

CME WORKSHOP SUMMARY

Beyond Slipped Discs & Degenerative Joints: A Progressive Look At Managing Lower Back Pain

By Dr. Michael Ryan

It's estimated up to 80% of people will experience back pain in their life. Globally, and at any point in time, 18% of the population has lower back pain. Over a one-month period, that number is 31%. Lower back pain is also found to be more common in women. (Lin et al. 2013)

This chronic health problem forces more people out of the workforce than heart disease, diabetes, hypertension, neoplasm, respiratory disease, and asthma combined. It is also the leading cause of years lived with a disability and the sixth highest cause of global overall disease burden. (Meyer et al. 2017; Schofield et al. 2015)

Lower back pain often requires older workers to retire prematurely. As a result, people with lower back pain retiring earlier have 87% less total wealth than those who are employed full-time.

While lower back pain is common, there is no conclusive data as to what causes it. 80 – 90% of low-back pain is non-specific, meaning clinical diagnostic tests don't reliably tell why we experience most types of pain.

Lower back pain forces more people out of the workforce than heart disease, diabetes, hypertension, neoplasm, respiratory disease, and asthma combined.

MOVEMENT & LOWER BACK PAIN

Every movement we make requires stabilization in the back, which is why lower back pain can be so profoundly disabling. When your patients experience back pain, their first instinct might be to rest and resist moving.

However, we now know that the best thing your patients can do for lower back pain is to incorporate simple – but effective – motions into their daily routine, such as standing and walking. While pain in the lower back is common, the disability associated with this pain doesn't need to be. Here are some tools to help remove barriers to movement in patients with lower back pain.

While pain in the lower back is common, the disability associated with this pain doesn't need to be.

FOOT ORTHOTICS

It has been proven that the posture of your feet and ankles can affect hip posture. When the foot and ankle flatten, they can create a motion that causes the hip to roll inward. As your hip rotates inward, the alignment of the pelvis changes and can stress muscles in the lower back. This increased instability creates a poor foundation for soft tissue in the lower back.

A study on shoe orthotics and their role in treating chronic lower back pain, from the Archives of Physical Medicine and Rehabilitation, showed wearing foot orthotics help lower the mean low back pain and pain medication usage significantly.

BACK BRACE

Many patients find they can move more confidently with less pain when they use a lumbar support brace. In fact, a series of studies have shown that back braces reduce pain while participants walked on a treadmill. (Anders et al., 2016) These studies also showed that lumbar braces helped activate the Erector Spinae muscles suggesting these supports would be a good way to complement a patient's movement goals.

At Kintec, we carry the Bauerfeind Lordoloc, suitable to wear as a back support and to stabilize the lumbar spine.



TREKKING POLES

Also known as Nordic Walking Poles, trekking poles make it easier to work harder. They distribute the effort throughout your body as you use more muscles, burn more calories, and stay more comfortable while walking. Several models of trekking poles are available on the market, all of which suit unique activity goals.



MULTI-DISCIPLINARY APPROACH

Incorporating the appropriate sports medicine products, such as foot orthotics, lumbar support braces and trekking poles in combination with a progressive patient-specific movement plan is an ideal approach to managing this common and too often disabling condition.