

~ Back Pain Relief ~

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This informational eBook will present you with the most recent research and findings available so that you can learn more about Back Pain relief, covering as many bases as possible from A to Z. Note that the contents here are not presented from a professional or medical practitioner, but is a collection from many resources on the topic and that any and all health care planning should be made under the guidance of your own medical and health practitioners. The content within only presents an overview of Back Pain relief research for educational purposes and does not replace medical advice from a professional physician.

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## **INTRODUCTION**

Considering the fact that the majority or between 70 and 90 percent of the population will experience some sort of back pain at one time or another, knowledge about back pain relief is certainly welcome, appreciated and a popular topic. One of the best ways to begin learning about back pain relief is by understanding the basics of back pain: what causes it, how it's diagnosed, what treatments are available, how to manage the pain, etc. And this ebook will cover the bases for you.

*Note that the contents here are not presented from a medical practitioner, and that any and all health care planning should be made under the guidance of your own medical and health practitioners. The content within only presents an overview of back pain relief research for educational purposes and does not replace medical advice from a professional physician.*

## **FACTS vs. MYTHS ABOUT BACK PAIN**

Let's begin by learning some facts in order to separate truth from myth with regards to back pain. First of all, less than one percent of acute lower back pain is the result of a serious infection or condition like cancer or a spinal injury. For those under 50, the rate is even lower.

Back pain is the number one disability for those under age 45. And it runs second, after the common cold, as the top reason for visiting a healthcare provider in the United States.

“There is nothing really wrong with you.” Myth! Chronic pain sufferers report that doctors generally tell this to about 90 percent of them and it is incorrect. In reality, the majority of low back pain cases or some 90 percent generally come from an unknown cause, like an infection or a particular injury. And the duration of the pain runs generally from four to six weeks.

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**“People don’t die from chronic back pain.” Wrong! The pain combined with depression and anxiety in long-term cases places sufferers at risk for suicide, which does happen from time to time.**

**“Most back pain requires surgery.” Myth! On the contrary, under two percent of patients with back pain need surgery. However, back pain is the third top reason for surgery.**

**“Only a small percentage of workers suffer back pain on the job.” Wrong! The top occupational hazard in the USA is back pain.**

**“Lie down and rest for back pain.” Au contraire. Contrary to popular believe, bed rest can hinder recovery. Health care providers recommend remaining active to decrease down time for patients.**

**“Men suffer back pain more than women.” Not! With regards to gender issues and back pain, it is a myth that men suffer back pain more than women. In reality, the only main difference is with secondary pain to disk disorders during middle age. However, with regards to race, low back pain is reported more frequently among Caucasians than other races including African Americans.**

**“If a patient’s pain description lacks a regular, consistent pattern, it’s probably imagined or exaggerated.” Myth! No two people, no two cases are totally 100 percent identical. Activities, events, pain and people themselves vary from day to day and there is no 100 percent correct way to describe pain in words to fit a perfectly accurate diagnosis.**

### **TYPES & TERMS OF BACK PAIN**

To learn more about specific types of back pain, it helps to identify the “type” of pain present, similar to a doctor visit when asked, “Is it a stabbing pain or dull ache?” These are helpful healthcare term associated with back pain:

**ACUTE** – Most back pain sufferers fall into this category. With acute low back pain, certain movement ranges for activities may be limited due to pain. But most people recover within about four weeks on their own.

**CHRONIC** – Also referred to as recurrent low back pain or when acute pain episodes recur for more than three months. This is most generally when medical treatment is sought.

Note one can suffer acute and chronic pain at the same time. As secondary health problems be involved. In other words, chronic pain sufferers can be susceptible to acute pain.

**ONSET** - When the pain began. Acute onset means it occurred suddenly. Insidious onset means it gradually developed over a period- could be days or longer.

### **DURATION / FREQUENCY**

Some common questions asked with regards to this area are how often does the worse pain occur and how long does it last.

**RECURRENCE** – When the back pain occurs from time to time with intervals of no pain in between.

**PERSISTENCE** – When the pain is always present.

**LOCATION** – A printed body diagram is usually used to that the patient can refer to the place or location where pain is felt.

**MOVEMENT** – Where the back's pain movement is located. Most generally it is centrally located in the middle of the spine or an injury to either side of the spine. Pain that reaches beyond, for example to legs, is known as peripheral. Other terms associated with movement are twisting, lifting, bending, straightening, arching, vibrating, sneezing, coughing and posture.

### **ASSOCIATED SYMPTOMS**

When discussing back pain, other symptoms that can come up include, but are not limited to, itching, burning, tingling, weakness or numbness, bladder control loss or change in habit, nausea.

### **INTENSITY LEVEL**

A verbal measurement used to quantify pain on a scale rating from zero that signifies “no pain” to 10, referring to your “worst pain ever.”

Other criteria to help with understanding this pain indicator are does the scale vary; i.e. does the pain intensify and if so with each occurrence? And within what range on the scale?

### **CAUSES OF BACK PAIN**

Most references to back pain focus on lower back pain in the lumbar spinal region. However, back pain causes in no particular order are:

- A. Accidents or injuries leaving muscle pain
- B. Osteoarthritis with deteriorating cartilage
- C. Osteoporosis with bone loss / fracture
- D. Fibromyalgia
- E. Major conditions like cancer

Muscle, ligament and tendon problems are generally at the root of the pain problems along with some weakness in the lower back. Other body parts in the region can also be associated like bones and small joints.

When no specific cause is apparent, the term NSLBP (nonspecific low back pain) is used. Any number of reasons for this pain can include degenerative disk disease, psychological issues, systemic disease, facet syndrome (similar to pinched nerves symptoms), herniated disk, spondylolisthesis or the forward displacement of one of the lower lumbar vertebrae over the vertebra below it or on the sacrum. Other factors could be spinal stenosis or constriction or spondyloarthropathy (disease affecting spinal joints).

***Let's take a look at each of these and what pain relief solutions are available.***

**DEGENERATIVE DISK DISEASE** – The degeneration of vertebral disks is a natural part of the aging process. What often happens though, is that when the narrowing of the disk space combines with the nociceptors, sensory receptors that respond to pain, in the outer annulus (in the disk space outside the nucleus) or dorsal root ganglion (spinal nerves) that become heightened, the result can be pain, although not always. Sometimes pain can be felt by some people, and other times not.

For example a minor accident like missing a step and landing a little harder than usual on your feet might cause back pain. And certain activities can aggravate degenerative disks, like yard work or house cleaning movements. But overall, pain associated with degenerative disk disease generally heals within a few days at most. Preventative measures like strengthening muscle groups to lessen future traumas are usually recommended along with an analgesic or medication that helps relieve pain. Only in some cases are epidurals or injections, blocks or surgery needed.

**PSYCHOLOGICAL ISSUES** - If acute back pain turns into chronic stages, factors of depression, fear and anxiety could increase discomfort and pain. And the longer the chronic pain persists, the more these factors tend to play a role, an increased role over time. So treatment strategies may need to include learning coping skills and alternative lifestyle enhancements to deal with the psychological factors present.

**SYSTEMIC DISEASE** – This disease is the cause for up to 10% of back pain and largely among the elderly. Causes could be cancer-related or related to reduced bone mass or simply the aging process.

Increasing or decreasing activities as well as switching positions all may have no affect on pain relief. Alternative therapies may be in need.

**FACET SYNDROME** - Similar to pinched nerves symptoms, this is believed to be associated with pain in the back's side joints and the main cause of up to 20 percent of back pain cases, with buttocks and upper leg pain increasing with long-term standing, and when switching sitting / standing / lying positions. An injection of local anesthetic into the facet joint helps determine the diagnosis. However, since the anesthetic relieves the pain at the same time and is used as a short-term solution, an x-ray doesn't help with imaging the pain results. Recommended treatment includes rigorous lumbar activities and body mechanics exercises to learn proper or more beneficial posture and movement techniques.

**HERNIATED DISK** – Also known as a ruptured or protruding disk, a herniated disk extends beyond its own area into a surrounding region. Compression of the nerve root can cause pain. And pressure on the fibers in surrounding ligaments can cause pain. Although an accident involving lifting could be the cause of a herniated disk, it's not necessarily so.

For many, the cause is unknown; pain can occur suddenly or gradually over time. Relief for the pain can come from walking instead of sitting or standing, and surgery is rarely required right away, if at all in the event relief from pain happens within a limited amount of time. During this time (up to several weeks) any of the following might be effective to use, depending upon your healthcare provider: medication, physical therapy or non-frequently, steroid spinal injections.

**SPONDYLOLISTHESIS** or the forward displacement or slippage of one of the lower lumbar vertebrae (generally the fourth or fifth) over the vertebra below it or on the sacrum. This state of health is diagnosed by x-ray. Pain is believed to occur where the displacement is, at or below the displacement, or from spinal stenosis, discussed next. Depending upon the patient, strengthening exercises or a back support may be all that's required. In others, surgery may be an option.

**SPINAL STENOSIS** – is the constriction or narrowing of the vertebral canal. Mainly due to aging, as the gradual lessening of disk space and changes in ligaments advance upon the nerve roots below the lumbar vertebra or L2, pain can result. It's often accompanied by numbness in the legs and is not aided any by walking.

Different vertebra and varied physical activities can affect the pain's location, intensity, recurring and duration. To help diagnose this condition, healthcare providers can use myelography, or an x-ray of the spinal cord after injection of air or a radiopaque substance into the subarachnoid space, with a post-CAT scan. And depending upon the patient, treatments can vary and be minor with medication if the pain gradually disappears, to epidural corticosteroid injections in the epidural, to blocks or surgery.

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**SPONDYLOARTHROPATHY** - This term refers to a variety of diseases affecting spinal joints; arthritis variations- psoriatic arthritis and ankylosing spondylitis, the more common of the two and in males more often than women; and sacroiliitis, accompanies inflammatory bowels.

Diagnosis consists of a physical exam, history and testing including x-rays, CAT or MRI, as the disease progresses slowly long-term fusing sacroiliac joints together and joints between vertebrae together. To relieve pain, there is treatment with exercises and physical therapy to promote better-enhanced posture and mobility and some arthritic medications.

