

7

*things your doctor  
didn't tell you  
about back pain*



CLINICAL EXPERTISE  
**bodyworks**  
REVOLUTIONARY TECHNOLOGY

## GOOD ADVICE, BAD ADVICE OR OLD ADVICE

One of the best and worst things about modern medicine is that it moves so FAST! The “best” treatment a year ago can, in the light of new research, become not just outmoded but dangerous.

### THE SCIENCE OF TREATING BACK PAIN

A recent series of papers published in **The Lancet** has caused quite a stir in the medical profession as it basically demonstrated that most medical professionals offer ineffective and potentially harmful treatments for back pain!

Prof Martin Underwood, from Warwick University, who is one of the 31 authors of The Lancet papers, said: "*Our current treatment approaches are failing to reduce the burden of back pain disability. Quite a lot of people get exposed to high-tech medical and invasive procedures. There's very little evidence base to support their use.*"

Keeping up to date on the latest science is hard work. A study in the **British Medical Journal** 10 years ago estimated that the average family doctor would need to spend 60-80 hours a WEEK reading to keep up. And that was just the summaries, no details! Is it any wonder that your average family doctor isn't a specialist on back pain? Especially considering they have to be up to date on all the other conditions that are, literally, life and death?



## FORTUNATELY, BACK PAIN IS MY SPECIALIST SUBJECT

Perhaps now would be a good time to explain who I am.

**Estelle Mitchell**  
**MCSP, No. COL 2070**

Consultant physiotherapist with over 40 years experience in the UK and Spain, military, NHS and private practice.

With my extra training in the military as well as the additional training that my passion for my work has led me to travel the globe for I've done a lot.

But personally I also have a scoliosis (that's a bend in the spine) which got worse when I got whiplash in a car accident a decade ago.

With a shoulder operation being the icing on this particularly complicated cake. And do you know the worst thing about being a great physiotherapist? You can't treat yourself! But I had to keep working. On my feet, 8 hours a day, treating a lot of very big Northern Europeans. I have to keep mobile and comfortable.

So I used all my knowledge and experience to find the best tools I could to keep my back comfortable and mobile so I could keep working. For the last 15 years I've shared these with my patients at my private clinic in Marbella.

Now, I'm sharing them with you.



## 1. ATTITUDE COUNTS

Ever noticed how the same injury can feel completely different to different people? A paper cut on the finger of a concert violinist is a devastating injury. The same cut on the finger of a football player?

Not even noticed.

So let's get a couple of things straight:

**1. Your back is stronger than you think**  
the spine is strong and not easily damaged

**2. Discs do NOT slip**  
your discs are tougher than car tyres!

**3. Pain does NOT equal tissue damage**  
(it's more complicated than that!)

How you decide to view your back pain matters. Are you just having a bad day? Are you doing something that's making your back unhappy that you can change and feel better? Or, is your back "broken", "the back of an 80 year old", "disintegrating" or "bone on bone"? If you truly believe those awful lies that you've been told about your back then you have to resolve that before you move forward. How do I know they are lies without assessing you or seeing the MRI scan which told you that? Because these are the things old fashioned health professionals say to scare you into paying them for treatment.



## 2. MRIs MAKE THE SITUATION WORSE

### **Who are we treating? A person or a picture?**

We are incredibly lucky to live in a time where, with MRI scans, X-rays, CAT scans, Thermal Imaging, Ultrasound and more we can see more, know more and fix more within the human body than ever before.

But are we too reliant on the pretty pictures?

