



Your Aching Back

BY JEANNE FAULKNER

Developing good habits can help keep your back strong and healthy

SITCOMS AND JOKESTERS — FROM JERRY SEINFELD TO MILTON BERLE — CAN GET AWAY WITH poking fun at our aches and pains. A little slapstick never hurt anybody. But in real life, no matter how it happens, back pain isn't funny.

More people hobble to the doctor's office for back pain than almost any other reason. According to the American Academy of Orthopedic Surgeons, 80 percent of Americans report at least one backache during their lifetime. Fifteen to 20 percent report back pain every year, resulting in 100 million lost workdays. Back pain rates are decreasing, though, because of the variety of treatments ranging from over-the-counter medication to neurosurgery.

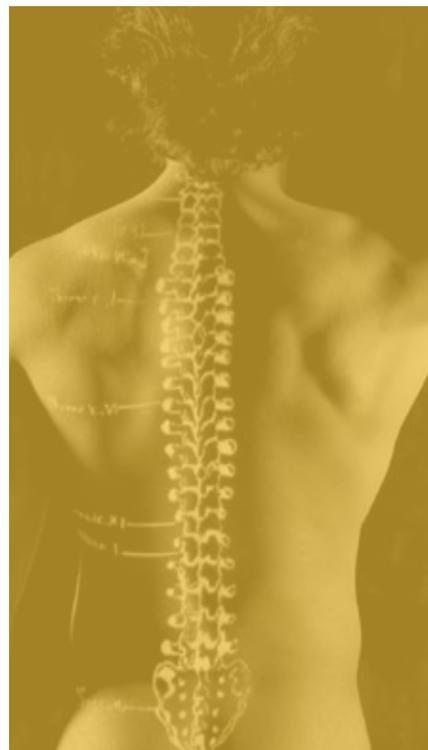
Acute back pain generally lasts a few days or weeks and results from a trauma such as a sports injury, accident or medical disorder like arthritis. Patients report aching, radiating, shooting or stabbing pain, limited flexibility and sometimes inability to stand. Chronic back pain persists for more than three months.

The back is a network of bones and muscles from your neck to your pelvis. The star of the show, the spinal column, consists of 33 bones (vertebra) stacked on top of one another. They provide structural support, house the spinal cord and the bundle of nerves that carry signals from the brain to the rest of the body. Round, spongy pads of cartilage, called intervertebral discs, are shock absorbers that allow flexibility so the body can move.

Ligaments and tendons attach muscles to the spine, which is divided into five sections: cervical — neck; thoracic — ribs; lumbar — low back; sacrum — pelvis; and coccyx — tailbone.

Most acute back pain is muscular, caused by a strain or sprain to the low back. Sometimes ligaments get yanked or discs become damaged. With all those nerves running through the spine, it's no wonder back injury is painful.

Chronic back pain has many sources. Frequently, bulging, protruding, herniated or ruptured discs weaken and push into spinal nerves. Sciatica is a "pain in the butt" when pinched sciatic nerves





such as ibuprofen or rest, heat and ice. Sometimes, patients are referred to physical therapy.

Sara Duchem, a 37-year-old nurse who works in Portland, had her first back injury in nursing school. “I was moving a large patient with dementia who became frightened. He freaked out and I wrenched my back. It bothered me occasionally, but generally I recovered with rest. Last year, though, I had back pain like never before. I couldn’t work.”

When pain requires medical care, the first step is usually the family doctor, who prescribes anti-inflammatory medications such as ibuprofen or rest, heat and ice.

cause shock-like pain to the buttocks and leg. Spinal degeneration causes stiffness and pain. Malignant tumors in the spine or adjacent organs are at the extreme end of the back pain spectrum.

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When medication and rest didn’t help, Duchem tried physical therapy.

“Back pain is our No. 1 referring diagnosis. Sixty to 70 percent are low back. Most have had back issues, but then weekend-warrior injuries send them in,” says Jane Montgomery, a physical therapist who supervises outpatient physical

therapy services at Providence Portland Medical Center.