### **METHODS OF BACK PAIN DIAGNOSIS**

In order to diagnose back pain for relief treatments, generally health care professional begin by ordering a medical history and physical examination. A look at each of these in depth can shed some light into what to look for and how to find relief from pain. Then we'll look at specific diagnostic tests. And then where to go for the diagnosis and testing follows.

No matter whether the patient has acute back pain, which is what most have and recover from with around a 4-week period, or chronic, recurring pain episodes, a medical history helps patient and doctor become familiar with one another in confidence to begin or continue a treatment program together. The medical history delves into these areas of the person seeking pain relief: family medical history and personal and work history with regards to back pain episodes and related symptoms and issues, psychological and psychosocial factors, referral source(s) for evaluation and treatment, education on the subject and treatment options, assessment throughout their working together on pain relief treatment and treatment outcomes. For example, if physical therapy needs to be added to the regimen or enhanced, it would be discussed in the medical history and updated as needed.

The medical history incorporates past and present factors of fatigue, fever and weight loss. And it notes any use of drugs or herbs, minerals and supplements. A history of past and present infections, cancer or other conditions is also noted.

The history also includes details about the back pain, focusing on the many facets of the pain: information about any initial injury or trauma, if available, onset, intensity, duration, location, associated symptoms, etc.

The physical examination includes evaluating the person generally in the “hospital gown” with the body and especially the back in a variety of postures and movement ranges to determine pain symptoms, tenderness and range of motion. So the patient may need to sit, stand, touch toes, move arms, etc. and share any pain symptoms or other information notated with each change along the way.

Neurological testing can also be a part of the routine. A neurological screening may consist of tests for reflexes, strength of muscles, cramping and a detailed look at sensory issues via various range of motion and movement exercises. Included in this can be an assessment of the legs, upper leg, hip and groin area and pulses for neurological and vascular conditions.

Results may point to a secondary problem like kidney stones or a slight bone fracture, for instance, in which cases, further assessment and treatment options would be considered and discussed in both the medical history and physical examination.

Noteworthy is that patients seeking relief after an extended period can tend to exaggerate or magnify their symptoms out of a variety of reasons; possibly psychological factors associated with fear of the unknown, change, coping alternatives, insurance coverage and treatment costs, previous visits with health care providers, etc. So education and patience is advised to that all bases can be covered, i.e. so that effective pain relief remedies can be determined.

### Diagnostic Testing

For back pain relief, any of several tests can be performed; x-rays or radiographs, isotope bone scan (referred to as technetium and SPECT), magnetic resonance imaging (MRI), computerized axial tomography (CAT) scan, myelogram, blood and nerve tests and injections.



### **Where To Go For Pain Relief**

Where to go for a diagnosis about back pain can include your family doctor, the emergency room, an orthopedic surgeon, a naturopathic specialist, a rheumatologist, an occupational therapist, a physiotherapist, a chiropractor, an acupuncturist, a massage therapist, an osteopath and a chronic pain health care provider. And here is a brief overview of each.

**FAMILY DOCTOR** – This is a popular beginning point for many seeking back pain relief. Although family doctors generally do not have extensive orthopedic backgrounds nor sufficient time to schedule complete histories and examinations during regular hectic weekdays, they are often able to do preliminary testing and assessment. Their blood tests and general knowledge of your health and basic back care can help them point you to further resources and places for following up, especially if they deem the case an emergency.

And hopefully your family doctor will be at the center or helm of your pain relief management so that all testing, treatments, office visits, etc. are coordinated and not left to chance, and also so that patient care is optimized.

**EMERGENCY ROOM** – When a family or general doctor is not available, some symptoms may warrant an emergency room visit. The following list of symptoms, though not limited, is what most often sends people to the emergency room for back pain relief; a major injury or trauma, history of osteoporosis, steroid medications or cancer, severe pain, fever, aggressive or quick weight loss for no known reason.

The degree of suggested seriousness in the symptoms may determine how quickly a person is seen in the emergency room, with the more serious cases seen quicker.

Emergency room procedures can involve history and examination assessments and a series of blood, urine and other tests. Additionally the emergency room physician may recommend a consult with a specialist while you are there. Or they may recommend you to your family doctor or other treatment facility for follow up, depending upon their results.

**ORTHOPEDIC SURGEON** – Orthopedic medicine in a nutshell deals with the prevention or correction of injuries or disorders of the skeletal system and associated muscles, joints, tendons and ligaments. Surgeons in this field offer treatment for fractures, strains, arthritis, dislocations and other related problems throughout the entire body. And their treatments vary with surgery and non-surgical health care; structure repair, joint replacement, arthroscopy or the examination and possible treatment of the interior of a joint, like the knee, using a type of endoscope inserted into the joint through a small incision.

Likewise, they coordinate healing activities during healing and pain relief stages. Note that some orthopedic surgeons specialize: in the area of back pain relief, a specialist based in spinal practice may be advisable.

**NATUROPATHIC SPECIALIST** – Naturopathic medicine refers to natural substances or remedies massage as treatments. Doctors in this field are educated in nutrition and herbal, botanical, homeopathic and Chinese medicines (and acupuncture). They may also treat with hands-on procedures and lifestyle consultations where preventative measures are a focus.

These specialists may refer you to your family doctor and may also coordinate healthcare activities before, during and after your back pain episode for overall improved wellness. Often for back pain relief, they may advise natural supplements like herbal medicines or minerals along with dietary modifications. And physical therapy; acupuncture or message, combined with stress management and relaxation therapy may be added in for good measure.

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**RHEUMATOLOGIST** – A rheumatologist deals with an array of pathological conditions like arthritis related to the tendons, muscles, joints, nerves or bones, when seeking aid for discomfort and disability. Although some may perform arthroscopy, most do not do surgery. For back pain relief, they may suggest medications, occupational or injection therapy and other medical treatment to determine cause and pain relief.

**OCCUPATIONAL THERAPIST** – An occupational therapist emphasizes correct ergonomics or design factors, posture and safety practices both at the workplace and in the home environment. These therapists educate patients about daily life activities and can help with adjusting to health devices for mobility and operation.

Adjusting to using crutches, a back brace, a cane and other lifestyle changes are benefits of occupational therapy.

**PHYSIOTHERAPIST** – Registered therapists practice physiotherapy and focus on educating and instructing patients about their pain- both in book learning and physical understanding, like with posture and movement modifications. Their shared knowledge helps patients overcome fear and anxiety and better manage their treatment programs. Doctors often refer patients to physiotherapists for extended learning, particularly if there is difficulty in diagnosing the cause and / or treatment for pain. Additionally, physiotherapists help with the development and managing of their healthcare programs, activities and preventive care instruction. For example, they may teach about using heat or ice along with a varied range of motion for pain relief.

**CHIROPRACTOR** – In a nutshell, chiropractors diagnose spine, joint and muscle problems with their hands. And their treatment is hands-on as well. For back pain relief, they use mobilizations and manipulations in manual spinal movements, some known as “cracking” the back into place. Although there is no scientific evidence to support or negate chiropractors treatment, most generally work with the relief of acute low back pain.

Besides in-office treatment, many provide exercise and preventative strategies for follow up.



**ACUPUNCTURIST** – Acupuncture, relating to Chinese medical practice, is the piercing of specific areas of the body with fine needles. The reasons for acupuncture are threefold; for therapeutic purposes, to relieve pain or for regional anesthesia. It is mainly used for musculoskeletal pain and low back pain and other related relief.

**MASSAGE THERAPIST** – Massage therapy incorporates hands-on handling or manipulation of body tissues, especially helpful for low back pain relief. The reasons for massage vary; for relief from pain and muscle spasms associated with it, for relaxation, for stretching, improved circulation and metabolism.

**OSTEOPATH** – Osteopaths use Osteopathic Manual Medicine (OMM) to practice medicine based on the theory that conditions in the musculoskeletal system affect other bodily parts. These conditions cause disorders that they believe can hopefully be corrected by manipulative techniques combined with traditional medical, pharmacological, surgical and other therapeutic strategies. Generally within 10 to 14 days, osteopathy relieves low back pain.

But there is no evidence to suggest osteopathy as preventative treatment long-term.

**CHRONIC PAIN SPECIALIST** – A chronic pain specialist is for rare cases and works in teams. He or she generally manages pain relief treatment with psychiatrists, social workers and other medical and counseling healthcare providers.

### **TREATMENT OVERVIEW**

The main relief treatment for chronic low back pain is conservative intervention. In other words, jumping into surgery is not advised because many people suffer no back pain yet have degenerative change or aging issues going on in the back region. And other treatment options may offer relief instead. And according to studies, there is no evidence that points to delayed surgery resulting in increased complications. In fact approximately 80 percent of the cases where surgery was indicated as a solution recovered regardless of the surgery. So whether or not they had it made no difference. Really fewer than 40 percent are reported to have benefited from surgery.

And on the contrary, those people with surgical pasts reported the need for future surgeries, many because their pain actually increased with surgery.

So good medical history and physical examination preparation and assessment can go a long way in determining treatment options.

Conservative treatment would include an overall physical and psychological pain-handling program incorporated into the patient's lifestyle. It would education and offer training about symptom management; movement and posture strategies, physical therapy, acupuncture, epidural analgesics, pain medication and other associated issues.

### **NATURAL SUPPLEMENT TREATMENTS**

There are a number of different ways you can treat your back pain naturally: vitamins, minerals, herbs, nutrition, and homeopathy medicine. Some will help heal your back pain and others are dangerous, so it's best to consult with a physician or nurse practitioner before taking anything and never, ever exceed recommended dosages. The FDA has no control over natural supplements, so it does not recommend them. That doesn't mean, though, that all supplements are bad. Some medications turn out to be unsafe, too, despite rigorous trials and testing.

The bottom line is to research every product you consider taking and make sure you get supplements from a reputable source, like a health food store.

Everybody's chemistry is different and reacts differently, so if you are considering taking a supplement equivalent to a pharmaceutical, you may still have some side effects.

There are many natural supplements that can be found in supermarkets and drug stores. You may have to check health food stores for more obscure supplements. Like any kind of medication that you buy over the counter, you'll have a choice between the store brand and name brands. Store brands are perfectly safe to use and are less expensive because you don't have to pay for advertising.