### **Nothing there? Or way too much?**

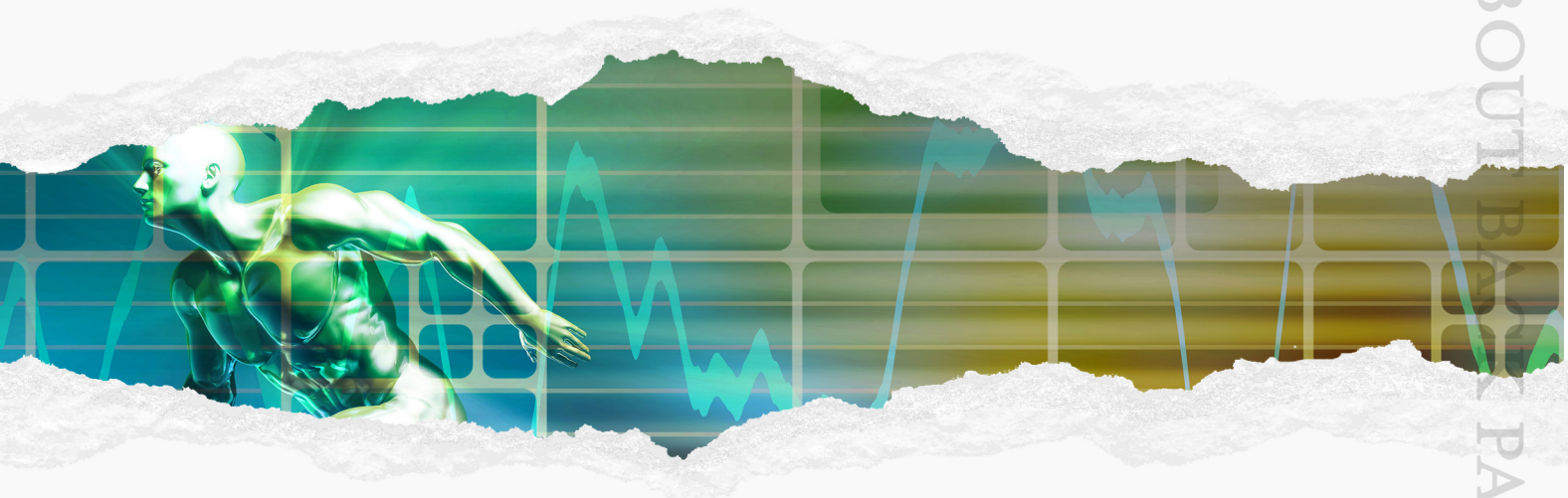
Scans can lead to 2 extreme outcomes:

**1. Huge clinical findings with scary titles** – disc herniation, degeneration. With words like that being thrown at you who wouldn't think their back was about to fall apart?

**2. Nothing clinical found** – so obviously you are making it up and just imagining the pain.

So either you end up a stressed out wreck scared to move. Or you are told you are making it up and your pain or mobility issues don't exist!

I'm not sure which is worse!



## Recent research

But let's get back to the actual science!

There are 3 recent pieces of research that have really made me question the value we place on MRI scans as a useful assessment tool:

### 1. A small study with 1 patient given 10 MRI scans.

This 1 person received 29 different findings. There was only 1 finding common to 9 of the 10 scans.

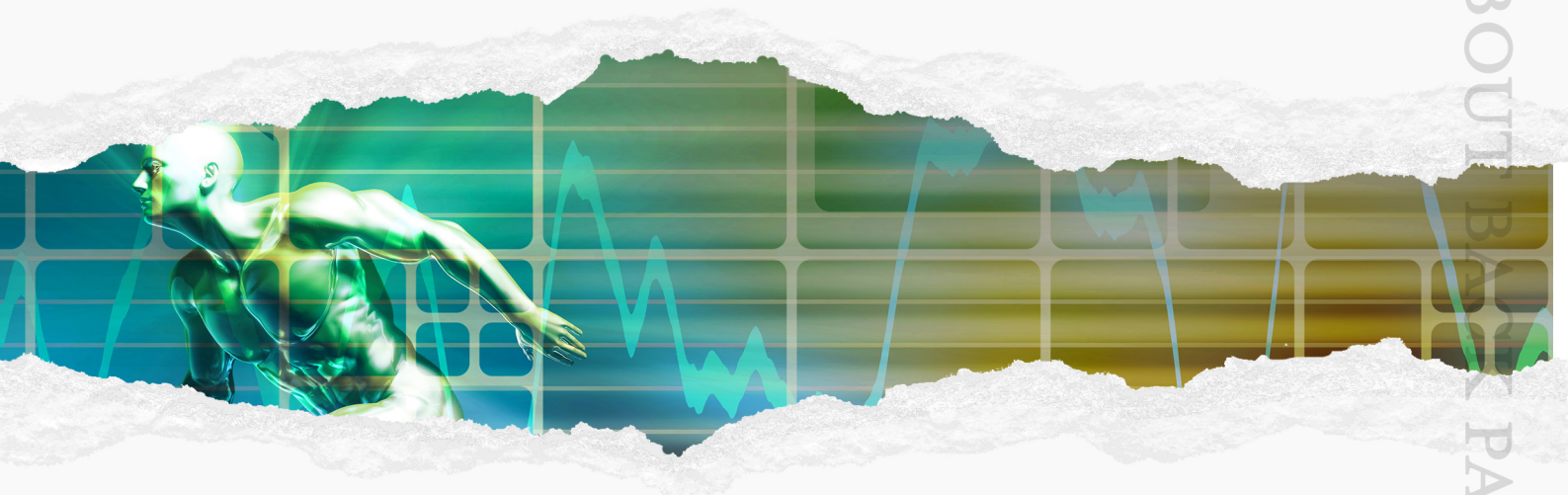
2. A larger study looked at people with no back pain – 70% of 20 year olds had disc “bulges”. 80% of 50 year olds have “disc degeneration”.

