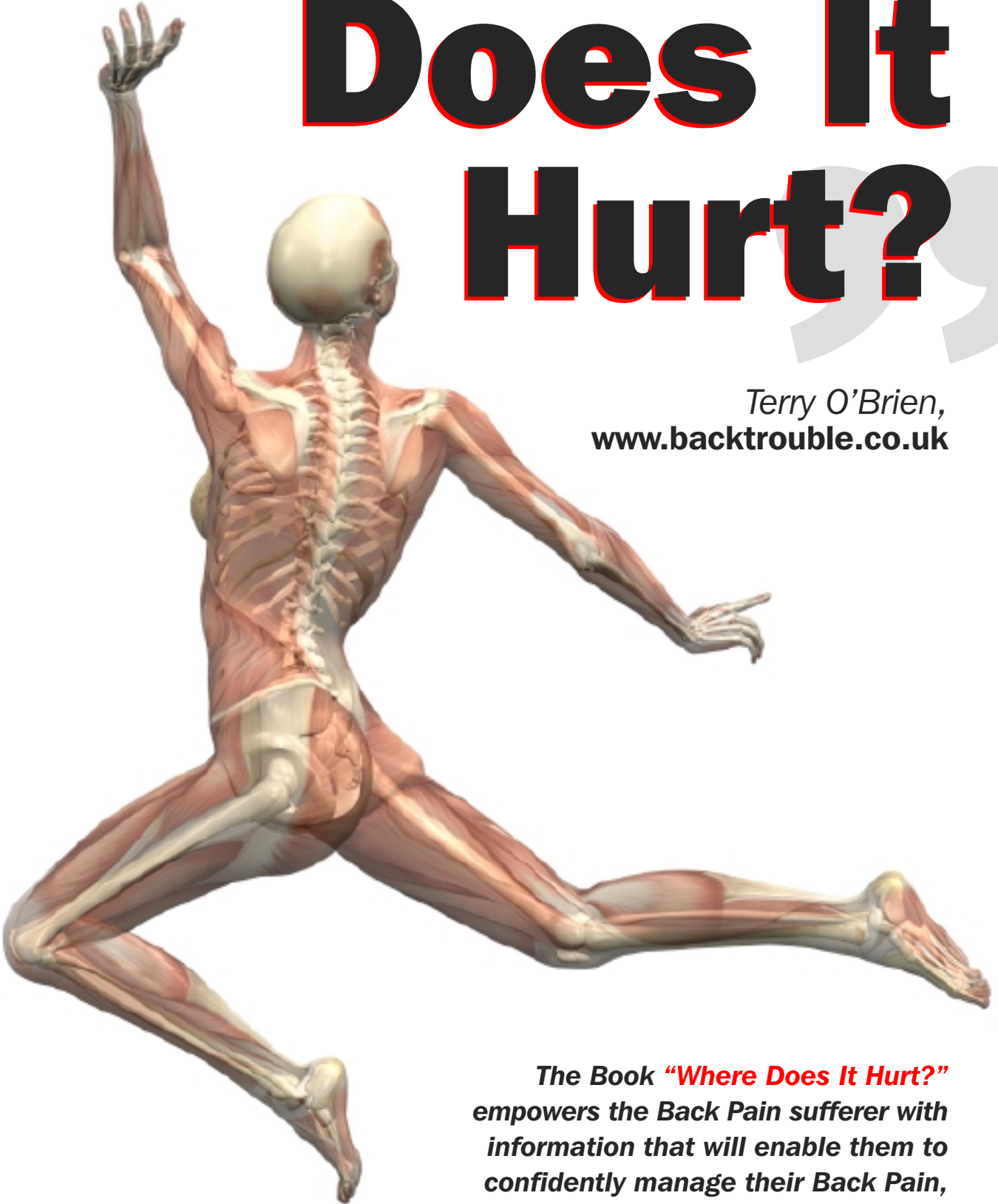


“Where Does It Hurt?”

Terry O'Brien,
www.backtrouble.co.uk



*The Book “**Where Does It Hurt?**” empowers the Back Pain sufferer with information that will enable them to confidently manage their Back Pain, Treatment and Rehabilitation.*

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1. Introduction:

They say that laughter is the best medicine, research shows that a spell of laughter can help relieve pain. It increases Blood flow, boosts the metabolism and stimulates the release of endorphins, the body's natural painkiller.

However Back Pain is not a laughing matter and by understanding more about your Back Pain, you can work together with your practitioner to find ways you can best treat it or at the very least get it under control.

The vast majority of skeletal muscular pain is felt in the joints or the point where a muscle attaches to the bone. With the back for example, it is the lower joints that seem to be much more susceptible to pain than the ones higher up, although the upper back is by no means excluded.

