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## LESS PAIN, MORE GAIN: Exercise key in managing lower back pain

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### Beach Mirror

Ouch, my back hurts. What's causing it?

Millions of Canadians suffer from acute or chronic lower back pain. The effects of pain exact an enormous cost on our country in health care and lost worker productivity, as well as the emotional and financial burden it places on patients and their families.

Eighty per cent of Canadians will suffer from lower back pain at some time during their lives. Lower back pain can be associated with serious medical conditions such as infection (bladder), conditions related to internal organs (kidney stones, ovarian cysts), tumour, fracture, ruptured or herniated disc, spinal stenosis (narrowing of the spinal canal) or trauma causing muscle or ligament tear, each of which require specific treatments.

My focus here, however, is on non-specific lower back pain related to heavy physical work such as snow shovelling or injuries related to motor vehicle accidents, sports or work.

Physical factors such as frequent bending, twisting, lifting, pulling and pushing, vibrations and static posture due to prolonged sitting and standing are commonly reported as risk factors for lower back pain.

In addition to physical factors, psychological factors such as stress, anxiety, depression, job dissatisfaction and social factors (burden on family, co-workers, how pain affects one's social life) are known to have a major impact on how one's experiences and manages lower back pain.

### It's been six weeks and I'm still in pain.

Ten to 20 per cent of patients with lower back pain develop persistent or chronic lower back pain, which is defined as pain that persists for 12 or more weeks.

The pain may be progressive or may occasionally flare up and then return to a lower level of pain.

Although it might be difficult at some time to determine the cause of lower back pain, its course is predictable. Social or psychological distress may amplify, prolong or confound the pain or the patient's perception of it.

Therefore, addressing psychosocial and social aspects of pain by providing education and support is necessary.

### What are my treatment options?

Lower back pain is one of the most common conditions for which people visit the physician's office.

Acute lower back pain recovers within six weeks in up to 90 per cent of cases. Patients are encouraged to stay active by participating in gentle exercises and return to work whenever possible.

Acetaminophen (Tylenol), Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and muscle relaxants are often sufficient to relieve pain, improve function and prevent recurrence.

The American College of Physician's 2011 guidelines do not recommend diagnostic imaging such as X-ray, CT scan and MRI or referral to specialist unless the pain persists over four to six weeks or progressively gets worst with neurological signs such as referred pain to the legs.

Many conservative therapy options such as spinal manipulations/mobilizations performed by chiropractors and physiotherapists, acupuncture, laser therapy, electrical stimulation, massage therapy are available and are effective in managing lower back pain.

However, exercise is one of the only evidence-based, effective treatments for chronic low back pain.

The most commonly prescribed exercises are aimed at retraining deep back muscles supplemented with exercises for hip and pelvic floor muscles.

For patients who have failed conservative management, other treatment options include:

- Epidural corticosteroid injection: Provide short-term improvement in pain, but have not been proven to produce significant long-term functional benefit or reduction in the need for surgery.
- Surgery may be considered in cases when all other conservative therapies have failed or a mechanical instability of the back exists or pain referred to leg is severe. In the case of spinal stenosis, there is evidence that patients who underwent surgery show significant improvement in function and pain reduction.

If you are suffering from chronic lower back pain, learn as much as you can about the treatment options and see a physiotherapist for targeted exercise program.

And as always, if you have questions, ask your health-care provider. He is your best resource in finding the treatment approach that will balance the risks and rewards of any treatment in your unique situation.

**Caution:** This information should not be used as a substitute for necessary consultations with a qualified health-care professional. Always consult a medically trained professional with questions and concerns you have regarding your medical condition.

*Gita Mikal is the founder of Pain Management and Fibromyalgia Centre and Physiotherapy at Don Mills, in North York. Gita is a practising physiotherapist with post-graduate training in pain management. She incorporates a variety of therapeutic techniques such as manual therapy, acupuncture and pain education in her treatments. For information on pain management and available treatment options, visit www.physioatdonmills.com or call 416-444-4800.*

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