You can also buy supplements over the internet, but you should be sure you buy from a reputable source so you know exactly what you are getting. Do some research and ask around to find out which online suppliers are the best and most reputable.

Listed below are some natural supplement treatments that have been shown to help alleviate back pain. When dosages are listed, you should know that if you are particularly thin or heavy, you should consult an expert before taking the supplement.

And remember, natural supplements will not relieve pain immediately, but have to be taken for weeks or sometimes even months before you see results.

### Vitamins and Minerals

**VITAMIN E-400 IU daily; anti-inflammatory**

**VITAMIN C-250-500mg twice daily**

**ZINC-30 mg twice daily; anti-inflammatory**

**CALCIUM-600mg daily; strengthens bones**

**BORON: 1-3 mg daily with food; helps the body absorb calcium and magnesium**

**MAGNESIUM- 250 mg daily; strengthens bones and relaxes muscles**

**COPPER: 2 mg daily**

**GLUCOSAMINE SULFATE: 500 mg. three times daily. Can rebuild cartilage in joints and has been studied by the American College of Rheumatology as an effective treatment for rheumatoid arthritis.**

**NIACINAMIDE: 500 mg three times daily; anti-inflammatory and heals damaged cartilage. Can cause liver damage and aggravate diabetes, low blood pressure, ulcers, and glaucoma, so have a doctor monitor you if you take this supplement.**



### Herbs

Herbal supplements can be found in capsule or powder form, or as teas. If you are making your own herbal tea, use 1 tsp. of herb per cup of hot water. Cover mixture and steep for 5-10 minutes, or 10-20 if you are using roots. You can safely drink 3-6 cups of tea daily.



## Muscle Relaxants

**KAVA KAVA:** Recognized by some doctors as a safe alternative to Xanax and Valium.

**BLACK HAW:** relieves muscle spasms and is similar to aspirin

**VALERIAN ROOT:** Widely researched and documented as a sleep aid, valerian has been given a number 1 rating for safety by The American Herbal Products Association.

**WILD YAM:** Long used to treat menstrual cramps; generally taken as a tea.

**JAMAICA DOGWOOD:** Used to treat muscle inflammation and spasms; little research has been done on it and excessive amounts can be toxic. Do not use with sedatives.

## Anti-inflammatory

**BROMELAIN:** 500 mg three times daily

**BOSWELLIN:** 150 mg three times daily. Has been proven in clinical trials to help alleviate low back pain

**CURCUMIN:** 400-600 mg three times daily; sometimes mixed with ginger, curcumin has not been studied in clinical trials, but herbalists use it as an anti-inflammatory.

**MSM:** Has not been researched, but herbalists use it as an anti-inflammatory.

**ST. JOHN'S WORT:** 300-500 mg capsule three times daily; interacts with a wide variety of medications and should only be taken under the advisement of an herbal specialist.

## Pain Relief

**WHITE WILLOW BARK:** effects are similar to taking aspirin

**DEVIL'S CLAW:** 400 mg three times daily. Used to treat arthritis, research shows devil's claw may boost the effectiveness of conventional drugs.

## Homeopathy

Homeopathy is a practice of medicine that has been around for about 200 years. It is based upon what is called the Law of Similars and works on the same principle as do immunizations: give someone a small dose of what would make them sick to cure their sickness. Treatments have been proven in clinical trials, and are prepared by a homeopathic pharmacy under FDA guidelines.

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Researchers don't completely understand how homeopathic medicines work, but the evidence is clear that they do. Homeopathy has been popular in Europe and India for a long time, and is gaining popularity in the United States. Many practitioners are doctors or have some other kind of medical degree, perhaps in nursing or psychology.

The legal issues surrounding homeopathic practitioners that do not have medical degrees is unclear, but most homeopathic remedies are sold over the counter and do not need a prescription.

Here are some natural homeopathic remedies that are helpful in alleviating back pain:

**AESCULUS:** used for dull, nagging pain

**ARNICA MONTANA:** used in cases of trauma to the back

**COLOCYNTHIS:** used for weakness and muscle cramps in the lower back

**GNAPHALIUM:** used to treat sciatica, which is often associated with back pain

**LYCOPODIUM:** used to treat burning pain

**RHUS TOXICODENDRON:** used for lower back stiffness and pain

### **PHYSICAL TREATMENTS**

Unless back pain is due to an infection, malformation of the back, or tumor, some type of physical treatment can probably alleviate your pain. All physical treatments are more effective when done in combination with other treatments. It is best if you can get a referral from your doctor for physical treatment, and many insurance companies require you to do so before they will pay for treatment. The effectiveness of the various physical treatments varies, and it's really up to you as to which you are most comfortable with. The effectiveness of physical treatments is increased when they are combined with exercise.

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### **Chiropractic Therapy**

One of the most common physical treatments for back pain is chiropractic therapy, which is the manipulation of the spine. The purpose is to realign the spine, increase the range of motion in the muscles of the back, increase the flexibility of spinal soft tissue, break down scar tissue, and reduce pressure that occurs from restricted and misaligned spinal joints, all of which help to relieve pain.

Chiropractic therapists, which include not only chiropractors, but also osteopaths and some physical therapists, diagnose and treat only problems with the muscles, nerves, and skeletal system and do not use drugs or surgery. Going to a chiropractor is much like going to a regular doctor: you will be asked for a case history involving your symptoms, have a physical exam, and possibly have x-rays taken. Chiropractors undergo intense medical training. They must have two years of undergraduate work, and when they enter chiropractic college, they study the same topics doctors do, including anatomy, physiology, x-ray, psychology, and orthopedics.

After getting the basics down, chiropractors then study diagnosis and adjustment techniques that most other doctors do not. Besides their coursework, chiropractors also have intern and externships, where they observe and assist licensed chiropractors. All in all, chiropractors spend about 900 hours studying and working in their field. After graduation, chiropractors must either take a test to be licensed in the state in which they want to practice or the National Board of Chiropractic Examination.

Osteopaths are medical doctors and can prescribe medications. They must have an undergraduate degree and take the Medical College Admissions Test before being admitted to osteopathic medical school. Like other doctors, osteopaths take four years of coursework and spend time observing in medical settings. They do internships and sometimes residencies, and must take exams in order to be licensed.

Studies have shown that chiropractic manipulation is effective in treating lower back pain. However, it has not been shown to be any more effective than any other method of treatment, but has been shown to be better than no treatment at all.

Chiropractic treatment is most effective when applied within two months of the onset of lower back pain, but probably will not help people who have disc prolapsed, previous back surgery, or back pain due to disease. If you decide to consult a chiropractor, make sure you tell him about any serious back injuries you have had, and any sharp pain or lower back pain with leg pain or numbness. These could be the signs of serious conditions that could be worsened by spinal manipulations.

If you are interested in chiropractic treatment, meet with the chiropractor in person to get a feel for the kind of treatment he offers, and look for someone who diagnoses with a physical exam. While x-rays are occasionally taken, they should not be the only diagnostic tool used. Ask about what kind of manipulations the doctor or therapist generally does and looks for someone who uses primarily slow, gentle motions rather than sharp and sudden jolts. Avoid anyone who wants to crack your neck, as this can be very dangerous.

When you go for treatment, you will lie on your side or stomach while the therapist does various manipulations. He may put one hand on your shoulder and one on your hip and gently twist your body, or he may put pressure on the spinal joints. When this is done, you may or may not hear a crack.

Chiropractors may also use ultrasound, therapeutic massage, stretching, and muscle stimulation to help relieve back pain. You may have some soreness for a day or two after treatment. Studies have shown that you should feel relief from pain in four to eight sessions. While some chiropractors may suggest a longer course of treatment, there is no evidence that it will be more effective. If you don't feel better in four to eight sessions, chiropractic treatment probably won't help you.

There are few risks involved with gentle manipulations, but there are some serious ones that can occur in certain situations. People with osteoarthritis should avoid twisting manipulations as this can cause bone spurs to damage the spinal cord and nerves.

Although it is rare, there have been cases where forceful neck manipulations have resulted in neurological damage and death. It's best to avoid spinal manipulations if you have osteoporosis or nerve damage. Check with your doctor if you've had spinal surgery, or back pain along with fever, chills, sweats, or unintentional weight loss. Chiropractic therapy won't help you if you have back pain due to infection or tumor.

And finally, rapid neck manipulations can lead to strokes. You can avoid risks by giving your therapist a thorough account of all injuries and illness you've had.

A good chiropractor is one who is willing to work with your other medical professionals. She should also give you self-care information and exercises to do at home. Avoid anyone who wants you to continue sessions to prevent future back pain; studies do not show this to be effective.

### Acupuncture

Acupuncture is an ancient form of Chinese medicine that has been around for more than 2500 years and is becoming an increasingly popular treatment for back pain. According to the theory of acupuncture, energy—called chi or qi—flows through the body along pathways called meridians. If the flow of chi is interrupted, pain or illness can occur. When that happens, very thin needles can be inserted along the meridians to correct the flow of chi.

No one is sure exactly why acupuncture works. Eastern philosophy holds that the needles unblock interrupted chi. Western medicine has a few theories of its own. Some believe acupuncture stimulates the nervous system and the 2000 energy centers in the body, which in turn triggers the release of natural painkillers in the form of endorphins, opioid peptides, and chemicals from the hypothalamus and pituitary gland.

Others believe that acupuncture needles help contracted muscles relax, stimulate nerves in the legs, and decrease inflammation of the nerves in the lower back.

Studies by the National Institute of Health show that acupuncture is effective in treating back pain, and 2500 years of success for the Chinese backs this up. Like all back pain treatments, acupuncture seems to be most effective when used in conjunction with other treatments. It is also very safe, with no known risks as long as you chose a reputable practitioner. Needles are sterile, disposable, and FDA-approved. In the U.S. they are used only one time, sealed before use, and disposed as hazardous waste after treatment.

In the United States there are over fifty acupuncture training schools, which require approximately 3000 credit hours of study and offer the equivalent of a Master's Degree. Often an undergraduate degree is required for admittance to an acupuncturist college. The first two years in acupuncture school are spent in classroom study, the third year is spent as an apprentice to a licensed acupuncturist, and the fourth year is spent as in intern working under supervision on patients. States have different requirements for acupuncturists, but all must take a state examinations and/ or a national exam in order to be licensed to practice. To find an acupuncturist, contact the American Academy of Medical Acupuncture.

