

YOUR GUIDE TO LOWER BACK PAIN

An alternative approach to
the thinking
around lower back pain.



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PAIN + SPORTS INJURY CLINIC

ABOUT THIS EBOOK

This book is intended to help people put their lower back pain in to context, and to give them a new perspective on their pain. This book is written with the guidance of the most up to date science and is intended as a guide only. Many of the principles laid out in this book have been instrumental in helping with my own back pain journey and countless others in my clinic. It is not intended to be taken as medical advice. Anyone with back pain should see an appropriate medical professional before they embark on any course of treatment.

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1. WHAT EXACTLY IS PAIN?

Pain first and foremost is a very real experience felt by everybody. It is at its most simple, a way to keep ourselves from doing any more damage, or any in the first place. The problem with pain is, it's not that simple. It's complex, and it's live, and it can be influenced by a myriad of factors!



Pain is, and this is not up for argument, 100% controlled by the brain and the nervous system. The problem is, tissues heal, and quite quickly, however, the nervous system is a sentimental sucker and holds on to the fear of that injury ever happening again. And how does it tell us it's afraid? You guessed it pain! Pain is an alarm. A warning signal from the nervous system to tell us what might be up. The problem is, it's not all that great at determining how great that threat actually is. Think of it like a smoke alarm in a house. The same alarm will give exactly the same signal for a full on house fire, as it would if you were cooking sausages in the kitchen. It doesn't discriminate. The same message no matter what the story!

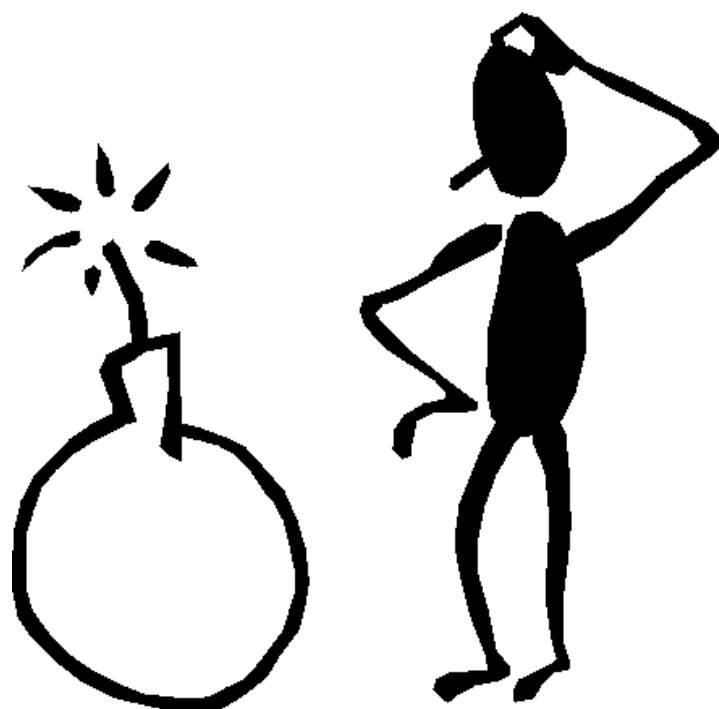
WHAT EXACTLY IS PAIN? CONTD.

To give an example. Let's say, you sprained your ankle playing a sport. This has been registered by the brain as a threat. You heal over the coming months, and then you go to do the same activity again and BOOM.

A bout of pain hits like a freight train. But you haven't "injured" yourself again.

Your immediate reaction would be that your previous injury was worse than you

thought, and that it hasn't healed properly. In reality, it's more than likely your nervous systems putting the breaks on, because the last time we put ourselves into this situation, we got badly hurt. It's a way of telling you to stop because this could be dangerous!