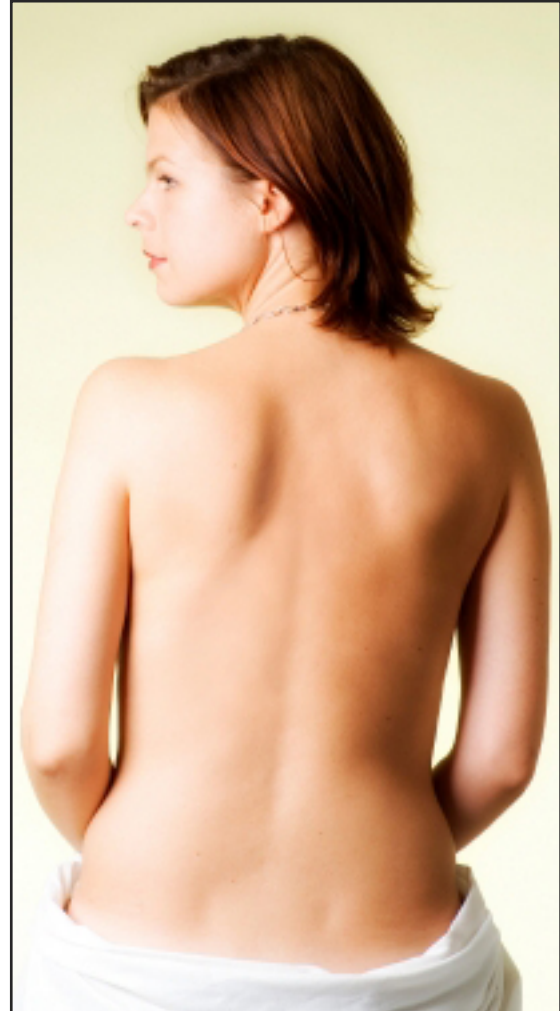
The joints are the one place where an imbalance can manifest because they can be tilted or twisted. What happens to the nerve, ligament or disc as a result of that joint moving is the pain you normally feel.

What I have learnt is that there are usually only one or two main groups of muscles, setting up the imbalances and causing the joint to move or the pressure to build up on a muscle making it stiff or tight and painful to move.

If the muscles that set up this twist (usually structural muscles) are worked on correctly, the pressure that causes the twist, tilt or tightness is released, along with the pain.

Using a "hands on" form of bodywork is the most effective way of identifying and correcting these problem muscles but finding someone who can do a good job quickly and effectively, and without it costing too much can be the most difficult part.

When a back develops problems it is not normally something that has just happened but rather a build up of imbalances over time. It tends to involve the whole body in some way and therefore requires a holistic approach to get a lasting cure.



In my opinion there are not enough skilled hands on therapists these days that can recognise the problem muscles, and then know how to restore their length and function and put the body back into balance again as is required.

Too many therapists want to use machines or stretching and exercise to fix back pain and these methods are flawed in many ways.

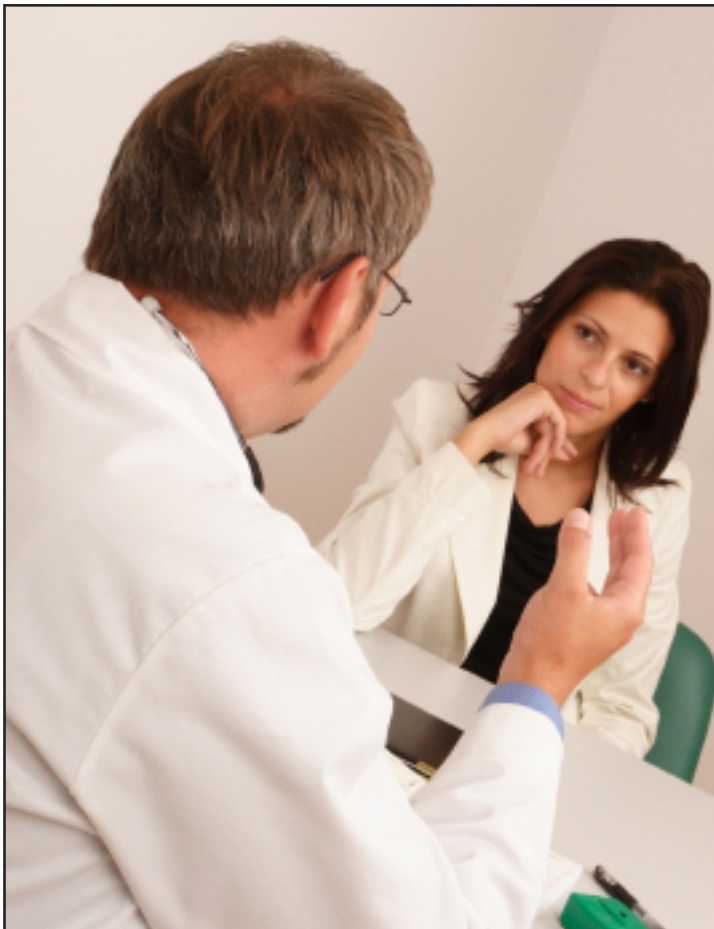
Lets be honest, if all current treatments worked I wouldn't need to be writing this book as people would get over their problems just as quickly as they came along. Without using the hands on approach and the fact that most causes of back pain don't show up on x-rays or scans. Physicians and therapists are guessing as to what the problem may be the majority of the time. Unless they are skilled at working on the body using their hands they can't monitor progress or feel compensations that need to be removed, but just as importantly they can't recognise when the problem does not involve the muscles and may require a totally different approach. Any specialist in Back related disorders could never have learnt what they have, without putting hands on the body.