During an acupuncture treatment session, the practitioner will insert anywhere from one to twenty needles into various places in the body. Some needles may go in just under the skin, while others may go deeper into muscle and fat. Needles will be left in from fifteen to thirty minutes. The practitioner may turn needles one way or another after inserting them into the body, or leave some in for only a few seconds before removing them and inserting them elsewhere in the body. Don't be surprised if the practitioner treats your back pain by putting needles in your ankles, knees, or fingers. This is a technique called percutaneous electrical nerve stimulation (PENS), where needles are inserted into nerve centers and electrically stimulated. You can expect to feel relief for chronic pain in about ten to fifteen treatments and sooner for acute or sudden pain.

Other things an acupuncturist may do: 1) Use moxibustion, an herb that is burned onto the needle before insertion to stimulate the area being treated; 2) Cupping: burn cotton in a glass cup, which is then placed on the skin to create a vacuum; and 3) Prescribe herbal supplements in addition to physical treatment.

You may be surprised to learn that acupuncture is rarely described as painful. In fact, many people find it relaxing and even fall asleep during treatment. Some people feel energized. One reason for this is the type of needles used. Acupuncture needles are very different from hypodermic needles. Instead they are very thin and fine, like hair. They are also solid, whereas hypodermic needles are not, as they are made to extract tissue. So getting acupuncture needles inserted into your skin will feel nothing like getting a shot at the doctor's office.

When you are considering acupuncture, it is important to make sure the practitioner is someone you feel comfortable working with. Look for someone who is interested in your whole health and takes time to ask and answer questions. Since some medical doctors also practice acupuncture, you will want to make sure they are licensed in acupuncture in addition to their other training. To check if a practitioner is licensed and accredited, contact the American Association of Acupuncture and Oriental Medicine.

### Physical Therapy

Physical therapy uses different techniques, such as ultrasound, electrical stimulation, cryotherapy, massage, exercise, and heat in order to relieve muscle spasms, increase flexibility, strengthen muscles, relieve pain, and accelerate the healing process.



A study in The New England Journal of Medicine found that the effectiveness of physical therapy for low back pain was about the same as that of chiropractic treatment and better than no treatment at all.

Physical therapists must graduate from an accredited physical therapy program, many of which offer master's and doctoral degrees along with bachelor's degrees.

Most schools require two to four years of pre-physical therapy coursework before admittance. Like other physical treatment programs, physical therapists spend time in both the classroom and medical settings before graduation. After graduation, they must take exams to become licensed, and some states require continuing education to maintain that license.

After it is determined by a doctor or back specialist that you are a candidate for physical therapy—some time between two to six weeks after the onset of low back pain or sooner if the pain is severe or recurs frequently—you will meet with the therapist to determine the best plan of treatment for you.

You will be asked how your back pain developed, how long you've had it, whether or not it's recurring, what actions make the pain better or worse, and any relevant medical history you have.

The therapist will also give you a physical exam of your spine movement, muscular flexibility, sitting and standing posture, muscle strength, reflexes, respiration, motor function, and repetitive movements. From there, he or she will determine which treatments will be best for you. There is some trial and error involved, so if one treatment doesn't work to alleviate pain, the physical therapist may try something different.

There are basically two types of physical therapy, passive and active. Passive therapy is done to you and includes heat, cryotherapy, electrical stimulation, ultrasound, massage, and iontophoresis. In heat, or thermal, therapy, the therapist applies heating pads, heat wraps, or warm gel packs to the affected area. This works to increase the flow of oxygen to the muscle, allowing it to heal faster and relieve pain by softening muscles. In cryotherapy, cold is applied rather than heat, and is considered more effective than heat in reducing inflammation.

Electrical stimulation sends mild electrical impulses to the nerves and spinal cord, which releases endorphins and blocks pain signals from the brain.

Ultrasound heats the deep tissue and allows it to relax and stretch more easily. Massage breaks up scar tissue and encourages the relaxation of muscle spasms.



During Iontophoresis treatment, a painkiller and steroid are rubbed into the skin and a low level electrical current is applied to speed up the absorption of the drugs. It works similarly to transdermal patches used to quit smoking.

You participate in active therapy, and it includes stretching, strength building exercises, and aerobic exercise. A good physical therapist will combine passive and active treatments, as exercise is essential to treating back pain. The therapist will determine which exercises are best for your particular condition and supervise you in those exercises to ensure you are doing them correctly. You will likely be given stretches to be done daily, fifteen to twenty minutes of strengthening exercises, and thirty to forty minutes of low-impact aerobic exercise, such as swimming or walking, to be done three times a week.

You may feel some soreness or discomfort after active physical therapy, but it should go away in about twelve to eighteen hours. If it doesn't, let your therapist know. You may need to change exercises or how you are exercising.

Results vary depending upon the type of treatment done and the severity of symptoms, but a physical therapist should know in about two weeks if the treatment is working or not.

### [Massage Therapy](#)

Massage therapy breaks down scar tissue and releases muscles from spasms. It is becoming increasingly more recognized as a form of medical treatment; a study by the American Massage Therapy Association found that 54% of healthcare providers encourage massage therapy, along with other types of therapy for back pain.

Studies have shown that massage therapy is more effective than both chiropractic and acupuncture for relieving pain due to muscle spasms. The benefits of massage therapy include improved circulation, which helps alleviate muscle soreness; muscle relaxation, which helps muscles move without pain; and increased endorphins, the body's natural pain relievers.

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If muscle spasms do not relax with massage therapy, that means inflammation is likely present and cannot be treated with massage. So if you know your back pain is due to inflammation, it won't help to seek out massage therapy.

You should be aware that the kind of massage you receive in a spa is not the same kind of massage used to treat back pain. Swedish massage is the most common type of massage found in spas and similar places that offer massages, and while it feels good, it is too superficial to reach deep tissue and muscles and have any lasting affect on back pain.

The kind of massage used to treat back pain is called Neuromuscular therapy (NMT), or trigger point myotherapy. This type of massage works to relieve pain by balancing the musculoskeletal and nervous systems. NMT incorporates special massage therapy techniques, myofascial release, and stretching to relive both acute and chronic patterns of pain.

There are many massage training schools throughout the United State. Along with massage, neuromuscular therapists study neurological laws governing pain, the roles of soft tissue in pain, and palpation, as well as anatomy, physiology, and the function of the spine. In order to practice, massage therapists must be licensed and you should make sure that when looking for a massage therapist, you choose one that has had training in neuromuscular therapy. To find a massage therapist, get a referral from your doctor or contact the American Massage Therapist Association.

A neuromuscular therapist will ask you for all of the information that other therapists do and examine your spine to determine where exactly the pain is and what's causing it. She will determine where nerves are compressed and where they are trapped within soft tissue.

The therapist will work to relieve your back pain with her hands, fingers, elbows, and pressure bars, which are used to reach deeper into spinal muscles and tendons. She will use some kind of lubrication and start first on superficial tissue before moving deeper.

This should not hurt, but you will feel pressure, and you may be sore afterwards due to the muscles releasing lactic acid. The therapist will also palpate trigger points, elevated neurological areas deep within the muscles. This may hurt initially, but the pain should go away quickly as the therapist continues to work. Back pain should respond to massage within four treatments over six weeks. If not, massage is clearly not the best treatment.

### **WATER THERAPY**

Several types of water therapies exist and can be broken down into two very different groups: water exercise therapy and hydrotherapy. Water exercise therapy should be done only by a qualified physical therapist, while hydrotherapy may be done by a therapist but can also be done at home to relieve backaches.

Water exercise therapy has many benefits. The buoyancy of water supports the patient's weight, allowing a greater range of motion when the person has too much pain to exercise on land. This makes water exercise therapy ideal for everyone who seeks relieve from back pain. Additionally, the water temperature should be warm enough to relax muscles, which also helps relieve pain. A physical therapist will have you do in the pool the same exercises you would do on land; they will just be easier to do. Some people transition to land exercises when their back allows it, some continue treatment in the water because they prefer it, and some incorporate both land and water exercises into the therapy.

Hydrotherapy for back pain relieves pain by loosening the muscles and ridding the body of toxins that produce pain and inflammation. Studies have shown that people who soak in a hot tub or warm bath have less stiffness, more flexibility, and tend to use less pain medication. Hydrotherapy consists of douches, sauna or steam baths, wraps, and hot baths with or without herbal additives. It has been used for centuries and is most popular in Europe. Many spas now offer various hydrotherapy treatments. The only risks involved are to people who are temperature sensitive and to those who have diabetes. You must be careful, though, not to get overheated.

To douche your back, use a hose hooked up to your bathtub faucet. Direct the stream of warm water over the painful area and toward the heart.

The water should not splash, but rather wash gently over the skin. Do this for ten to fifteen.

Saunas and steam baths help relieve mild back pain because they stimulate the flow of blood, which relieves the pain of pulled muscles. You should not use a sauna if pregnant and never stay in longer than fifteen to twenty minutes. To keep from getting over heated, wipe your face frequently with a cold cloth. Drink plenty of water to keep from becoming dehydrated.

Warm baths are excellent for relieving mild backaches. Fill the tub with about 6 inches of tepid water and get in. Gradually add hot water until the water level in the tub reaches your naval. The final temperature should be no hotter than 104 degrees.

Anything higher can induce a mock fever. Soak for fifteen to thirty minutes, and when you get out, wrap up warmly and go to bed. For even more benefit, you can add ½ cup of Epsom salts to the water to help draw toxins from the body. Essential oils can also be added to the bath. Some good ones for alleviating back pain are lavender, marjoram, rosemary, clary sage, black pepper, ginger, and birch.

First mix two or three drops of the essential oil with two tablespoons of a carrier oil, such as sweet almond, peanut, olive, grape seed, or walnut oil, and then pour the mixture under running water. The mixture can also be massaged directly into the skin. To get a similar effect, tie ½ cup of herbs in cheesecloth and hang under the faucet so the water runs through the bag. Some good herbs for alleviating back pain are birch, German chamomile, white fir, wintergreen, and lavender. Using herbs and essential oils for healing is called aromatherapy; it promotes self-healing by indirectly stimulating the immune system.