3. And the last one is a HUGE study from the USA showing 42% of patients received at least one “useless test”.

## Scary pictures

If you take people without pain and put them through an MRI you get some surprising results:

70% of people in their 20's had disc bulges in their neck – 0% had pain  
So skip the MRI. Save the money and the insurance paperwork and focus on getting to know your own back.



### 3. PAINKILLERS AND INJECTIONS ARE NOT LONG TERM SOLUTIONS

#### Pain is a SYMPTOM

It is your body's way of telling you that it does not like this situation. Sometimes it feels like the equivalent of a 3 year old having a tantrum – huge, dramatic and arrived with no warning. Then gone 2 minutes later. Sometimes it feels like a nagging woman – shouting at you for every little thing no matter what you do. It is an intensely personal experience. But however, it feels it is your body trying to send a message. It isn't a fun message but it does need to be heard.

Pain killers are a great example of shooting the messenger.  
You are NOT solving the problem.

---

*Slightly off topic note* - if the way I'm talking about pain is unnerving you then I strongly recommend that you read the research done by neuroscientist (and physiotherapist!) Prof. Lorimar Moseley from the NOI Group Australia. He's done TED talks on Youtube and his videos are also on my blog.



And then the pain killers themselves have their own effects:

- 1. Injections** – steroid injections can be a wonderful emergency, short term pain relief. Great to get you through a flight home tomorrow. But long term they start to break down structures in the joints making the problem even worse!
- 2. Opioid painkillers** – not only are there the well publicised addiction issues but recent research shows that long term use starts to change how pain messages are sent around the body. They literally make pain more painful.

Please don't misunderstand me – you don't get extra points for suffering so if you need pain medication please take it! But don't think that they are treating or curing the problem – they aren't. All they are doing is turning the stereo up so you don't hear the funny noise in the engine.

And if in doubt please remember the findings of one of my favourite studies – a beer is a better painkiller than a paracetamol! So if your back is feeling unhappy, take a walk to your favourite bar, perch on a bar stool and enjoy a beer.





## 4. SURGERY DOESN'T WORK

Although there are a number of different methods, most involve joining or fusing together 2 of the bony discs in the spine so that they no longer move, the theory being that it is the movement that causes the pain.

The result, of course, is a less mobile spine.

Which then, often places additional stress on the surrounding discs as they have to move more to compensate for those that don't. So one surgery leads to . . . well I guess more surgery?

### What is success?

When you think of the criteria for successful surgery what are your definitions?

