Chapter 1

Ouch! The Problem of Back and Neck Pain

In This Chapter
- Digging into the who, what, when, where, and why of back and neck pain
- Getting successful treatment
- Combining conventional and non-conventional treatments

Unless you find the topic of back and neck pain exciting, we imagine that you or someone you care about is experiencing back or neck pain. Finding appropriate treatment that actually works can be frustrating to say the least. And everybody seems to have an opinion about what you should do: Your mother-in-law swears by her chiropractor, your son thinks you should try yoga, your boss touts physiotherapy, and your best friend raves about the results of his surgery.

In addition to getting more advice than you want, you may notice that people treat you differently than people with other conditions. For example, how many times have you heard or said this sort of thing:

- You shouldn’t lift those boxes without bending your knees: You’ll hurt your back.
- You can’t play golf – that twisting motion is bad for your back pain. You’ll provoke an attack for certain.
- You have a bad neck or back! Don’t even think about trying to sit in a cinema for two hours. In fact, you rest and we’ll go out.

Even though back and neck pain is an incredibly common condition, the preceding examples illustrate just how much confusion surrounds the problem for both patients and health care professionals. If you’ve spent any time searching for a remedy to your back or neck pain, you’re probably familiar
with the bewildering number of opinions and treatment options out there. Two things cause this state of confusion:

- In most cases, the initial cause of the pain remains unknown.
- Health care providers disagree considerably over specific diagnoses and appropriate treatment plans.

These two problems mean you’re likely to get a wide variety of diagnoses and treatment recommendations as you search for answers to your back or neck pain. In fact, the more you search, the more bewildered you may feel.

With all this conflicting information, you may not be sure which route to follow. Chapter 1 to the rescue! We start by giving you a solid definition of back and neck pain and go on to discuss treating the pain. Read on to get a grip on how back or neck pain applies to you.

**Defining Back and Neck Pain**

You may find the question ‘What’s back and neck pain?’ odd. Your answer’s probably along the lines of ‘Pain in the back or neck of course!’ However, as you may have experienced already, a general back or neck pain problem or a spinal condition can include many different symptoms.

We use the terms ‘back and neck pain’ and ‘spinal condition’ somewhat interchangeably. Sometimes, however, the terms mean different things. Back and neck pain are general terms and can be caused by a number of different reasons. Also, they’re not limited to the back or neck but may be in the arms and legs as well. A spinal condition does not always cause back or neck pain.

If you have back or neck pain or a spinal condition, you may experience a variety of symptoms, including:

- Pain with a throbbing, aching, shooting, stabbing, dull, or sharp quality.
- Pain down one or both legs, with very little pain in the lower back.
- Numbness or weakness in the legs.
- Pain in the lower back and legs that occurs only in certain positions.
- Sleep problems, decreased energy, depression, and anxiety.
- Pain that seems to move to different parts of the body, including the back or neck.
- Pain brought on or worsened by stress and emotional issues.
The preceding examples represent just a few of the many ways in which back and neck pain problems present themselves. To get good treatment and ensure that treatment doesn’t actually make your problem worse, you need a good understanding of the different types of back and neck pain problems (see Chapter 3 for details). This knowledge helps you gain control over your particular problem.

Who experiences back and neck pain?

Back and neck pain are very common conditions. Many doctors and researchers consider back and neck pain to be a normal part of life, similar to having an occasional cold or sore throat. As a person with back or neck pain, you’re not alone. In the UK:

- Back pain affects more than 80 per cent of the population at some time during their lifetime.
- Back pain is second only to the common cold as a reason for visits to the doctor and second only to childbirth as a reason for hospitalisation.
- Back problems are reported by approximately 50 per cent of the working population every year.
- Back and neck pain costs approximately 10 billion pounds a year in the UK.
- Back pain is often accompanied by neck pain: About 60 per cent of people with back pain also have neck problems.

What causes back and neck pain?