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Sometimes a physical therapist may do a heat wrap for your back pain, or you can also do one yourself at home. Moisten a cloth with warm water, wring it out, and wrap it snugly around the painful area of your back. Then wrap up in a dry cloth and next a blanket. Relax for 45-60 minutes. Herbs or hot mud may be added to the water for added benefit.

## **SURGICAL TREATMENTS**

The good news about surgical treatments for back pain is twofold: 1) Less than 1 percent of those who suffer from back pain ever need it.

2) Medical advances have made back surgery easier to tolerate and recover from, with more optimistic prospects for recovery than ever before. At present, many experts agree that more back surgery than was medically necessary was performed in the past, with too many of the recipients not benefiting from it. Some even became worse as a result. Today the standard for back surgery is that an individual has a clearly defined medical condition with a specific solution that will provide clear benefits.

Below we will look at the three most common types of back surgery: disc surgery, spine stabilization and creating additional space in the spine.

### **DISC SURGERY**

There are general standards that must be met before one can be a candidate for disc surgery, a procedure that is usually done when a disc is herniated (protrudes from its normal spot) and causing severe discomfort.

- A) An MIR or CT scan reveals that a disc is pressing against the root of a nerve.
- B) Persistent pain is experienced despite the use of more conservative measures, such as weight loss, exercise, and ergonomic measures.
- C) Severe pain is radiating down the leg or into the buttock, despite conservative interventions of physical therapy or medications.

D) Neurological warning signs are observed, such as the loss of reflexes or bodily control. These may be indicators of a surgical emergency.

**Once the need for disc surgery has been established there are a number of approaches available:**

- 1 Discectomy:** This is the most frequently performed back operation. In general, an incision is made over the disc and a part, or all of it, is removed in order to relieve pressure on the nerve.
- 2 Microdiscectomy:** The procedure is much the same as for a discectomy. The difference is that a smaller incision is made because magnification is used to enlarge the view of the target space.
- 3 Laser Decompression:** A needle is inserted into the disc and a portion of it is destroyed with a laser. This relieves pressure on the nerve. The advantage of the procedure is that it is less invasive than traditional surgeries and can be performed on an outpatient basis.
- 4 Percutaneous Removal:** A small tube called an endoscope is inserted into the back and used to remove portions of the disc. This allows the surgeon to pinpoint the problem and leave the surrounding area intact. This, too, can be performed on an outpatient basis.
- 5 Chemonucleolysis:** This is an alternative to taking out part or all of a disc. A preparation from papaya plants, called chymopapain, is injected and has the effect of decreasing the size of a disc, with the intention of relieving nerve pressure.

### **Spine Stabilization**

In this form of back surgery two vertebrae are joined together in a process called spinal fusion. It is accomplished by putting bone grafts either between or alongside the vertebrae. Hollow metal cages filled with bone graft can also be inserted between the vertebrae. The bones may be attached to the vertebrae with metal plates or screws that serve as a brace.

Once the grafts are in place the bones begin growing together, which serves to fuse the vertebrae. This serves to bring normal stability and strength to structures that have been fractured or damaged by disease.

### Creating Additional Space

The purpose of this form of surgery is quite simple: by opening up more room for the vertebrae pressure is taken off the affected nerve(s). Most often this is done for patients with spinal stenosis. In this condition the spinal canal has become too narrow, with the result being a lack of suitable space for the spinal cord and nerves that causes pain in the back and weakness of the legs.

In order to provide more space a laminectomy is performed. This involves removing portions of the laminae, the bones on the back of the vertebrae.

### An Improved Process

With greater specialization in back surgery and the ongoing development of techniques, success rates have improved and there has been a reduction in post-surgery difficulties. Recovery times, especially given the growth in outpatient procedures and rehabilitation strategies, have been significantly reduced.

Surgeries that once were regarded as things we needed months to fully recover from are now seen more as temporary interruptions, with some only requiring a few hours.

An important point to remember when considering back surgery is that it is only helpful when a specific change in the anatomy of an individual's back is called for to correct a condition that has been clearly identified. It is not done on an exploratory basis or because no cause has yet been found.

In addition, even when the problem has been identified, surgery is generally regarded as a last resort and recommended only after more conservative approaches, such as medication and physical therapy, have been attempted and judged not to be sufficient.

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## **MEDICATIONS AND INJECTIONS**

Among the common pain relief medications prescribed by physicians are muscle relaxants, antidepressants, NSAIDs (nonsteroidal inflammatory drugs) and COX –2 inhibitors. Some popular muscle relaxants are cyclobenzaprine (Flexeril), carisoprodol (Soma), methocarbamol (Robaxin) and gabapentin, in seizure medications. The NSAIDs help with stiffness and in reducing inflammation.

Opiates like Duragesic or OxyContin may be prescribed but are not a popular choice with a low risk of possible addiction. With all medications, other treatment strategies should be combined into the relief program. So physical therapy, movement and posture techniques and other treatment options should be carefully assessed to see which combination best helps relief over time.

Doctors may also prescribe injections, such as Sacroiliac joint blocks, Thoracic Facet Joint injections, Epidural steroid injections, selective nerve root block, and Facet rhizotomy.

Muscle relaxants act on the brain, not on the muscle. They help relieve pain so that patients are able to exercise and have other physical treatments that would otherwise be too painful.

Muscle relaxants are sedatives, so doctors may prescribe them to be taken at night to avoid daytime drowsiness. They should not be taken when driving or operating heavy machinery.

Muscle relaxants have been shown to be effective alone or in conjunction with anti-inflammatory medications within a week of the onset of severe muscle spasm in the lower back.

Side effects include drowsiness, dizziness, addiction after one week of use, dry mouth and urinary retention. Some common muscle relaxants are carisoprodol (Soma), cyclobenzaprine (Flexeril), diazepam (Valium), metaxalone (Skelaxin), methocarbamol (Robaxin).

Low doses of tricyclic antidepressants have been used to relieve chronic back pain. They work by increasing the level of certain chemicals in the brain that change the way the brain perceives pain.

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They are not used for sudden and acute pain, and usually take two to three weeks to go into effect. Side effects include constipation, dry mouth, blurred vision, drowsiness, fatigue, low blood pressure, weight gain, increased appetite, sweating, and urinary retention. Since side effects vary from medication to medication, it is worth trying another antidepressant if one does not work well. Some common antidepressants used to treat back pain are amitriptyline (Amitril, Elavil, Endep), doxepin hydrochloride (Sinequan), imipramine hydrochloride (Janimine, Tofranil), nortriptyline (Pamelor), and desipramine (Norpramin). NSAIDs and COX-2 inhibitors are effective in relieving pain and reducing inflammation.

They are generally the first line of treatment in acute low back pain. NSAIDs are usually taken for one to three weeks but can be taken for four weeks or longer. People under the age of twenty should not take NSAIDs because they can cause Reye's syndrome, a central nervous system disorder. Other people who should not take NSAIDs include those taking blood thinners, corticosteroids, lithium, and oral antidiabetic medication. Before taking NSAIDs you should let your doctor know if you are pregnant, trying to get pregnant, breastfeeding, or have a peptic ulcer, history of gastrointestinal bleeding, nasal polyps, kidney or liver disease, allergic reactions to aspirin or related drugs, anemia, or a blood-clotting defect. Short-term side effects can include stomach irritation, which can be minimized by taking them with food and a full glass of water. Taking NSAIDs long term can cause ulcers. In rare cases, naproxen, ibuprofen and rofecoxib have caused meningitis. A common nonprescription NSAID is aspirin (Anacin, Bayer, Bufferin).

A common prescription NSAID is naproxin (Naprosyn). Some common COX-2 inhibitors are celecoxib (Celebrex), rofecoxib (Vioxx), and valdecoxib (Bextra).

COX-2 inhibitors are less likely to cause stomach problems, but they may increase the risk of heart attack. If you have a history of heart trouble, talk to your doctor to see if COX-2 inhibitors are best to treat your back pain.

## **Injections**

**Spinal injections have been used to as an alternative to surgery in treating back pain since the early 1900s. Studies have shown injections to be effective in up to 50% of patients.**

**They are typically given after medication and physical treatments have been utilized, but before surgery. Injections tend to be more effective than oral pain medication because they deliver medicine right to the source of the pain.**

**Sacroiliac (SI) joint blocks are injections used to treat low back pain. The sacroiliac joints are located next to the spine and connect the sacrum to the pelvis. Painful joints cause pain in the lower back, buttocks, abdomen, groin, and legs.**

**SI joint blocks work in three ways: 1) they are used to determine if the SI joint is the source of back pain (if the injection makes the pain better, that's where the pain is coming from), 2) the numbing medication used in the block gives temporary relief so the patient can have chiropractic or other physical treatments immediately after the block is administered, and 3) a time-release steroid gives extended pain relief by reducing inflammation.**

**During an SI block, the patient lies on his stomach and live x-ray, known as fluoroscopic guidance, is used to allow the doctor to see the joints. The skin is sterilized and numbed. The doctor then inserts a very small needle into the joint and injects it with lidocaine (a numbing agent) and a steroid (an anti-inflammatory). After treatment the legs sometimes feel numb or weak for a few hours.**

**Side effects are rare and include allergic reaction, infection, excessive bleeding, nerve damage, and chemical meningitis. Thoracic Facet joints are small joints about the size of a thumbnail and are located in pairs along the back of the spine. If they become irritated, middle back pain occurs. Thoracic facet joint injections have the same purpose as SI joint injections, are performed in exactly the same manner, and have the same side effects. The only difference is they treat middle back pain instead of lower back pain.**

Epidural steroidal injections are similar to SI and thoracic facet joint injections, except the cortosteroid is injected into the spinal canal surrounding the spinal cord. They are used to treat chronic and not acute low back pain.

This procedure has the same side effects of other injections. Relief generally lasts anywhere from one week to one year. Selective nerve root blocks (SNRB) are used primarily as a diagnostic tool and secondarily as treatment for pain. Back pain can occur when nerve roots become compressed and inflamed. While MRIs can be used to show which nerves are causing the pain, they don't always work successfully. In cases when this happens, an SNRB injection can be performed in order to isolate the source of the pain. SNRBs are also used to treat disc that rupture outside of the spinal canal, or far lateral herniated discs.

