



Myths of Low Back Pain

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It is estimated that 80% of people will experience an episode of low back pain at some point in their lives. It is one of the major reasons that people attend emergency medical appointments, miss work for extended periods of time and also one of the major reasons that people regularly take opioids and narcotic pain relievers. Despite the large amount of research done in the area of low back pain and its treatment, there still remain a number of “myths” associated with it. Low back pain is one of the conditions that there is no shortage of “bad advice” for its relief. Just mention that you have low back pain in a room of people and you are bound to get a list of things that worked for others and/or a list of myths regularly associated with low back pain. Let’s try to clear some of these myths up...

1) If you have back pain, you should stop all activities and rest until the pain subsides:

Luckily this myth has been slowly fading from popularity, but we still hear it from time to time. All current medical research shows this to be just the opposite...what you should do when having back pain is to try to remain as active as possible. It is appropriate to have a short period of rest following any acute injury, but it really shouldn’t exceed 48 hours. You should be up and moving and trying to maintain motion very early in your recovery. Studies show that people that wait longer than 48 hours will actually start to develop more disability, rather than helping themselves heal.

2) Before you get any treatment, you really should have an X-Ray or MRI.

We see patients regularly who are confused that their MD hasn’t ordered any x-rays or an MRI before they are referred to physical therapy for treatment. This is the norm now, not the exception. Sure, reducing the overall cost of care has a small part to do with this, but the real reason is that there are very specific indicators for advance imaging and that the presence of bulging or herniated discs, degenerative changes or muscle injuries don’t really alter the direction of care that much. Evidence shows that 80% of disc herniations will resolve in 6 weeks on their own and 90% will resolve in three months. If you have been having treatment during this period and you still haven’t had any improvements, then it would usually makes sense to “take a look” with some advanced imaging to see if other types of intervention may be indicated.

3) Bending and lifting heavy items is the cause of my back pain and I should never do that.

There are very rare incidences of disc herniations being directly caused by an injury and this would usually involve some kind of violent, traumatic event. Generally low back pain from disc injuries is a cumulative event...a long history of small, non-traumatic injuries that culminate in the proverbial “straw that breaks the camel’s back”. Sure you can strain a muscle from trying to lift something too heavy for yourself, but the likelihood of it causing a disc herniation is unlikely. Research is showing that genetics has more to do with degenerative discs than activity does. Having good flexibility and good strength can go a long way in keeping you feeling good.

4) The only way to fix a disc is surgery.

As mentioned above, research shows that 80% of disc herniations resolve in 6 weeks on their own, with 90% resolving in 3 months. Most low back pain isn't caused by discs, but instead from weakness and tightness...mechanical issues with "core" strength and the mobility of the hips and legs. Correcting these issues goes a long way in helping to reduce low back pain. Some studies have shown disc bulges or herniations in 40-50% of the population over the age of 40...the vast majority of those people being completely without any symptoms of low back pain at all!

5) Heat, Massage, Electrical Stimulation and Ultrasound/Laser treatment can heal my back pain.

Despite the large amount of peer reviewed clinical literature related to the specific use of passive modalities in the treatment of low back pain proving to be largely ineffective other than giving extremely short term pain relief, many providers still utilize these treatments as their only method. None of the evidence based research shows any long term effects and use of these is essentially a "money grab" by many provider as insurance companies will reimburse for the treatment, and in all honesty, they do feel good. That trend is changing as more physical therapy providers are moving towards an evidence based model of care, avoiding the use of passive treatment modalities and focusing more on an active method of treatment. Just using some ice on your low back will help reduce pain, help reduce muscle spasm and also help to reduce inflammation. You don't get any more "low cost" and "evidenced based" than using a good old-fashioned ice pack!

6) Strengthening my abs will strengthen my back.

So this one isn't completely a myth...but it's not the whole story either. Although having good abdominal strength is very helpful, it is only part of what you need to work on. Having a strong "core" is important, but the "core" is not just the abdominal muscles. To fully strengthen your "core" you need to work on your low back strength, your leg strength (especially hamstring strength) as well as other key muscles that help stabilize the spine. While doing some crunches may help, there is a lot more that you need to do. If you have a "bad back" you will most likely benefit from some attention to flexibility and strength of many more muscle groups than just the abs.

7) A fitness ball is better than an office chair for your back.

The idea of sitting on a cushy ball instead of a traditional office chair seems like an easy way to help strengthen your core and ease back pain, but the lack of support can be less than ideal. Plus, simply sitting on the ball does not automatically activate your core. Using your core involves consciously engaging your core muscles, and the likelihood of you doing this all day while working is pretty unlikely. It is just as easy to slouch on a ball as it is to slouch while sitting in a chair. Additionally exercise balls come in limited sizes, so getting the "right fit" is much harder than a standard, adjustable office chair. In general, using a traditional office chair that is set up correctly and making an effort to break up long periods of sitting makes more sense.

Hopefully this has helped straighten out a few "back pain myths". At Blue Hills Sports & Spine, we have been way ahead of the curve on "de-mystifying" low back pain, which explains our strong clinical outcomes when treating patients suffering from it. Should you need to talk to one of our experts, contact us via our website @ www.bluehillspt.com