



2639 New Pinery Road
Suite 2
Portage, WI 53901

(608) 742-9356 Phone
(608) 742-9358 Fax

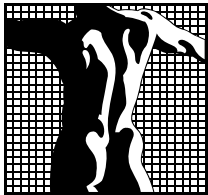
www.newlifept.com

NEW LIFE PHYSICAL THERAPY AND SPORTS MEDICINE

August 2006

Classic Myths Of Low Back Pain

By: Brian Doolan PT, CSCS



Throughout our lives, 80% of us will have some form of back pain. Along with this back pain will come a large out flow of medical advice and home remedies on how to take care of your back. In this edition of New Life News, we will be discussing and rebutting some of the common myths one hears in regards to low back pain. These myths are:

1. If you have a disc herniation, you will need to have surgery.
2. Imaging, such as X-rays and MRI's, can always identify the source of low back pain.
3. Individuals with back pain should not return to work until they are symptom free.
4. Bed rest is beneficial for final outcome.

To start, let's look at Myth #1, "If you have a disc herniation, you will need to have surgery." Research is now showing

that active physical therapy care for disc herniations is an effective alternative to surgery with much less overall cost and risk to the patient. A study by Saal and Saal demonstrated a greater than 90% success rate in those patients who received physical therapy for disc herniation combined with epidural injections when appropriate.

Myth #2, "Imaging such as X-rays and MRI's, can always identify the source of low back pain." This is not the case. Abnormalities and X-ray don't always correlate with pain. In fact, persons without pain often have abnormal X-ray and spinal images. However, in the case of disc herniations viewed on MRI that correlate with signs and symptoms, there is some predictability. Studies are showing that the larger the herniation, the better the recovery. Larger herniations result in better outcomes conservatively because the body attacks the herniation with an immune response and breaks down the disc material. The small contained herniations present to be a larger challenge to non-operative treatment.

Myth #3 "Individuals with back pain should

not return to work until they are symptom free." An individual who has suffered a back injury should return to work as soon as possible with appropriate restrictions. It is unrealistic to think that a person after injuring him/herself, can instantly return to full duties after an injury. However, early return to work is consistently associated with improved outcomes. A return to work process should be incorporated with therapy. The best way to simulate work for therapy is to actually perform the work. A study by Henderson showed that only 20% of people receiving incapacity benefits for more than six months will return to work in the following five years.

Myth # 4 "Bed rest is beneficial for final outcome." This is not the case for people who suffer from back pain. Research has shown time and time again, that exercise specifically designed by a physical therapist is the best choice for multiple reasons. The available data supports a dynamic, high-intensity exercise program that promotes an increase in muscle strength and balance coupled with physical therapy spinal manipulation for improved outcomes. Passive care of low back disorders leads to physical deconditioning, negative calcium balance and loss of motivation. Resting the

back does nothing to prepare the person for their functional needs.

References:

1. Deyo R, Low-back pain, *Scientific American*, August 1998:49-53
2. Waddell G and Burton AK, Table 14: Perceptions and attitudes about common health problems and work, in Concepts of Rehabilitation for the Management of Common Health Problems, London: TSO: 2004:64
3. Beattie, P. Meyers, S. Magnetic Resonance Imaging in Low Back Pain: General Principles and Clinical Issues. *Physical Therapy*. 1998;78:738-58.
4. Saal J. Natural History of Nonoperative Treatment of Lumbar Disc Herniation. *Spine*. 1996;21(24):2-9.
5. Beattie P. The Relationship between Symptoms and Abnormal Magnetic Resonance Images of Lumbar Intervertebral Disks. *Physical Therapy*. 1996;76(6):601-8