Due to the repetitive nature of bodywork and the fact that the basic anatomy of the body never changes, one is constantly learning how every different type of body feels, strong, healthy, weak, stressed, young or old. Any therapist who doesn't get their hands on the body regularly such as a doctor, chiropractor, physiotherapist or acupuncturist, is severely handicapped right from the start when it comes to treating back pain. There is no way, without the vital information you can get from the feel of the body, they would be able to devise the best way of approaching an individuals particular back problem.

Why? Because the critical information they are missing can dramatically change the treatment regime from one person to the next.

2. Assessing Your Pain

Faced with a patient in chronic pain the Physician has several important tasks. The first is obviously the assessment of the pain and its various causes, including physical and psychological components. Realising that pain is a bio-psycho-social phenomenon, **(biological, psychological, and social)** all of these aspects have to be addressed in the history and evaluation of the patient.



Only when a proper evaluation has been made can the appropriate treatment be carried out. Only the most naive of Physicians would take a simplistic mechanistic approach, or indeed go the other way and dismiss pain as “being perhaps all in the mind”. Such assessment is complex and beyond the scope of this book, however, this has to be methodically undertaken, and undertaken well. Not only does the pain have to be evaluated, so does the distress that it causes the sufferer and whether this feeds back to have a major part of the pain itself. Finally disability has to

be considered; is it appropriate for the known nociceptive **(causing pain)** disease, or inappropriate? Is the disability that has developed a major factor in the chronicity?

(A chronic condition is one that has lasted for three months or more. In some conditions, chronic is defined as six months or longer. Chronic conditions often progress slowly and last for the remainder of a person’s life.)

Once this assessment has been made, management can be developed along appropriate lines. The distress should be minimised and disability should be reduced. Sometimes this can be done with great effect (e.g., through Pain Management Programmes) without altering the actual amount of pain. On the other hand, sometimes relief of the pain (for instance appropriate intervention) will alleviate distress and reverse the disability.

In most cases it is impossible to completely alleviate pain and thus a management plan has to be agreed with the patient. This may involve a rehabilitation approach, including increased mobility, perhaps in conjunction with a Chiropractic Practitioner, or the patient's own exercise programme. These will be facilitated by appropriate analgesic techniques.

Pain is your body's way of communicating to your mind. You do not have pain because your body was poorly designed. You have pain because you were ingeniously designed. Every pain, every symptom you experience is a part of this ingenious design.

3. What's It All About?

It's that dull ache, shooting pain, agonising spasm, or unbearable burning sensation that goes all the way down the leg. As many as 8 out of 10 people suffer from back pain at some time in their life.

It may limit movement, prevent standing, and it can mean days off work (it is the biggest single cause of work absence). It can be a sudden acute attack, or it can be a chronic pain that last for more than three months, or it can come and go, triggered simply by lifting a shopping bag, or changing position in a chair.

The pain is usually linked to changes in the way that the network of bones, ligaments and muscles of the back work together, and it stems mostly from strained muscles and ligaments.

Low back pain is a major health problem in the United Kingdom and each year seven percent of the population goes to the doctor because of it.

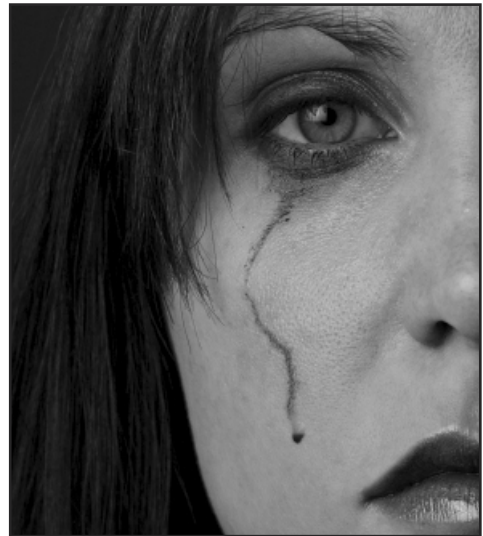


“In many patients, this back pain gets better within three months of this initial visit. However, up to 50 percent of patients continue to have pain and disability after this time.”

