

COMPLIMENTARY ALTERNATIVE MEDICINE THERAPY FOR LOW BACK PAIN



IPMC

LOW BACK PAIN

The majority of acute low back pain is mechanical in nature, meaning that there is a disruption in the way the components of the back (the spine, muscle, intervertebral discs, and nerves) fit together and move.

An estimated 128,000 Central New York adults were treated for back pain in 2013.

80 percent of adults experience low back pain at some point in their lifetimes. It is the most common cause of job-related disability and a leading contributor to missed work days.

Men and women are equally affected by low back pain, which can range in intensity from a dull, constant ache to a sudden, sharp sensation that leaves the person incapacitated.

Subacute low back pain is defined as pain that lasts between 4 and 12 weeks.

Chronic back pain is defined as pain that persists for 12 weeks or longer, even after an initial injury or underlying cause of acute low back pain has been treated.

About 20 percent of people affected by acute low back pain develop chronic low back pain with persistent symptoms at one year.



RISK FACTORS FOR DEVELOPING LOW BACK PAIN

Age: The first attack of low back pain typically occurs between the ages of 30 and 50, and back pain becomes more common with advancing age.

Fitness level: Back pain is more common among people who are not physically fit.

Pregnancy is commonly accompanied by low back pain, which results from pelvic changes and alterations in weight loading.

Weight gain: Being overweight, obese, or quickly gaining significant amounts of weight can put stress on the back and lead to low back pain.

Genetics: Some causes of back pain, such as ankylosing spondylitis, a form of arthritis that involves fusion of the spinal joints leading to some immobility of the spine, have a genetic component.

Occupational risk factors: Having a job that requires heavy lifting, pushing, or pulling, particularly when it involves twisting or vibrating the spine, can lead to injury and back pain. An inactive job or a desk job may also lead to or contribute to pain, especially if you have poor posture or sit all day in a chair with inadequate back support.

Mental health factors: Pre-existing mental health issues such as anxiety and depression can influence how closely one focuses on their pain as well as their perception of its severity.

Backpack overload in children: Low back pain unrelated to injury or other known cause is unusual in pre-teen children. However, a backpack overloaded with schoolbooks and supplies can strain the back and cause muscle fatigue. The American Academy of Orthopedic Surgeons recommends that a child's backpack should weigh no more than 15 to 20 percent of the child's body weight.