Back and neck pain have a great many known medical causes (see Chapter 3 for details). If you venture outside the realm of conventional Western medicine, the list of possible reasons for spinal pain becomes even longer. For the purposes of the discussion in this section, we present only a few examples of the more common causes of back and neck pain.

One point – that most practitioners often ignore – is absolutely critical: When you’re investigating the various possible reasons for your pain, remember that all pain has both physical and emotional components. If you ignore the physical or the emotional influences, you’re less likely to find a remedy. We discuss the components of pain in Chapter 3.

Probably the most important thing to keep in mind regarding the causes of back and neck pain is that doctors don’t determine an exact reason for the majority of spinal pain problems. Even so, don’t be discouraged: Most back and neck pain problems resolve completely, even when the exact cause is unknown.
One of the most common causes of back and neck pain includes problems with the muscles and ligaments. Similar to other tissues in your body, the muscles and ligaments of your back or neck can be injured, irritated, or weakened, which then causes pain.

Another cause of back and neck pain, which often appears in conjunction with pain down one or both legs, is a disc problem. Two common disc problems are disc bulge and disc herniation. Discs are ‘cushions’ lying between each of the vertebrae (the bones of your back) (see Chapter 2). Problems occur when part of the disc bulges (pushes out) or herniates (breaks through) out of its usual space and presses, or comes close to nerves that go down your legs. This pressing and irritation of the nerve is why some back problems cause pain down your legs. Pain can result even if the disc isn’t actually pressing on the nerve but only comes in close proximity. Chemicals released by the disc make the nerve sensitive and can cause pain.

We’d be remiss if we didn’t mention that ‘disc bulge’ and ‘disc herniation’ are no longer the current medical terms for describing disc problems. In the ever-changing area of medical terminology, the new labels are disc protrusion and disc extrusion. A disc protrusion is roughly equivalent to a bulge, and disc extrusion approximates the definition of a herniation. (You find some other, very slight technical differences between the old and new terms, but nothing that would ever come up in ordinary conversation.) Even though the terms protrusion and extrusion are more technically correct, we generally use the terms bulge and herniation in this book. Also, the labels of bulging and herniation are still the most commonly used terms by health professionals, both in practice and in books on back and neck pain.

Another common factor in the continuation back and neck pain (and one which we believe doctors often miss) is stress. In this case, back and neck pain starts, is maintained, or is worsened by emotionally stressful experiences. Stress (conscious or unconscious) can cause your muscles to tighten, which then causes pain. Stress can also amplify the amount of pain coming from some other back or neck problem, such as a herniated disc. Consequently, paying attention to both the emotional and physical aspects of back pain is very important.

**Treating Back and Neck Pain**

As you try to manage your pain problem and investigate various treatment approaches, help yourself by being assured and hopeful that you can remedy your problem. Back and neck pain do get better, and successful treatment is possible. You can find the best treatment for your problem when you have some understanding of who treats back and neck pain, how they treat it, and why using a multidisciplinary approach is important.
My back or neck pain can get better, can’t it?

Although back and neck problems are very common, the good news is that generally they resolve on their own. In fact, the usual outcome of spinal pain symptoms is very favourable, often with or without treatment.

Determining which treatments are and aren’t successful is often challenging because of the natural tendency of spinal pain to improve – the pain often goes away on its own, regardless of whether you receive treatment. However, even with the human body’s natural pattern towards improvement, many people with back or neck pain experience pain that lingers, worsens, or seems to come and go. If you’re reading this book, odds are that your back or neck pain problem falls into the category of not getting better on its own. Here are some of the more common pain situations:

- Flare ups of back or neck pain that seem to come and go over several years.
- Chronic back or neck pain problems that go on for more than three months.
- Back and neck pain for which the recommendation is surgery.
- Back or leg pain that continues even after spinal surgery (this type of pain is called failed low-back surgery syndrome).

The preceding types of pain don’t resolve themselves quickly and can become increasingly frustrating for you and those close to you. Getting accurate information about your back or neck pain problem is your most important resource for getting better.

