



Six Things to Know About Back Pain

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Musculoskeletal conditions top the list of things that bother people during their working years. Tops on the list of musculoskeletal conditions is back pain. There is no one answer to back pain, and some conventional therapies may do more harm than good. While recommendations come and go in all clinical categories, back treatment is probably in more of a state of flux than any other.

Hence our latest Six Things to Know installment covers back pain. As noted above that there is no one answer to back pain, there are things that can be said with confidence.

New added bonus at end of this article, the first Quizzify Speedbump.

Each health literacy article will now link to an in-depth Speedbump, and is meant for anyone interested in learning more about the topic being covered. They have all been reviewed by doctors at Harvard Medical School.

(1) 90% of us will find that our back pain goes away on its own...

Who amongst us has never suffered from back pain? It appears that about 80% of adults get it at some point.

(2) ...but 90% of us are convinced we are in the other 10%.

And therein lies the rub for back pain. We are often quite sure that we are the ones whose back pain won't go away. That leaves us vulnerable to all sorts of proposed tests -- and surgeries. One reason the US leads the world in scans and back surgeries is that they are expensive. That means someone is making a lot of money on them. And in healthcare, wherever there is money to be made, there is inappropriate care to be had.

Before even considering a surgery, you might want to view this Speedbump that our Quizzify friends, together with doctors at Harvard Medical School, have put together. (These are called Speedbumps because some people would otherwise rush into a surgical solution without considering the risks or the alternatives.)

(3) The current standard of care for most (not all) back pain is to maintain your daily activities.

Don't "baby" your back. No or minimal bedrest. Too much resting may actually make things worse. Instead, stick as closely as possible to your daily routine. Note this advice applies to most back pain, not all back pain. Obviously, consult a physician if your pain gets quite a bit worse, if it includes a fever, numbness in the legs or groin, or loss of bladder control.

(4) Sit-ups are a really bad idea for addressing or avoiding back pain.

For years, the standard "strengthen your core" advice was to do sit-ups. Then it was decided sit-ups put too much pressure on your lower back, so the go-to advice became: crunches. Turns out neither of those exercises are such a good idea. It's planks we should all be doing.

(5) Fancy scans will almost invariably reveal that something is wrong with your back...

Most likely you have a bulging disc, or degenerative disc disease. So do most people over 40. Is it the cause of your pain? Possibly, but maybe not. As an experiment, a woman went to 10 different imaging centers for MRIs. She received – get ready – 49 different findings. None of the 49 were found by all 10 centers, and only one from 9 of the 10.

(6) ...which might lead you to get cortisone shots or even surgeries that you may not need or won't benefit from.

If your scan yields a diagnosis (or, as shown above, multiple diagnoses), chances are you'll want to "do something" about it. Otherwise, if you don't intend to do anything, why get the scan in the first place? Cortisone shots (corticosteroid injections) may give temporary relief but that seems like a lot of risk, expense and effort to possibly feel better for a few weeks or months.

A more permanent solution would be a spinal fusion. Before considering that surgery, keep in mind that the #1 indication for spinal fusion is "failed spinal fusion," meaning many people need a second operation. If you're a smoker, this is an odds-on outcome, unless you quit for some number of months beforehand and at least a month afterwards.

Some fusion patients enjoy long-term relief, but judging from the statistics, no more than with conservative therapy. (Note: surgery results are much better when there is an actual specific problem to be addressed, such as a deformity like scoliosis.)

So what should you do instead? You have many alternatives, but no single choice is right for everyone. Acupuncture works for some people, for example – but only some people. If that, or any of the others on this list, were close to a sure bet, the "list" would have one item on it, not 11.

Likewise, "integrative medicine, a series of supervised exercises specifically designed for back pain, may provide relief. The good news about either of those options is that if they fail, you are no worse off than you are now. The same can't be said for the more invasive options.

However, while it seems like this article contains more unknowns (acupuncture) than knowns (planks), the one take-away is, regardless of how you feel today, the chances are 90% that you are in the 90%. If, after reading this, you are still considering surgery, please click through to this Speedbump.