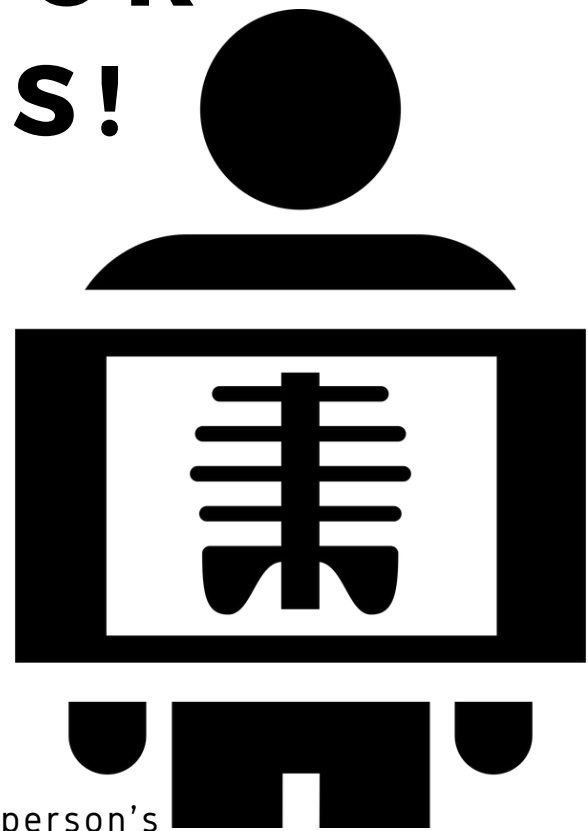


2. MEDICAL IMAGING. YOU ARE NOT YOUR MRI RESULTS!

Medical imaging such as MRI and x-ray are the go to diagnostic tool at the first sign of pain. None more so than shoulders, knees or lower backs.

Before we go on, I'd like to make the point, that I am a fan of medical imaging, when it is needed. Unfortunately it is FAR over prescribed. Most recent up to date research shows that anomalies on MRI or x-ray scans, such as protruding discs, actually may have no bearing on a person's pain experience whatsoever. SAY WHAAAAAAT?

“But...but... my MRI says so”! Have you ever heard of the saying “throwing mud until it sticks”? Think about it. You have pain for certain amount of time. You're fed up and looking for answers you get an MRI and it finds a bulging disc. Ahaaa that's my problem! But is it really? Or does it just fit your puzzle? To put it in to context, let's say I'm driving a car in a race and I keep losing. Everybody else has much better cars than I do, so it must be that my car isn't up to scratch. So you go and spend thousands getting the car fixed or upgraded in the hope that the problem is sorted. But then a car half your budget and twice its age goes flying past and leaves you for dust. Might be time to think it wasn't the hardware of the car, it was the way it was being driven that's the problem!



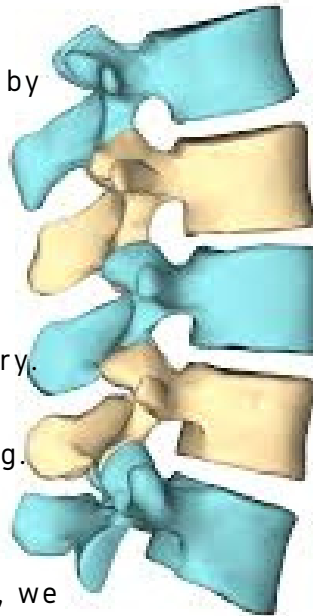
YOU'RE NOT YOUR MRI RESULTS CONTD.

Bottom line, medical imaging is not the be all and end all of your pain experience. Just because anomaly comes up does not mean that it's the problem. And it can lead you down a very costly and unnecessary road of surgery, or injections etc.

3. DISCS AND SCIATICA

Lets just list some home truths here (backed up by science)

1. Discs don't "slip". Its a physical impossibility.
2. Discs heal within 6 months of their initial injury.
3. Disc degeneration is a natural process of aging. It's not a clinical diagnosis.
4. Discs are resilient! Contrary to popular belief, we CAN bend forward and pick something up without the worry of our backs exploding.
5. Sciatica is an irritation of the sciatic nerve. It doesn't have to be caused by a disc bulging on it. It can have any number of causes.
6. 60%of people over the age of 30 will have a disc bulge in l4/l5 but have absolutely no symptoms whatsoever. Think about that.
7. You do not have a slipped disc the past 9 years (or equivalent amount of time). See points 1 and 2 above! What you do more than likely have is an irritated nervous system guarding the fact that you may have had a disc bulge previously.



4. SOCIAL AND EMOTIONAL FACTORS TO BACK PAIN

The most common thing I hear clients with back pain say is “I’m just afraid I’ll never be able to do xyz again”

FEAR is probably more of an indicator for Back pain than any physical intervention.

Fear creates a state of panic in the nervous system (fight or flight) and can cause tension, hyper excitement in the nervous system and avoidance of a certain movement. This just feeds the cycle, creating more fear more guarding and so on goes the loop.

STRESS

There are a myriad of other factors which affect pain and injury in the body such as, stress, sleep, social factors, emotion, chemical, autoimmune and so on. We all too often simply focus on the mechanical side of things (slipped discs etc) and people wonder why they can’t get to the bottom of their back pain.