The procedure is the same for other types of injections. As with other injections, SNRBs should not be performed more than three times per year. SNRBs are considered more difficult to perform than other types of injections and should be done only by a physician experienced in them.

Facet rhizotomy may be recommended if three facet blocks have been performed but more pain relief is needed. Facet rhizotomy injections disable the sensory nerves that lead to the facet joint, thereby providing pain relief. The procedure for facet rhizotomy injections is different from that of other injections.

A needle with a probe is inserted just outside the joint, is heated with radio waves, and applied to the sensory nerve. This disables the nerve and keeps it from sending pain signals to the brain.

### **EXERCISES FOR BACK RELIEF**

Many people believe that rest is best for a painful back, but actually, what your back really needs when it's hurt is exercise.

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Regular exercise relieves back pain by strengthening and stretching the muscles that support the spine and helps to prevent future injury. This is a use it or lose it situation: the more you rest, the weaker your back gets, even if it is hurt. Studies have actually shown that you can heal your back pain faster and get back to your regular activities with just two days of rest. So let's look at some of the best exercises for relieving back pain.

### Yoga

A good, regular yoga practice will go far in relieving the stress and tension that sometimes cause mild back pain, and in fact, studies have shown that yoga is the number one most effective exercise for relieving back pain.



However, not all yoga poses relieve back pain, and some can in fact aggravate existing pain, so it is important to know which poses will be most helpful in relieving back pain. It is best to do these exercises under the supervision of a certified yoga instructor, and if you encounter any problems with these poses, you should consult an expert. Even just one or two sessions with a yoga instructor can help, as an instructor will help you with your form and posture during poses. Here are some of the best yoga poses for relieving back pain. Each pose should be held from five to ten seconds, depending upon your level of comfort, and should be done on a mat or other soft, supportive surface.

**CORPSE:** Lie flat on your back in a relaxed position, arms resting at your sides, palms down, and legs lying naturally, with knees turned out slightly.

If it hurts your back to have your knees turned outward, do this pose with knees bent, feet flat on the floor. Breathe in and out for a few seconds while allowing any tension to leave the body.

**CAT STRETCH:** Start out on your hands and knees with a flat back. Your hands should be directly under your shoulders with fingers spread. Knees should be directly under the hips.

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Head is held loosely so that you are looking at the floor between your hands. Inhale, and as you exhale, arch your back toward the ceiling, tuck your chin in to your chest so that you are looking at your navel, and tuck your tailbone underneath. Hold, then release back into your original position.

**WIND-RELEASING POSE:** Lie flat on your back as in Corpse pose. As you inhale, bend your knee, place your hands right below the knee, and draw your leg towards your chest. Your left leg should remain flat on the floor. Exhale and bring your forehead up to touch your knee. Inhale, and then as you exhale, return to your original position. Repeat with the other leg.

**SAGE TWIST:** Warning for this pose—it involves twisting your back, so you should take particular care not to twist too far or you risk aggravating any existing back pain. This should be a gentle stretch; twist just as far as is comfortable. Sit on the floor with both legs out in front of you. Bend your right knee, lift your right leg over your left, and place your right foot on the floor next to your left knee. Sitting with spine straight, place your left elbow on the right side of your right knee. Bend your left arm so that your left fingertips are touching your right hip, while at the same time, twisting to look over your right shoulder. This is where you need to be careful not to twist too far. Hold for a few seconds, release, and repeat on the opposite side.

**PALM TREE:** Stand with feet facing forward, arms at your sides, weight distributed evenly on both feet. Raise both arms over your head, interlock your fingers, and turn your hands so that your palms are facing upward. Next, place your palms on your head and turn your head so that you are looking slightly upward. Stretch your arms upwards, and at the same time, come up onto your toes if you can do so without pain. Stretch your entire body upward and hold, if you can. Some people have difficulty balancing during this pose, so just do the stretching parts if you need to.

**FISH POSE:** Lie on your back with knees bent and arms at your side. Arch your back as far as you comfortably can and raise it off the ground by pushing the floor with your elbows.

If you can, tilt your head backwards and rest the crown of your head on the floor. Breathe deeply from the diaphragm and hold pose for one minute if you can.

**LOCUST:** Lie face down with arms at the side, palms down, and elbows slightly bent with fingers pointing towards the feet. Raise your legs and thighs as high off the ground as possible without causing your back any pain. Hold for one second and repeat up to twelve times. This can be a vigorous exercise so you must take care to strain already injured muscles.

**BENDING FORWARD POSTURE:** Stand up straight with feet together and arms hanging loosely along your sides. Breathe in deeply and raise your arms straight above your head. While breathing out, bend forward and touch your toes if you can. If you can't reach your toes, grab hold of your ankles or calves. To complete the pose, you should touch your head to your knees, but this may be too difficult for many who suffer from lower back pain. Your movements during this pose should be smooth, not jerky.

### **Pilates**

Pilates is another great exercise for relieving back pain because it focuses on strengthening your core muscles, which include the back. Pilates exercises are very smooth and controlled movements, so there is little danger of getting injured while exercising. It's also a great way work on your strength and flexibility, both of which help to alleviate back pain. However, as with yoga, you should avoid any extreme twisting or bending movements. Also as with yoga, Pilates exercises should be done on a mat or other soft, supportive surface.

One of the best benefits of Pilates is that it helps improve posture, a common cause of lower back pain. Use common sense when doing Pilates; if exercises that arch your back hurt, don't do those. Or if exercises that round your back hurt, do only the back arching ones.

The following Pilates exercises benefit the spine and are appropriate for beginners. Do each exercise slowly and smoothly, and repeat ten times if you can.

The key to pilates is quality of exercise, not quantity; it is more important to do fewer exercises slowly and correctly than to do all ten repetitions quickly.

**THE HUNDRED:** Start by lying on your back with your legs either stretched out or bent at the knees, whichever is most comfortable. Raise your head and, if you can, your legs off the floor a few inches. If this puts too much stress on your lower back, just raise your head and keep your feet on the floor with your knees bent. Try to keep your neck relaxed. Now extend your arms, and raise and lower them about two inches. While doing this, inhale for a count of five and exhale for a count of five.

**SPINE STRETCH FORWARD:** Sit with legs extended in front of you and slightly more than hip width apart and feet flexed. Inhale and pretend that you are hovering over an imaginary beach ball by leaning your upper body forward, arms extended, while rounding your back and pulling in your abdomen. Exhale as you sit back up slowly one vertebra at a time.

**The ROLLUP:** Begin by lying on your back, legs extended, and arms stretched above your head with your shoulders on the floor. Alternately, you may want to do this exercise with your feet on the floor, knees bent. Inhale and lift your arms toward the ceiling. Exhale and roll your torso forward, as if you are doing a full body sit-up. You should ideally roll into a sitting position, but if you can't, just bring your torso as far off the mat as you comfortably can before returning to your starting position.

**The SAW:** Sit with your legs slightly wider than hip width, feet flexed. Your arms should be extended straight out to the side. Sit up very straight as if you are trying to touch the ceiling with the top of your head. Exhale; turn your body to the left, keeping your arms in line with your shoulders, and bend over as if your hand is going to saw off your little toe. Inhale, return slowly to your original position, and repeat on the other side.

**SPINE TWIST:** Sit with your legs slightly more than hip width apart and your arms extended out to the sides.

Inhale, tighten your abs, and sit up very straight as if you are trying to touch your head to the ceiling. Now exhale and turn to the right as far as you comfortably can. This exercise is to increase your back mobility only, so do not stretch your back muscles. Inhale and return to your starting position. Repeat on the left side.

**BALLERINA ARMS:** Sit with legs crossed and spine straight, as if you were sitting against an imaginary wall. Bend the elbows at a 90-degree angle and pull the arms back so that the shoulder blades are touching. Next take your arms down so that the shoulder blades slide down the spine. Next raise the arms over the head as a ballerina would. Return arms to starting position.

### **Tai Chi**

Tai chi is an ancient form of martial arts that is soft and slow, making it great for people who have back pain. The Taoist Tai Chi Society's Medical Advisers have documented that tai chi helps improve posture, reduce spinal degeneration, maintain flexibility of joints, improve balance, and increase strength and stability in the lower back.

Everyone can benefit from tai chi; if you can't do the exercises standing up, you can still do many of them while sitting in a chair. Unlike yoga, tai chi requires extensive movement, but is less jarring to the joints than aerobic exercise. It's almost impossible to describe how to do a tai chi movement correctly—you really need to see someone else doing it to understand.

There are numerous videos you can check out if you're interested, and some video stores offer free exercise video rentals. Libraries may have videos, too. The best way to learn tai chi, though, is from an instructor, and classes tend to be relatively inexpensive. Take a class or two just to learn the movements and you'll be able to practice at home on your own.



## Stretching

Stretching is very important in relieving back pain for several reasons: 1) it improves your flexibility, which in turn allows your back to move through its natural range of motion painlessly, 2) it sends necessary nutrients to the tissue along the spine that keep your muscles from getting stiff and weak, and 3) it helps to prevent further injury to the back. Some of the above yoga and pilates exercises involve stretching, and listed below are a few more stretches that will benefit the back.

There are a couple of things you should remember about stretching. First, you should not feel pain when you stretch. If you do, you have gone too far so ease up a little. Stretch only as far as you comfortably can, hold it for about ten seconds, and then slowly release the stretch. And second, don't bounce. Move smoothly and slowly. If you jerk or bounce your body, you're likely to injure it.

**HAMSTRING STRETCH:** It might seem strange to stretch your leg to relieve back pain, but actually, the upper leg is important to the support of your lower back. Increase the flexibility of your upper leg and you'll be helping your lower back. Some hamstring stretches put a lot of strain on the lower back so try this one: Lie on your back and bring your right knee towards your chest. Put a towel around your right foot, hold the two ends in each hand, and try to straighten the foot as far as you can. Repeat with the left leg. When you can easily accomplish this, try some harder hamstring stretches: 1) Sit in a chair and place legs straight out in front of you resting on another chair. Try and touch toes. 2) Lie on the floor with the buttocks against the wall. Place the foot up against the wall and then try to push the knee straight one leg at a time, and 3) Bend over at the waist, with legs straight, and try to touch your toes. Hold this stretch.