CAM THERAPY



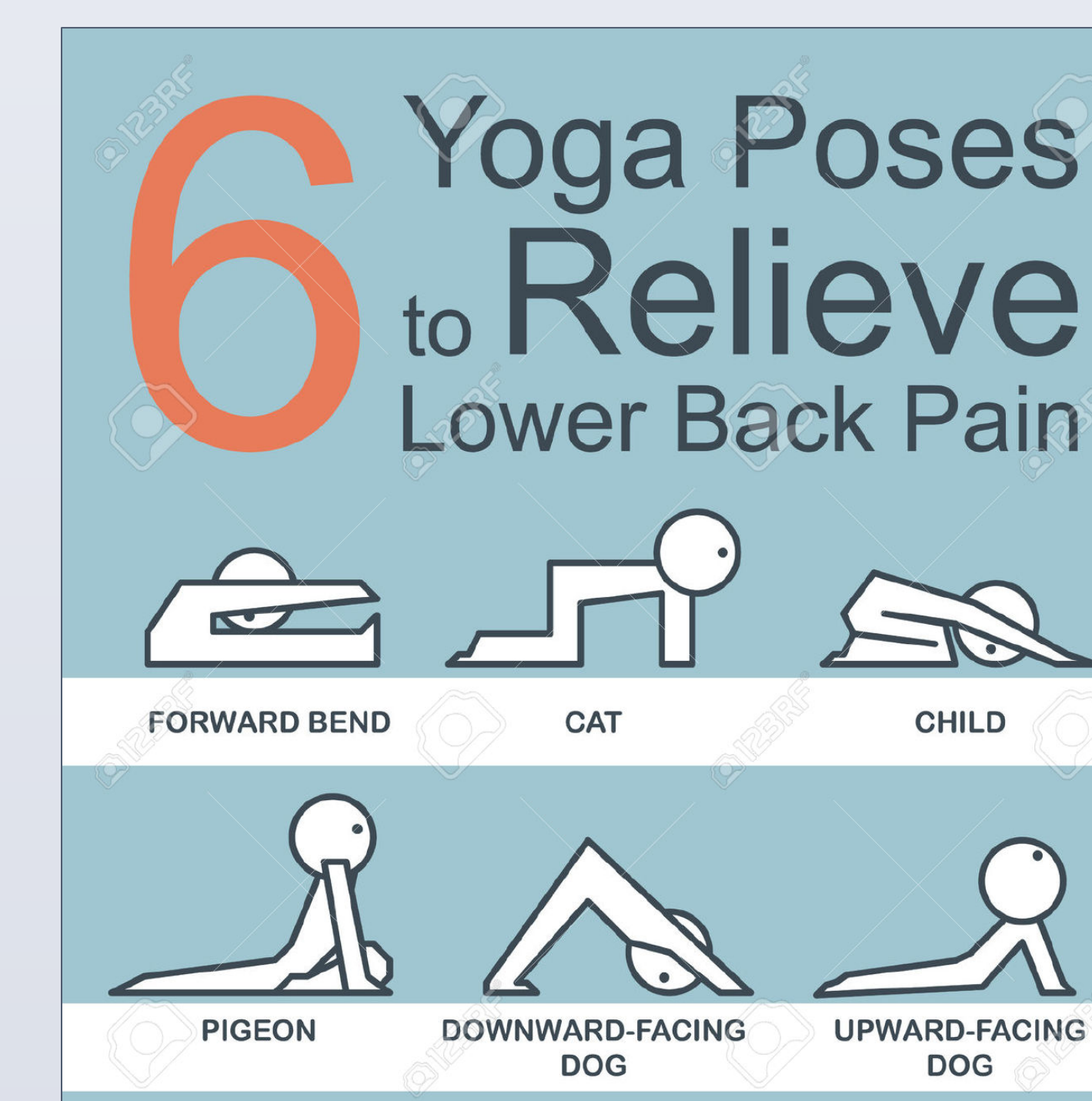
Acupuncture. Involves the insertion of thin needles into precise points throughout the body. The acupuncture technique that has been most often studied scientifically involves penetrating the skin with thin, solid, metallic needles that are manipulated by the hands or by electrical stimulation. Practiced in China and other Asian countries for thousands of years, acupuncture is one of the key components of traditional Chinese medicine. It is moderately effective for chronic low back pain.

Spinal manipulation and spinal mobilization (doctors of chiropractic care) Manipulation involves a rapid movement over which the individual has no control. The chiropractor use their hands to manipulate, adjust, massage, to stimulate the spine and the surrounding tissues. mobilization involves slower adjustment movements. The techniques have been shown to provide small to moderate short-term benefits in people with chronic low back pain.

Yoga. It's one of the most popular CAM therapies. One large study found that taking yoga classes twice a week for 24 weeks helped relieve lower-back pain. Maintaining and building muscle strength is particularly important for persons with skeletal irregularities. Evidence supports short- and long-term benefits of yoga to ease chronic low back pain.

Anti-inflammatory diet. Researchers have identified certain foods that can help control inflammation. Many of them are found in the Mediterranean diet, which emphasizes fish, vegetables and olive oil, among other staples.

Massage. Tense muscles often contribute to pain, it's no wonder that massage, which works to relax the muscles, can also be effective at easing lower back pain.



OPIOID FACTS

More than half of patients treated with medication for back and neck pain in 2013 were prescribed opioid painkillers.

Natural and semisynthetic opioids, which include the most commonly prescribed opioid pain relievers, oxycodone and hydrocodone, continue to be involved in more overdose deaths than any other opioid type.

The prescription use of opioid pain relievers has quadrupled from 1999 and increased the dependence on the drug therapy.

