



Back Care

Fact:

More than 90% of back pain responds to conservative treatment.

Fiction:

It's a myth that back pain is only for the elderly, and never affects children.

Prevention:

Simple measures can prevent most back pain.

Treatment:

Rest, analgesics, heat, and anti-inflammatory medication are among the options.

Back pain can indicate a back problem, or even a problem located some distance from the back.

Causes of Back Pain

The cause is often unknown, but may include:*

- Stress or injury involving the back muscles due to a sprain or strain, obesity, heavy lifting or pregnancy. Buttock and thigh muscles may be sore as well.
- Injury involving the vertebrae (back bones)
- Fracture of the vertebrae due to osteoporosis (thin, weakened bones primarily affecting postmenopausal women)
- Degenerative (wear and tear) arthritis, which causes pain and trouble when you bend over
- Inflammatory arthritis, a relatively rare cause of pain that couples with other symptoms
- A spinal tumor or a cancer that has metastasized (spread) to the spine from another body site, sometimes causing numbness or incontinence
- Disease or injury involving the spinal nerves, such as from a protruding disk (a fibrous cushion between vertebrae) or spinal stenosis (a narrowing of the spinal canal)
- Infection in the disk space, bone (osteomyelitis), abdomen, pelvis or bloodstream (endocarditis)
- Kidney stones or infection, causing intense pain just below the ribs in the back, sometimes accompanied by fever, chills, nausea and vomiting, and changes in urine or urination
- Fibromyalgia, which includes back pain and stiffness in the trunk, neck, shoulders, knees and elbows—often worse in the morning. Patients often are abnormally tired, and specific areas are painful (called tender points).

Back pain is more likely to have a serious cause if accompanied by fever, recent trauma, past history of cancer, weight loss or neurological problems such as numbness, tingling or incontinence.

Prevention

Many back problems can be prevented by:

- Good posture
- Sleeping on the side or with a pillow under the knees

- Regular exercise with warm-up before and stretching after
- Abdominal exercises to support the lower back
- Walking or swimming regularly to strengthen the lower back
- Lifting from a squatting position, using hips and legs to do the heavy work
- Taking the recommended amount of calcium
- Doing weight-bearing exercises

Avoid:

- Simultaneous lifting, twisting and bending movements
- Sitting or standing for extended periods of time
- Shoes with heels more than 1 1/2 inches high
- Smoking
- Alcohol

Special Note: Backpacks and Kids

According to Dr. Marvin T. Arnsdorff, co-founder of the Charleston, SC-based Backpack Safety America™, overloaded and improperly carried backpacks endanger thousands of schoolchildren as they trudge their way to and from school. "Youngsters are lurched forward like peasants," Dr. Arnsdorff said. "Some of these children are carrying nearly 40 pounds of books and other things in their packs." Poor backpack use can cause permanent misalignment of the spine and fatigue.

It can even cause an emergency. The Consumer Products Safety Commission estimates that 4,928 emergency room visits each year result from injuries related to book bags and back carriers.

To use backpacks safely:

- Choose the right size backpack, with padded shoulder straps to protect the nerves around the armpits
- Keep the loaded backpack at less than 15% of body weight. If the wearer must stoop forward, it's too heavy.
- To put on the pack, face it and bend at the knees. Use both hands to check the weight. Lift with the legs and apply one shoulder strap, then the other.
- Don't sling the backpack onto one shoulder. Use both shoulder straps, snug but not tight, and if there's a waist strap, use it.

Diagnosis and Treatment

A history of the back pain, associated symptoms, and what makes the pain better or worse, along with a physical exam, may pinpoint the cause. Sometimes, the doctor can assure that pain is not serious without being able to identify its exact cause.

Sometimes, additional tests are needed including:*

- X-rays
- Blood and/or urine tests
- Spinal magnetic resonance imaging (MRI) or a computed tomography (CT) scan
- Nerve conduction studies and electromyography (EMG)
- Bone scan

Some 90% of back pain responds to conservative treatment including:

- Limited bed rest (up to two days)
- Acetaminophen for pain or oral anti-inflammatory drugs for pain and inflammation
- A brief course of muscle relaxants or prescription pain relievers
- Hot or cold compresses

Doctors recommend a gradual return to normal activities, while temporarily

avoiding heavy lifting, prolonged sitting or sudden bending or twisting.

Only 5% of people have back pain lasting more than 12 weeks, and very few of those people have a serious underlying problem. But if back pain does not improve or is related to a serious disorder, the patient may be referred to a specialist: an orthopedic surgeon (doctor who specializes in illnesses of the bones), a neurologist (doctor who specializes in illnesses of the nerves and brain) or a rheumatologist (an arthritis specialist). Medication, physical therapy or surgery may be recommended.

* IntelliHealth

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