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**LOWER BACK STRETCH:** Lie face down on the floor with hands on each side of your head, elbows on the ground, and feet shoulder width apart.

Slowly lift your body off the floor so that only your forearms and toes are supporting you. Contract your buttocks and extend your right arm straight out in front of you. Hold this position for ten seconds, and then switch arms. Do the same with your legs; return your forearms to the floor and extend first your right and then your left legs straight out behind you. Work up to extending your right arm and left leg at the same time, holding for ten seconds, and then switching sides.

**MIDDLE BACK STRETCH:** Stand with feet shoulder width apart, arms extended out to your sides parallel to the floor, and knees slightly bent. Slowly twist to the right side until you feel the stretch in your back. Do not twist quickly or so far that you feel any pain in your back. Hold for ten seconds and then twist to the left side.

**UPPER BACK STRETCH:** Stand in the same position as with the middle back stretch. Interlock your fingers and extend your arms as far out in front of you as you can, palms turned away from your body. Keep your upper back relaxed and you will feel this stretch in your shoulder blade area.

### **Exercise Balls**

One way to get a good stretch is with an exercise ball. Many people like these because you can stretch your back without straining it and other muscles. And like with pilates, exercise ball stretching helps strengthen your core muscles, including your back. If you are new to the exercise ball, choose one that is soft and not 100% inflated. These are just a little bit easier to work on than hard balls. As with other stretches, do these exercise ball stretches slowly and smoothly, hold for about ten seconds (longer if you can), and repeat ten times.



**BACK ARCH:** Sit on the ball as if it is a chair. Walk your feet forward so that the ball rolls under your back until your rear end is on the ground. Place your hands behind your head and slowly push yourself back up so that you roll backwards over the ball.

**BACK FLOOR PRESS:** Lie on the floor with the ball under your knees and legs over it. Arms should be resting at your sides. Pull your belly button towards your spine and hold. Remember to keep the rest of your muscles relaxed. As you get more comfortable with this exercise, you can do it while lifting your arms a few inches off the floor, as in the pilates Hundred.

**BALL SQUATS:** Stand with ball between your back and a wall, with feet hip width apart.

Keeping your back straight, bend knees until they at ninety degrees and thighs are parallel to the floor. The exercise ball will roll up your back. Hold and return to starting position.

### **Strengthening**

Strengthening exercises are great for relieving back pain, as well as preventing future injury. Many of the above exercises will strengthen the back muscles, and here are a few more to incorporate into your exercise routine.

**FRONT LYING CHEST LIFT:** Lie on your stomach on the floor, interlace your fingers, and place your palms against the back of your head. If that causes pain, simply place your palms on the floor on either side of your head. Now raise your chest up of the floor just a few inches and hold for five seconds. Work up to three sets of eight repetitions.

**DOUBLE KNEES TO CHEST:** Lie on your back, arms to your side and legs extended. Bring both knees in to your chest, grasping your legs behind the knees. Hold and repeat.

**PELVIC TILT:** Lie on your back, feet flat on the floor with knees bent. Press down with your feet and push your pelvis upward. Hold and repeat.

**STOMACH LEG LIFTS:** Lie on your stomach, palms on the floor supporting your chin. Press your pelvis to the floor and lift both legs off the ground a few inches. Hold and repeat.

**CURL UPS:** Lie on your back, hands behind your head, knees bent and feet flat on the floor. Curl up, lifting your face toward the ceiling, until your shoulders are a few inches above the ground. Hold and repeat.

**OBLIQUE CURL UPS:** Start out the same way as curl ups, but roll your knees to the right side and then curl up. Repeat on left side.

### **Aerobic Exercise**

If you go to a physical therapist for back pain, chances are you will have to do some kind of aerobic exercise as part of your treatment. Even if you don't seek therapy for your back, it's still a good idea to incorporate aerobic exercise into your back pain treatment plan. For those who suffer from back pain, the best aerobic exercises are low impact. These include swimming, walking, water aerobics, and bicycling. Running and aerobic dance should be avoided as these jar the body and are too hard on already-injured muscles and joints.

There are even videos featuring non impact aerobics, which can be great for those suffering from debilitating back pain. Not only does aerobic exercise benefit your body, but it also benefits your mind: aerobic exercise has been shown to improve moods, decrease depression, and increase the tolerance for pain.

If you haven't exercised regularly in the past, you should start out slowly. Just walk two or three blocks or swim one lap, and gradually increase your pace and distance. Any exercise at all is much better than none. You should eventually work up to a regular schedule of twenty to forty minutes of exercise three to five times per week.

An added bonus is the release of endorphins that occurs with thirty minutes or more of aerobic exercise. Posture is very important in easing the strain on your back. If you choose to walk, stand up straight without slouching. Keep your back arched slightly and abdominal muscles pulled in. If you bicycle, adjust the peddles and handle bars so that you can sit up straight.

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## **COPING WITH CHRONIC PAIN**

There is not a single definition of pain that is appropriate for everybody because it is a highly subjective experience. What, to another person, is excruciating may be nothing more than a slight discomfort for you.

Not only do views of pain vary among individuals, your own perception of it can change over time. Even when you do have a clear perception of what pain means to you, there is not an objective way to measure it you can use to convey your impressions to somebody else. It is not unusual for patients in a doctor's office, who have come in because pain is severely impairing their day-to-day lives, to have great difficulty describing it clearly.

One thing we do know, however, is the difference between when we are hurting and when we are not. In the case of acute pain, you may cry out from it and experience terrible suffering for a time, but it ends eventually, and usually the sufferer returns to their normal activities and way of life. Chronic pain is different. A sufferer of chronic pain not only hurts, but they keep on hurting. Indeed, the psychological impact of chronic pain can be worse than the physical sensation itself, especially when the daily grind of it wears you down and turns the world grim.

Acute pain usually does not change one's personality. Chronic pain, if not addressed properly, can alter it drastically. Chronic pain may have a physical basis, a psychological basis, or some mix of the two. Maybe it comes from an injury. Maybe it comes from stress. Maybe the two factors are interconnected. People who cannot pinpoint a clear physical connection often say, or are told, that it is "all in their heads." But that is not how it feels. Chronic back pain caused by stress can hurt just as badly as chronic pain that resulted from falling off of a roof.

It has been estimated that over 34 million Americans suffer from chronic pain, be it from arthritis, migraine headaches or their backs (with lower back pain being the most common). 15 million people experience chronic pain at work on a daily basis.

So if you are a sufferer of chronic pain you are not alone – though it can certainly feel that way.

### What Can You Do About It?

To begin with, you must make sure clear lines of communication have been established with your physician(s) and any other health care providers being seen for chronic back pain. Do not just assume it is your cross to bear and suffer in silence. Though it is true that the majority of back pain in general is not symptomatic of serious illness, do not assume you are therefore free from all risk.

There have been cases of people whose backs' hurt persistently and they just mistook it for a fact of life and went on the best they could, only to discover that “bad back” was really a sign of something much worse, like cancer or otherwise damaged internal organs.

In order to facilitate communication to a health care professional it is a good idea to spell out some specific things to yourself first as a means of organizing your thoughts and presentation. For example, asking yourself and answering the following questions can go a long way toward clarifying what you are experiencing:

How bad, on a scale of 1 – 10 is my pain?

How long have I had this pain?

What words can be used to describe it (tearing, burning, throbbing, etc.)?

What could have caused my pain? Is there an injury, psychologically stressful event, or activity I can link to its onset?

Are there any other health problems I am having?

In addition to pain medication, what other medicines am I taking?

What kinds of things have I done to try alleviating the pain?

Have any helped, even some?

Both emotionally and physically, how has pain affected my daily life, be it at work or at home?

The questions do not have to end with the examples above, of course, and asking a few may help you zero in on more specific inquiries – just as the information provided will help your physician to get a clearer picture of what is happening with you. Once the chronic pain is described, a variety of approaches, alone or in combination, are available to treat it.

## **Medications**

A wide range of drugs are available for the treatment of chronic pain. Most commonly used are aspirin, acetaminophen, and the anti-inflammatory drugs like ibuprofen. Then there are the more powerful narcotic analgesics, such as morphine and codeine. People respond to these differently and there is no one medication that is right for everybody. Only a physician who knows your medical history and what other medications you might be taking is truly qualified to make the best recommendation for you.

And, after beginning to take one, it is important to keep your physician updated on their effectiveness, not only if they are working or not, but also about any side effects you might experience.

Do not fall into the trap of thinking that a lack of effectiveness or the experience of side effects are things that must be tolerated without question. Many different drugs are available and improvements in pharmacology bring us more and better alternatives as time goes on. Regular contact with a physician is necessary to make sure the course of medication one is on is indeed the best available.

## **Psychological Approaches**

Psychological approaches are best for chronic pain where a specific physical cause has not been identified or, when it has, is used in conjunction with a sensible course of medical treatment. The strategies used generally fall into four categories, with plenty of room for overlap and the use of more than one technique at a time. These categories are: relaxation, imagery, hypnosis, and biofeedback.

Though it is best to seek the advice of experts to ascertain what, or what combination, is best for you, below are examples of some things you can do on your own in the effort to cope with chronic back pain.

**Splitting:** Separate your experience of pain from the pain itself. If the pain is throbbing, for example, focus on the throb and not the hurt. Another variation is to separate the painful body part (your back) from the rest of your body.

**Numbing:** Imagine an injection of a powerful medicine that numbs the area of your back that hurts.

**Projection:** Imagine yourself at a time in the past or future where you are free of pain. A pain-free location, like a favorite vacation spot, may also work.

**Movement:** Visualize the pain moving from your back to another area of the body where it is easier to handle. An alternative is to imagine it leaving your body and taking up residence somewhere else, like the ground.

Be aware that psychological approaches are particularly helpful when stress is suspected as the culprit in your experience of chronic back pain. Our daily lives are constantly subject to stress, be it from work, relationships, or simply new and different experiences. People react to stress in different ways. Some individuals feel tired, others get upset stomachs, and many of us show our tension in the form of back pain. Instead of a psychological technique that focuses on pain management, then, a more sensible approach could be the identification and treatment of the factors that cause you to experience stress.