The Centers for Disease Control and Prevention has documented that nearly half a million persons in the United States have died from drug overdoses between the years of 2000-2014.

Opioid drug overdose death had declined in 2012 compared with 2011, and had held steady in 2013, there was a 9% increase in 2014.

The CDC states, "In 2014, opioids were involved in 28,647 deaths, or 61% of all drug overdose deaths".

Opioids do NOT have proven efficacy and safety for treating chronic pain. Opioids are powerful drugs and should be reserved for serious pain.

KEEP YOUR BACK HEALTHY

Always stretch before exercise or other strenuous physical activity.

Don't slouch when standing or sitting.

When standing, keep your weight balanced on your feet.

At home or work, make sure work surfaces are at a comfortable height.

Sit in a chair with good lumbar support and proper position and height for the task. Keep shoulders back. Switch sitting positions often and periodically walk around the office or gently stretch muscles to relieve tension.

Sleeping on one's side with the knees drawn up in a fetal position can help open up the joints in the spine and relieve pressure by reducing the curvature of the spine. Always sleep on a firm surface.

Use proper body mechanics for lifting items. Lift from the knees, pull the stomach muscles in, and keep the head down and in line with a straight back. When lifting, keep objects close to the body. Do not twist when lifting.

Maintain proper nutrition and diet by eating a diet with sufficient daily intake of calcium, phosphorus, and vitamin D helps to promote new bone growth.

Quit smoking. Smoking reduces blood flow to the lower spine, which can contribute to spinal disc degeneration. Smoking also increases the risk of osteoporosis and impedes healing.

REFERENCES

- Alshiri, Noah; Gladden, Matthew; Rudd, Rose; & Zibbell, Jon. (January 2016). Centers for Disease Control and Prevention. Increases in drug and opioid overdose deaths—United States 2000–2014. Retrieved March 9, 2016 from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm>
- Becker, William; Fiellin, David; Kerns, Robert; Martell, Bridget; Morales, Knashawn; Kosten, Thomas; & O'Connor, Patrick. (January 2007). Systemic review: opioid treatment for chronic back pain: prevalence, efficacy and association with addiction. *Annals of Internal Medicine*, Vol 146: Number 2. 116-127.
- Cherkin, Daniel; Deyo, Richard; Shinkel, Paul; & Sherman, Karen. (June 2003). A review of the evidence for effectiveness, safety, and cost of acupuncture, massage, therapy and spinal manipulation for back pain. *Annals of Internal Medicine*, 138(11): 898-907.
- Clarke, Anthony & Haigh, Richard. 1999. Effectiveness of rehabilitation for spinal pain. *Clinical Rehabilitation*, 13(1) p. 63-81.
- Itoya, Motohiro; Ishizaki, Naoto; Kasumi, Yasuhiro; Kawakita, Kenji; Kitajima, Hiroshi; Tawa, Toshiaki; Yano, & Tawa, Munetori. (2006). Relief of low back pain immediately after acupuncture treatment: a randomized, placebo controlled trial. *Acupuncture in Medicine*, 24(3): 103-108.
- Johnson, Brian; Stoltzer, Jon; & Ziegler, Penelope. (2009). Cautionary guidelines for the use of opioids in chronic pain. *The American Journal on Addictions*, 18: 1-4.
- Lopez-Bushnell, Mary & Smith-Fussler, Mary. (March 2001). Acupuncture as complementary therapy for back pain. *Holistic Nursing Practice*, 15(3):35-44.
- Manabeji, Homa; Rastgar, Ali; Zaringham, Jalal; & Zaringham, Maryam. (2010). Reduction of chronic non-specific low back pain: A randomized controlled clinical trial on acupuncture and baclofen. *Chinese Medicine*, 5(15).
- National Institute of Neurological Disorders and Stroke. (November 3, 2015) Low back pain fact sheet. Retrieved March 19, 2016 from: http://www.ninds.nih.gov/disorders/backpain/detail_backpain.htm