SOCIAL AND EMOTIONAL FACTORS CONT.

Stress and sleep are two on top of the hierarchy. Heightened levels of stress release a hormone called cortisol. This can be a good thing in some circumstances as it heightens our fight or flight response so we are ready to act in a time of danger. Chronic stress means we are constantly in that state of fight or flight which results in tight muscles, heightened nervous system, adrenaline spikes, and shallow breathing. All these influence the alarm in our brain i.e. pain. Stands to reason, the more stressed you are the more pain you will feel.

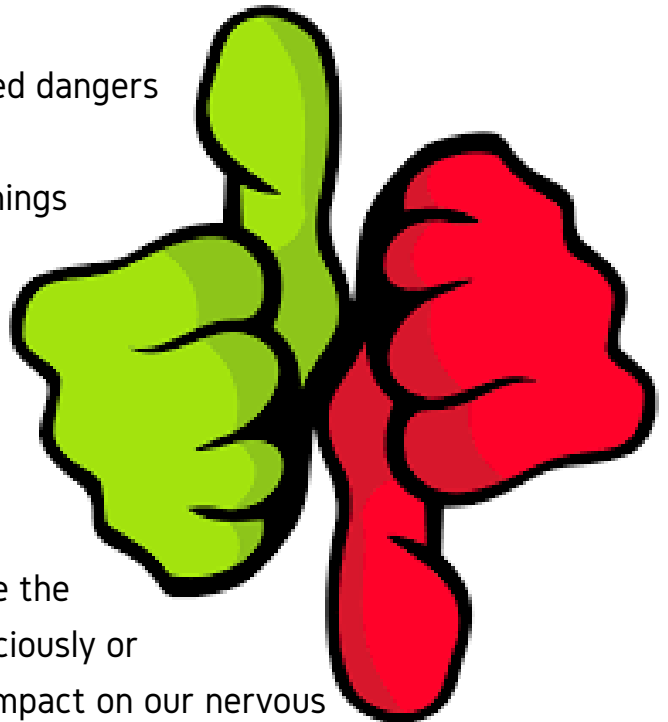
As a relatively new parent, I appreciate more than ever the value of sleep! Especially when said child decided he didn't want any for a year and a half.

During that time I was in a heap of pain. My back had been worse than it had ever been. Picking up my son was a nightmare I just couldn't get my head round it. I put it down perhaps to the sitting around all day. But then it hit me. I was averaging about 4 hours of sleep a night. My body just wasn't getting the time it needed to revive and repair. A solid night's sleep is an essential part to a healthy body and a healthy mind. It is proven that people who get 6 hours sleep or less on any given night have reduced physical and cognitive function. It can lead to stress and sleep deprivation which we know can lead to pain

5. SIMS AND DIMS

This is an idea put forward by Professor Laurimer Moselly in Australia. It centers around the idea that pain is an output of the brain and nervous system and this can be influenced by and be more susceptible to pain and injury if we have more perceived dangers in our life than we have safety.

SIMS or “strengths in me” are the good things that help us calm our nervous system down and create a feeling of safety and normality. We are more able to withstand pressures and stressors thrown at us if we have more SIMS than DIMS.



On that note, DIMS or “Dangers in me” are the perceived dangers in our lives either consciously or unconsciously. They can have a negative impact on our nervous system, and heighten its sensitivity, and lower your barrier to pain, ultimately making you more susceptible to pain. Dangers in me can range massively, from social stressors like money problems, bad relationships, negative language from peers, to psychological factors such as fear, avoidance, negative language from previous therapists, (think “ you have the back of a 70 year old kind of language) worries about your injury and so on. Pain itself can also be a DIM. The longer the pain presides to more anxious you become about the injury and so on carries the pain cycle and the DIMS keep piling up!

6. PHYSICAL CONTRIBUTORS TO BACK PAIN

Two words. Pandoras Box. It really is that complex. Physical factors to back pain make up the last part of the jigsaw. They can be, actual spinal or disc damage, a result of hip mobility, influenced by upper back or thoracic mobility, ankle and foot mechanics, knee problems..... The list goes on and its extensive. The point I am trying to get across here is, don't always jump to the site of pain immediately, because it could have NOTHING to do with the pain that you are feeling. As famous therapist and founder of rolfing Ida Rolf said "where you think it is, it aint". The vast majority of the time, back pain, or any other kind of pain, is a SYMPTOM of something that is going on elsewhere. Ok, you may have had a genuinely prolapsed disc, but you have to ask yourself, why did that disc prolapse in the first place?