Often, the appropriate timing and integration of treatment options – conventional or non-conventional – is the key for you to overcome your pain problem successfully. For example, you may improve with physiotherapy treatments such as electrical stimulation, ice, and heat in combination with an exercise programme and acupuncture if you receive all these treatments in a specific overlapping timeframe.

The importance of treatment integration also involves surgery, which may or may not be effective depending on a number of factors. Spinal surgery is appropriate in certain cases. You can improve the chances of having a good outcome if you add treatments such as psychological preparation for surgery (undergoing relaxation training, gathering information about your surgery, and having a healthy attitude towards the operation) and post-operative rehabilitation (exercise, psychological techniques, and complementary medicine approaches) to your treatment programme. (See Chapter 8 for more on psychological preparation for surgery and Chapters 12 and 14 for more on post-operative rehabilitation.)
Who can treat my back or neck pain?

A variety of practitioners treat back and neck pain problems by using medical and non-medical approaches. Although many specialties are involved in the evaluation and treatment of back and neck pain, the following specialties are common. This list is in alphabetical order and doesn’t imply that you should proceed in this order when seeking treatment for your back or neck pain. Actually, we recommend starting your treatment with a general type of practitioner, such as your GP, physiotherapist, chiropractor, or osteopath, and then moving on to specialists as required, such as a rheumatologist, orthopaedic surgeon, or neurosurgeon. (We discuss the following specialties in greater detail in Chapter 4.)

- **Anaesthetics:** This area of medical practice focuses on decreasing or abolishing the patient’s sensation of pain. Some anaesthetists have specialised training in treating pain problems and are often involved in running pain clinics. The treatment approach may include such things as medications, spinal injections, and general anaesthesia (inducing a state that allows for surgical intervention). For more about anaesthetic pain treatments, see Chapter 7.

- **Chiropractic:** This system of evaluation and treatment is based upon the belief that abnormal function of the nervous system causes disease. Chiropractors try to restore normal function by treating and manipulating different body parts, especially the spine. As well as manipulation, most chiropractors provide a variety of other treatments such as massage, nutritional counselling, and vitamin therapy. We describe chiropractic in detail in Chapter 11.

- **General practice:** Your GP is your family, or primary care, doctor and is usually the first professional you consult for a back or neck pain problem. Because many cases of back and neck pain get better without treatment or with minimal treatment, your GP is fully equipped to handle your problem initially. GPs have general training in all areas of medicine, but if you need a more specialised approach, he or she can refer you to an appropriate specialist.

- **Neurology:** This branch of medicine deals with the nervous system. Neurologists often use non-surgical treatment approaches to diagnose and treat back pain. Chapter 4 has more about neurology.

- **Neurosurgery:** This medical specialty focuses on the surgical treatment of nervous system problems. A neurosurgeon generally uses a surgical treatment approach and may be involved in such things as removing
tumours from the brain and repairing damaged nerves after a severe injury. Neurosurgeons who specialise in spine problems use a surgical treatment approach (see Chapter 9 for more information about spine surgery).

**Orthopaedic surgery:** This area of medicine focuses on the surgical treatment of skeletal problems. For example, general orthopaedic surgeons perform hip and knee replacement surgery, repair severely fractured bones, and undertake other types of joint surgery. Some orthopaedic surgeons specialise in the treatment and surgery of spinal problems and may remove discs or fuse spinal joints together.

**Osteopathy:** This system is very similar to chiropractic but also emphasises body mechanics (for example, your posture while being still or moving – see Chapter 14) and manipulative techniques (such as moving or adjusting your joints – see Chapter 11).

**Pain psychology:** This discipline is a specialised branch of clinical psychology that uses psychological methods to diagnose and treat pain problems. Examples include helping you identify thoughts or emotions that make your back pain worse, teaching you relaxation exercises, and helping you change your attitude towards the pain. (For more details about pain psychology treatment, check out Chapter 13.)