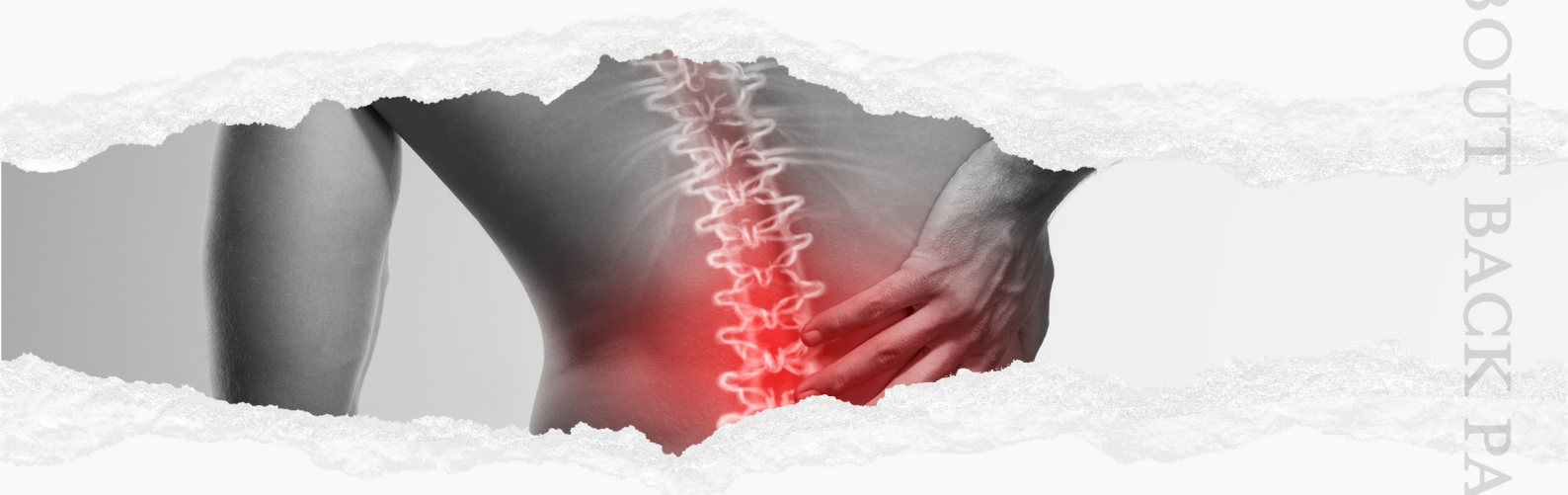
No more pain? Full range of movement? Back to work?

Studies show that **only** 32% of “successful” spinal fusion patients return to work within 2 years. A recent lawsuit in the USA deemed that lumbar fusion surgery was successful even though it left the patient paralysed from the waist down.

A group of American spinal surgeons were surveyed about spinal surgeries. Although 75% would recommend it for their patients, only **9%** would have the surgery themselves.

### Or rehabilitation?

A recent study looked at patients with “massive” disc herniation (slipped disc). On half of these patients they didn't operate. And guess what? The patients still got better. Of those who did have surgery, 8% needed further, more complicated operations and **all** had further complications. So why not skip the surgery (and all the risks!) and focus on increasing movement and strength instead?



## 5. DON'T REST-GET MOVING AND BENDING

Broadly speaking if you stop you get stiff. If you get stiff it gets harder and more uncomfortable to move. So you move less. So you get stiffer.

Can you see where this leads? So don't stop!

Gentle movement, as much as you can tolerate, is the best!

### **Training**

Your back is made up of big, strong muscles, supporting the spine (also big and strong!). There is NO evidence that any movement is bad for your back. There is LOTS of evidence that bending, lifting, twisting, moving and living your life IS good for your back. So why on earth would you stop doing any of it?

### **Listening carefully**

So go slow, start doing a little bit more each day.

I'm not saying run a marathon or become a body builder. I'm saying take a gentle walk. Carry the shopping bag to the car. See if you can pick something up off the floor. There will always be good days and bad days. You will find your limits and then, slowly work through them. Imagine a line between a "good" day and a "bad" day. We want to walk up to that line, take a look around. Some days you will be able to leap across it, other days you're going to get close and say, "nope, no way, stopping right here". Both are totally acceptable answers.

TOP TIP – don't be upset if a bad day immediately follows a good day! On a good day we unconsciously do more and your back got a little freaked out.

Take it slower, be patient and I promise that tomorrow will be better.