Therapists test motion, strength and reflexes, then design flexibility and strengthening exercises to increase mobility, reduce pain and protect from further injury. They treat pain with heat, electrical stimulation and ultrasound. They address posture and body mechanics related to the patient’s job and lifestyle.

“We teach them to lift using their back less and legs more; to set up work areas ergonomically,” Montgomery says. “Most experience improvement immediately and recover with at-home exercises. Patients typically average six clinic visits over several weeks.”

Chiropractic is widely recognized as a safe, drug-free therapy for back pain. The most common procedure is spinal manipulation or adjustment. According to the American Chiropractic Association, manipulation restores joint mobility, alleviates pain and promotes healing by manually applying controlled force into joints with restricted movement.

“In comparative studies between chiropractic, acupuncture, massage, medicine, surgery and physical therapy, people respond to chiropractic care for back pain the most,” says Michael Peters, a Portland chiropractor.



Acupuncture

Acupuncture shows significant success in managing back pain with a holistic approach. Qi (pronounced chee) is the energy force that flows through the body on channels known as meridians that connect the major organs. Illness arises when Qi flow becomes unbalanced or blocked. Acupuncture points are areas of designated electrical sensitivity shown to be effective in treatment of specific health problems.

Clarissa Smith, a licensed acupuncturist at Jade Acupuncture in Portland, says, “It sounds very airy-fairy but it works. When Qi is moved in the correct way with acupuncture, the body physiologically follows suit. We might be treating back pain but we’re always treating the whole person. Somebody might have other health issues that present as back pain. That’s the beauty of acupuncture. You’re not a pain patient, but a person with pain. We treat the person.”



“There are lots of myths about chiropractic. People are afraid treatment will hurt or damage their back,” Dr. Peters adds. In fact, the ACA maintains “chiropractic adjustment rarely causes discomfort though some experience mild aching briefly following treatment.”

Dr. Peters performs complete physical exams and any needed diagnostic tests, then starts treatment by warming up with stretching and rotating of the spine. “We use electric stimulation to make muscles contract and relax. It feels like mild tingling. Then we adjust the spine to articulate the joints properly. The famous crack you hear isn’t bone. Nitrogen suspended in the joint’s synovial fluid releasing instantly makes that sound. It’s normal,” he says.

If these approaches fail, it’s time for an orthopedist or neurosurgeon. *Consumer Reports* magazine warns the

No. 1 over-prescribed surgical procedure in the United States is back surgery, but sometimes it’s necessary.

“Most spine problems are treated equally by orthopedists and neurosurgeons,” says Gavin Button, an orthopedic surgeon at Portland Providence Medical Center. Many non-surgical techniques block nerve conduction between specific areas of the body and brain with injections of local anesthetics, steroids or narcotics into affected areas.

Some use traction to pull the skeleton into better alignment or transcutaneous electrical nerve stimulation to block pain signals with mild electric pulses along nerve fibers.

In serious cases that don’t respond to anything else, surgery might relieve pain, according to the National Institute of Neurologic Disorders and Stroke. Its experts warn, though, that it may take

months to fully heal from surgery, there may be permanent loss of flexibility, and surgery isn’t always successful.

Discectomy, decompression and spinal fusion are common spinal surgeries that relieve pressure on nerves and back pain. “With discectomy, you take bone away from tight spots or remove small pieces of disc,” says Dr. Button. Decompression increases the size of the spinal canal, relieving pressure on nerves. Fusion welds discs together to prevent painful movements.

As for Duchem, she did find some relief with physical therapy, but returning to work produced excruciating pain.

Subsequent therapy and home traction didn’t work. Finally, an MRI indicated three bulging discs. Her orthopedist recommended epidural steroid injections. That worked, and she hopes to avoid surgery while her body heals.

Back pain is serious business. Fortunately, a wide range of practitioners are dedicated to eliminating the phrase, “Oh, my aching back.” ♦

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