the experience of LBP:

1. There was a famous case of a builder who was rushed to emergency, having shot a nail through his shoe. He was in severe distress, & required strong pain medication. An X-ray was taken before his boot was carefully cut-away. When the boot was removed, it was revealed that the nail had gone between the toes, not breaking the skin.



2. In a study assessing the influence of memory & experience in people with ongoing LBP, sufferers were asked to observe a subject bending over to lift a box from the floor. Nine out of ten subjects experienced immediate pain in their own lower backs, simply through observation.



3. A person with LBP admitted to their practitioner that they had extreme fear about the consequences of their pain. When asked why, they replied “Because the back is like the heart – too scary to think about when something goes wrong.”

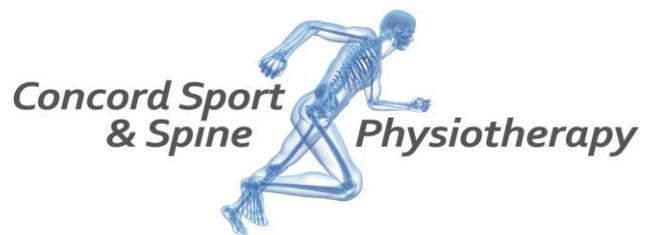
This highlights the importance of getting advice from a practitioner with good experience, and one who will put things in perspective. Most episodes of LBP are no-more harmful than a sprained ankle, and will recover well if managed correctly.

After a low back injury, it is important to remain active as part of recovery, to reduce pain focus and provide counter-stimulation, as well as to help maintain healthier tissues.

Please contact us if you would like further information or a printable copy of this document.

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