## 6. PAY ATTENTION TO THE DAILY DETAILS

There are lots of little tricks that can also help you feel more comfortable:

### **Stand Tall**

Many people stand with all their weight on one leg, or with their toes apart “duck” style. Both of these positions cause muscle tension in the lower back.

Focus on your core muscles and pelvic floor and use them to support you. Try when cleaning your teeth; check that your weight is on both feet and they are parallel, pull your chin in so your ears are over your shoulders, draw your shoulders back and down and bring ankles, hips and shoulders into a line. Try to practise this whenever you are standing (queues at the post office!).

### **Technology**

PCs, laptops, smart phones, these all encourage us to sit in one place for a long time. And, as I mentioned earlier, if you stay still you get stuck!

- Try to find a position where your arms are supported while you are working
- Make sure your head is straight when you look at your screen
- Take regular movement breaks – every 20-30 minutes

### **Your bra**

A recent trial in London found that 100% of women requesting a breast reduction due to back pain were wearing the wrong bra size!

Commonly women overestimate back width and underestimate cup size. The weight of the breast is carried by the shoulders - this alters posture and causes back pain.



## Shoes

Certain shoes can make your back work harder. High heels tilt the pelvis forward, tightening the muscles around the lumbar spine. Very flat or hard soled shoes provide no shock absorption which causes tension in the lumbar spine.

Once again variety is key!

Try wearing a low heeled shoe or trainer and varying your heel height.

## Use ICE not heat

Use an ice pack instead of a heat pack.

The uncomfortable area is already inflamed – which makes it hot.

So why add more heat to a hot area??

Use an ice pack or a pack of frozen peas instead. Wrap in a tea towel so you don't make direct skin contact (an ice burn isn't going to help!)

Apply to the area for 10 minutes about every ½ hour.

This will help reduce the inflammation and make the area feel a little more numb and comfortable.



## 7. GET GOOD PROFESSIONAL HELP

If it doesn't ease in 24-48 hours get professional help. One size does not fit all! Different therapies work better or worse for different people – get the one that helps YOU.

*Now, obviously, I think I am the definition of "good professional help"!!*  
But if you can't come and see me then it can feel overwhelming: hundreds of treatment options and professions who claim to fix your back.

So how do you choose?

1. **Check their qualifications.** Sounds obvious but check they are legal and insured to perform the service they are offering in the country you are in.
2. **Recommendations.** Ask around. If you keep getting the same name from people with similar health issues it's a good sign!
3. **Assessment.** In my experience the professionals who take the time to get to know you, look at you properly and discuss options are the better ones.  
Medicine is rarely one size fits all.
4. **Before and after.** Can they clearly explain what will happen, how you will feel and a timeline? Can they tell you what success looks like (they might view it differently to you!). Have they got the experience to support you through the process?
5. **Do you feel comfortable?** It's rare that 1 appointment fixes everything. You don't have to want to be their friend but you do have to feel comfortable working with them.



**-BONUS-**

**EMERGENCY BACK PAIN TIPS**

**1.TOILETS** - If you have a really bad back, sitting on the loo can be a struggle. How do you get down and then get back up? The answer, sit facing the cistern and use it to support yourself down and back up!

**2.CAR SEAT** - Getting in and out of the car (perhaps to get to your physio appointment?!) can be tricky. A simple trick is to lie a plastic bag on the car seat (to reduce friction), sit down with both legs still out and swivel round. Do the opposite to get out.

**3.POSITION** – changing position can often seem the hardest part, but staying in one position too long can leave you feeling stiff and make it harder to move. So try and shift positions every 20 – 30 minutes.

**4.BAR STOOL** – possibly the only time I'll recommend a bar for treatment! Perching on a bar stool can often be the most comfortable position as you are supported but not in a full sitting position. But while a brandy is medicinal, more slows the healing process!



CLINICAL EXPERTISE  
**bodyworks**<sup>®</sup>  
REVOLUTIONARY TECHNOLOGY



952 883 151

[www.TheBodyworksClinic.com](http://www.TheBodyworksClinic.com)

[info@thebodyworksclinic.com](mailto:info@thebodyworksclinic.com)