I know this may all be very new to some people, and you may feel like saying WTF? What am I meant to do if I can't just massage or stretch my pain away? Well hopefully, well address those questions in the last part of the ebook!.

7. SO WHAT CAN BE DONE ABOUT BACK PAIN?

Before we get started, please be aware that NONE of this is to be taken as sound medical advice, and is simply offering up an avenue of treatment to follow. Before taking part in any exercise or treatment modality, it is recommended you visit the appropriate medical practitioner first.

Ok, so now that's out of the way, how can you help with your back pain/
First we need a three pronged approach.

The social Aspect:

Address what social factors may be aiding or facilitating your back pain. Have you been forced to give something up? Can you not go out for fear of not being able to sit down? Are you sick of seeing people do things you can't? Can't exercise? Any relationship issues? Deaths in the family? Stressors? Money issues? These are the questions you need to ask yourself. Write them down, and figure out how much of an impact they are really having on your life. How can you address them, or even lessen their burden?

The Psychological Aspect:

How fearful are you? Have you written your self off? Are you afraid to do any movements? Do you feel old before your years? What have you been told, degenerative this, torn that, wear and tear, body of an 80 year old, you'll need xyz replacing? What has the medical imaging shown up? How was this reported to you? How do these weigh on your mind? Are they holding you back? How do you feel about your pain? How can you address these? What are your SIMS? What are your DIMS? How can you get your SIMS to outweigh your DIMS?

WHAT CAN BE DONE ABOUT BACK PAIN CONTD.

The Physical aspect:

As mentioned previously, physical aspects are wide and varied. But here are a few of my top tips

1. Practice breathing. Breathing patterns are so important and can have a real impact on back pain. So many of us don't know how to breath, yet its the one constant we need to do during the day. Try the following to see if it makes any difference. Lie on the floor on your back with knees bent. Close your mouth, and press your tongue to the pallet of your mouth. Now breath in through your nose making sure to inflate your belly for about 5 seconds. Purse your lips and blow hard like you are trying to blow up a particularly hard balloon. Blow until not 1 ounce of breath is left in your body. Do this 10 times and retest any painful movements you may have.

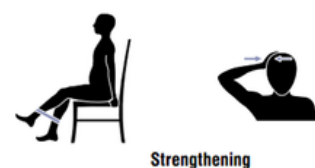


2. Nerve glides: Slmilar to a stretch, it is a way of mobilising the nerves through the muscles. A visual image is better than me explaining here. Try google sciatic nerve glides and you should get a tonne of options. These are my go to exercises when I get a flare up of back pain.



WHAT CAN BE DONE ABOUT BACK PAIN CONTD.

3. Move. Move Move. keep moving. Keep doing the things you love. If you don't move you will seize up. Your nervous system will shut up shop on particular movements and just register them as a threat. Hence when you go to do that movement you feel pain. If something is too painful, regress the movement and keep adding on every time you can do that movement without pain.



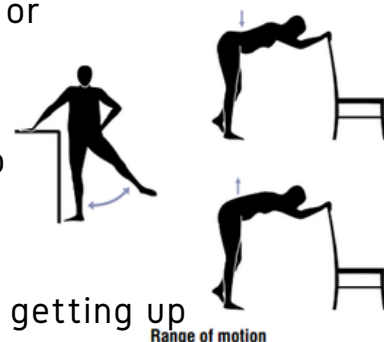
Strengthening

4. Strength training: A very overlooked pre-habilitation to back pain. This can bullet proof your back to any physical stressors life can throw at you! Strength training or resistance training doesn't have to involved super heavy weight. All you need to do is move against a resistance. Simple. Strength or resistance training has been shown to increase bone density, and allow muscles and tendons to adapt to larger forces impacting on the body.



Aerobic conditioning

It also increases strength in every day movements such as getting up off the ground or a chair or simply just getting around. It's simple but extremely effective!



Range of motion

CONCLUSION

If you have suffered back pain for any length of time, and haven't been able to get to the bottom of it, this book has hopefully given you answers, or at the very least some food for thought. I truly believe, given my own journey, that we know so little about what is actually going on with our body and our experience in pain. We can not solely rely on the structural and mechanical approach to back pain, we need to start looking out side the box.

As I have always said this ebook is not intended to be taken as a clinical diagnosis,It is simply to offer up a new view point on pain and lower back pain in particular. Any advice given is taken on board at the readers choice and done so at their own risk. As always, the best course of action is to see a qualified professional and get a proper consultation and treatment plan.