4. What Causes The Pain?

Back pain is a symptom not a diagnosis. In most cases, the exact cause of the problem is never tracked down. Causes of simple back pain include poor posture, lifting and carrying, lack of fitness, sleeping on soft mattresses, standing for long periods, sitting in chairs that lack back support, and repetitive jobs.

Twisting or lifting improperly can cause tears in the ligaments that support the spine. Pregnancy is a common trigger for back pain, due to softening of the ligaments and changes in posture due to the growing “little person”.



Other Common Causes Of Back Pain Include But Are Not Limited To:

- Spondylosis:** Type of arthritis caused by degenerative changes in the spine that come with age.
- Spondylitis:** Chronic back pain and stiffness caused by a severe infection or inflammation of the spinal joints.
- Sciatica:** Burning, stabbing pain that can go down the leg as far as the foot. It's usually caused by a protruding disc squeezing the sciatic nerve. Sciatica is discussed in more detail later in this book.
- Herniated disc:** Pain caused when disc material bulges and puts pressure on a nerve. Most protruding or bulging discs occur in the lumbar region, and in severe cases can lead to permanent nerve damage, and rarely, loss of bowel or bladder control.
- Spinal stenosis:** Often due to arthritis, it's a narrowing of the space around the spinal cord that can result in the nerve getting squeezed.
- Osteoporosis:** Loss of bone density and strength can lead to weak bones and fractures of the vertebrae in the spine.
- Stress:** Stress can cause back muscles to become tense and painful. Other causes include kidney stones, endometriosis, cancer and other diseases.

5. What Can I Do?



It is estimated that only one in seven cases of back pain are seen by a doctor, with most pain disappearing, or being treated with self-medication or other therapies. It is a good idea to see a doctor if there is numbness or tingling, or if the pain is severe and doesn't improve with medication and rest, or if the pain starts after an injury. It's important to seek medical help when there is also trouble urinating; and a weakness, pain, or numbness in the legs.

Most attacks of back pain last only a few days and heal themselves. The GP is usually the first stop, but there's a wide range of therapists who specialise in backs, including Chiropractic Doctors and other alternative practitioners.

6. Do Drugs Really Work?

Drugs can work for acute and chronic pain, and are the mainstay of treatments for millions. For mild to moderate pain, over-the-counter painkillers are usually enough. Muscle relaxants are sometimes used, as are steroid back injections, while morphine can be effective for short periods for more severe back pain



7. Should I Take To My Bed?

As I will point out later in this book, long bed rest was once a main treatment but research shows that it does not help simple back pain

A study in Scandinavia found that people with low back pain who carried on as normal appeared to have better back flexibility than those who rested in bed for a week.

8. What About Physical Therapy?

For many people, getting joints moving properly again with physical therapy is a must, as it does help. Chiropractic Doctors are trained to diagnose problems in the joints and soft tissues of the body, and will carry out a comprehensive assessment and treatment plan. Chiropractic provides a wide range of treatments to relieve pain, promote relaxation and restore movement. Chiropractic manipulation involves the adjustments of the spine, as well as other joints and muscles.

Chiropractic care is generally safe, but it's not appropriate for everyone. However a Chiropractor is experienced enough and skilled enough to make individual assessments on treatment suitability.

Numerous research studies conducted in Europe the United States, and Asia have documented that far beyond simply "feeling good", massage therapy has an impressive range of physical, mental, and emotional benefits.

Benefits of Massage

- Stimulates the release of endorphins - (the body's natural painkiller)
- Calms the nervous system
- Improves sleep
- Strengthens the immune system
- Aids in the removal of toxins from the body
- Reduces muscular tension
- Improves circulation of blood & lymph
- Increases the flow of oxygen and nutrients to cells and tissues
- Calms the nervous system
- Improves posture
- Increases flexibility & improves joint range of motion
- Enhances overall performance
- Relieves mental & physical stress
- Overall feeling of well-being

9. What Are The Surgical Options?

While most people will not need surgery, anyone whose chronic pain isn't helped by manipulation, exercise or medication, or who has a damaged disc, will. In some cases the problem disc may be removed and the bones fused together. The problem with fusion is that it permanently immobilises that part of the back. Surgeons are increasingly using artificial discs instead of fusion. Bulging disc material can also be dealt with by use of a laser. In osteoporosis, compression fractures of a vertebra, where one bone collapses on top of another, these can be treated with a balloon, and injections of cement-like mixtures that keep the bones apart and ease pain.

10. Any New Treatments?

Many clinical trials of new treatments are well under way around the world. Therapies being tested include drugs, new surgical techniques and a wide a range of alternative treatments including the new exercise Nordic walking (with sticks), glucosamine sulphate and ginger.

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