### [A Physical Approach](#)

Most chronic back pain is the result of activities that have an adverse effect, such as lifting heavy objects improperly or simply sitting in a chair for long periods with bad posture. Changing our habits, therefore, can have a significant impact. Below are some of the most commonly advised physical measures to take. As always, see a physician or other qualified professional for assistance in deciding what is best for you.

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**Weight loss:** approximately 67 percent of Americans are overweight. These extra pounds put pressure on the back and strain both back and abdominal muscles, which can weaken these muscles and compound the problem.

**Improve Posture:** Bad posture means your body is out of balance. When it comes to your back this means that only a small number of muscles and joints are doing most of the work. Proper posture will spread out the task and relieve the intense pressure on small areas of the back.

**Exercise:** A good exercise program, designed by a professional, will strengthen muscles in your back, keep them limber, and increase endurance. Though our instincts may tell us to rest until the pain passes, the proper exercise can be an effective means of pain relief or reduction.

**Movement:** Simple measures, like using your leg strength, instead of back muscles, to lift heavy objects can make a big difference. Whether at work, home, or engaged in leisure activities, be aware of how you can alter your movements to avoid unnecessary stress on your back.

## **PREVENTIVE AND HEALING STRATEGIES & TIPS**

What you can do to prevent back pain and injuries and, if you do sustain them, what can be done to promote the healing process? Though the focus here is on what can be done on an individual basis, it must always be remembered that there is no replacement for consultation with a qualified physician.

80 percent of the adult population suffers from back pain at some point in their lives, so, whether it's you or somebody you care for, it is useful to have some techniques at hand for treating it.

The good news about back pain is that it usually goes away on its own over time. The vast majority of it comes from simply straining muscles and joints at levels they are not designed to withstand, which leads into the first recommendation:

**Slow Down.** In most cases a few days worth of reducing the normal load you put on your back is enough. A strained back muscle may cramp or "freeze," which causes acute discomfort.

Given time to mend, however, the muscle will begin to relax and the body's natural healing processes will commence.

**Over-The-Counter-Medications.** In response to an injury a body part may become inflamed, which you will know by the signs of swelling, pain, warmth, and redness. To achieve a measure of pain relief and assist the healing process you can buy over-the-counter anti-inflammatory medications like ibuprofen.

Acetaminophen is another alternative. Though not an anti-inflammatory drug, it does treat pain effectively and is easier on the stomach.

A) **Ice and Heat.** During the first 48 hours after a back injury ice slows down the swelling process and acts to reduce the pain. After 48 hours, however, it loses these abilities. This is when you switch to heat, as in the form of a heating pad. This increases the blood flow to recovering tissue and relaxes the muscles.

B) **Massage.** Be it done by a friend or family member with a nice touch or a professional, a massage can relax strained muscles and, just as importantly, a strained psyche that is causing back muscles to tense up.

C) **Keep Moving.** When we are hurt instinct tells us to lay low and keep movement to a minimum. Indeed, the traditional approach to treating back pain used to tell us exactly that. More recent studies, however, have shown that careful movement does a better job of promoting recovery than remaining still. Much can be accomplished with simple exercises – provided you have consulted with a specialist who can dispense advice and instructions on what is best for you.

D) **Change Your Routine.** Though movement can help in the recovery from a back injury, it is also important during this period to avoid things that result in putting too much stress, be it physical or psychological, on your healing back. Whether it is in improving your posture in a chair, not lifting heavy objects, or avoiding things that cause you aggravation, adapt your daily routine to the requirements of your recovering back.

Otherwise, there is a pronounced risk of re-injury, a longer than necessary recovery period, or an injury that does not heal properly and is vulnerable to further damage.

E) **Pain Management.** For persistent or long lasting pain, refer to the chapter on chronic pain for additional strategies.

## **The Simple Things**

An encouraging thing about back pain is that so much of it can be avoided by simple cautionary measures, usually, in fact, by making slight modifications to things we do every day.

### **Standing**

When standing upright, your chest should be forward, your head up, shoulders straight, and your weight even distributed between your feet with your hips tucked in. If you have to remain standing for long periods, avoid remaining in the same position for the entire time. Be sure to move around and change positions regularly. Another good idea is to rest one foot on a stool, curb, etc. then switch to the other foot after a few minutes.

If your work requires you to perform tasks on a platform or desk make sure to adjust it to a height that is comfortable for you. Spending day after day hunched over while on your feet is almost a sure recipe for back problems.

### **Sitting**

In today's work world many of us have jobs that involve spending most of our time in a seated position. The rule of thumb here is to sit for as little as possible, and even then for only short periods of time. Since this is not always possible, be sure to get up and walk around frequently. Even a short stroll across a room will help.



When in a seated position for long periods, sit with a support positioned in the curve of your back. Nothing fancy, even a firm pillow or a rolled up towel will do the trick. At the same time, keep your hips and knees at right angles.

If your chair is too high for this, either replace the chair or get a stool to rest your feet on. Otherwise keep both feet on the floor and do not cross your legs.

The chair you use should be firm and have a high back and arm rests. The problems with soft chairs or couches is that the curve in your back is not supported and it can come to be in a rounded position, which causes the kind of muscle and joint stress that leads to problems.

When seated in a chair in front of a desk, make sure the different pieces of furniture complement each other so that you can sit up straight as you work, with your elbows and arms on your chair or desk and your shoulders relaxed. Hunching or leaning over should be avoided.

Finally, when getting out of a chair after sitting for a period of time, be sure to stand up by straightening your legs, not bending at the waist. Once in a standing position stretch your back by doing a series of simple back bends.

Much of the same applies when driving in a seated position. Support the curve of your back and be sure your seat is positioned close enough to the wheel so that your knees can bend and your feet reach the pedals without having to stretch for them.

### Lifting

The simplest thing to do is avoid lifting heavy objects, or those whose size or shape make them awkward to move. Since lifting cannot always be avoided, be sure not to lift with your back.

When grasping a object to be lifted have it close to your body with your feet spread shoulder width apart and planted firmly on the ground. Use your leg muscles to do the actual lifting, with the simplest means of doing this being to start with your legs bent so that you merely need to straighten your knees.

Once you have lifted the object, keep it in front of you and move with small, slow steps. Instead of twisting, change direction with your entire body coordinated together for the move.

When the object is set down, once again keep it close to your body and let your legs do the work. Remember, the muscles in your legs are a lot bigger and stronger than those in the lower back.

### Exercise

Following an exercise program that keeps the muscles strong and flexible can prevent many a back injury. When designing your own, do so with the aid of your physician, physical therapist, or a qualified trainer.

### Sleeping

Invest in a firm mattress and box spring that supports your body without sagging. It is best to sleep in a position where the curve in your back can be supported. Lying on one's stomach on a soft mattress is exactly the wrong thing to do for your back.

The sleeping method recommended by many experts is on your back with three sources of support for your body: one below your lower back that is fitted to the curve there, one below your knees that supports them enough to take strain off the lower back, and a pillow below your neck that, like the lower back support, conforms to the natural curve found there and provides support.

**Here are some other helpful healing strategies and tips for back pain relief. Try one or more to see how they work in with your lifestyle.**

### CONTROLLED BREATHING

Control your breathing slow and steady for a few minutes. Focus on rhythmic, controlled breathing, holding inhaled breaths in for about three seconds, then exhale and repeat to help redirect focus from back pain and allow the body to naturally respond on its own. Repeat as needed throughout the day to help the body relax.

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Some helpful suggestions are:

Choose a comfortable position that takes the strain off your back and is least painful for you. Some suggestions are:

- A. On your back with your knees up, rest your lower legs over the coach or a chair.
- B. Lie in a fetal position on your side and place a pillow between your knees.

### **REST**

When possible for back relief, rest for a couple of days. Find a couple of your most comfortable breathing positions above and alternatively use them throughout the day. From time to time, every hour to couple hours or so, include these into your routine:

- A. Get up and move around a little, walking and arching your back a little.
- B. Add some light stretching activities like gently pulling knees, one at a time, to your chest.
- C. Light water / pool activity or aquatherapy
- D. Light stationary bike riding or sitting in a comfortable chair for brief periods.

### **OTC HELP**

Check with your local drug store pharmacist to see which pain medications are available over-the-counter (OTC). Popular to use are aspirin for overall pain relief, ibuprofen for a combination anti-inflammatory and pain relief response like in the Advil, and acetaminophen products like Tylenol. When selecting the type of medication, keep in mind that liquid gel types absorb faster into your system. However, regardless of your choice, do follow the directions on the labels, unless otherwise directed by your physician, and follow the recommended dosage guidelines.

Check with your local pharmacist and health store to see which liniments and ointments are available. Some popular items on the market are BENGAY, Tiger Balm and Sportscreme; generally products with a form of rubbing alcohol listed in the ingredients.

Ask about the availability of other back pain remedies including herbal treatments. Some health food stores stock packaged herbal tablets, teas and other products. Be aware, though, that most often these alternative products are not thoroughly tested as OTC products are, nor can the contents be assured for safety, quality and potency.

### MISC TIPS

*Here are some other back pain relief strategies for you.*

1. Place an ice pack on the pain area up to three times a day for about 12 minutes per session during the first two days of the onset of your pain.
2. Moist heat applied to the pain after one day can help soothe your body. A warm washcloth or a heating pad for about 30 minutes should do the trick.
3. After the first day or two, interchange your ice and heat solutions. Heat is for mornings and before physical activity. Ice is for after activities, and in the evening.
4. As your back pain decreases, gradually increase your activity.

“May We All Enjoy Good Health, a Calm Spirit & a Safe Journey”

William E. Blake

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Bill @ Blake Publishing

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## **RESOURCES**

Help yourself to some additional information with our resources for help with back pain relief.

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*Chronic Pain, The Complete Guide*, Arthur C. Klein, Carroll & Graf Publications, Inc., NY, NY. 2001.

*The Complete Doctor's Healthy Back Bible*, Reed, Kendall-Reed, Ford and Gregory, Robert Rose Inc (publishing),

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9000 Rockville Pike  
Bethesda, MD 20892-2350  
[www.nih.gov](http://www.nih.gov)

Spondylitis Association of America  
14827 Ventura Blvd. #222  
Sherman Oaks, CA 91403  
(800) 777-8189  
[www.spondylitis.org](http://www.spondylitis.org)

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