**Cognitive Behavioural Therapy:** CBT is a collection of techniques, which address the sometimes disabling effects of back and neck pain. The cognitive aspect uses clinical psychology to address the thoughts or emotions that reduce your ability to cope with and manage your pain most effectively. These thoughts and feelings can make your back pain worse and can increase the disability you experience. The behavioural aspect looks at the way people react to pain and promotes the activities that are most positive, such as keeping active, and returning to work. It does not encourage behaviour that’s not helpful long-term such as using a stick, limping, and resting for long periods. CBT programmes help you change your attitude towards the pain.

**Rheumatology:** This branch of medicine deals with disorders of the musculo-skeletal system, particularly inflammatory diseases such as rheumatoid arthritis. Many consultant rheumatologists are also involved with back and neck pain. Chapter 4 has more about rheumatology.

**Physiotherapy:** This uses hands-on treatments such as manual therapy or manipulation, electrical treatments, education, and specialised exercise to treat pain and disability. Physiotherapists also use aspects of behavioural therapy to encourage a return to normality or as close to normal as you can get.
How is my back or neck pain treated?

Your doctor or specialist may recommend you try a variety of other treatments, such as the following:

- **Braces, corsets, and collars**: These items may be useful but in the majority of cases should only be used short-term (a week or two). They restrict motion, provide support, and may decrease your back and neck pain. You can buy general back supports and collars without a prescription at many pharmacies or on the Internet. Your GP or specialist physician can also prescribe other types of brace. Your doctor or physiotherapist should always guide your use of a back brace or collar (for more info, see Chapters 8).

- **Exercise**: Exercise is probably one of the most important treatments for back pain. Your doctor may recommend different types of exercise programmes for your back or neck pain, including lumbar stabilisation and cardiovascular conditioning. We discuss these techniques more fully in Chapter 15.

- **Medication**: Doctors use a variety of drugs to treat back pain including analgesics (painkillers), anti-inflammatories, and muscle relaxants. The doctor most involved in treating your back or neck pain problem usually prescribes these medications, but sometimes your specialist (such as an orthopaedic surgeon) asks your GP to manage your medications because he or she is more familiar with your medical history.

- **Pain management**: This treatment combines a variety of approaches – including psychological avenues such as CBT, medicines, exercise, and working with family members – to address your pain problem. The doctor most involved in your back or neck pain treatment usually recommends the treatment combinations, but you may decide to add treatments yourself.

- **Physiotherapy**: Your doctor may prescribe physiotherapy from a physiotherapist for your back or neck pain problem. Examples of treatment include special exercises, manual therapy or manipulation, deep-tissue massage, heat and cold treatments, hydrotherapy, and treatments that use electrical stimulation. See Chapter 4 for more about physiotherapy.

- **Spinal epidural steroid and nerve blocks**: These treatments involve injecting drugs – usually steroids or anaesthetics – into a particular area of the spinal canal to help your back or neck pain and nerve irritation. (See Chapter 7 for more about this treatment.)

- **Stress management and posture**: Stress management such as relaxation training, yoga, and thought analysis can help with back and neck pain problems (see Chapters 11 and 12 for more info). Addressing your posture in your work or home environment can also be an important part of your treatment (see Chapter 14).
Trigger point therapy: This treatment involves massaging or injecting a small amount of anaesthetic painkiller or other medicine such as local steroids into trigger points, the areas of a muscle that seem to trigger pain in a given region of the body. It is easily self-administered and can be extremely useful.

Diagnostic and treatment approaches not normally associated with mainstream medicine are termed non-conventional, alternative, or complementary medicine approaches. We believe complementary treatment approaches definitely have a place in the treatment of back and neck pain problems. In this book we use the term ‘complementary’ to describe these approaches because this term best describes how we believe you should incorporate them into a pain treatment programme: These treatments should always be a complement rather than an alternative to medical management. Incorporating mainstream medical management and complementary approaches is the only safe way to combine these different treatment philosophies. We discuss the specifics of safely pursuing complementary medicine treatments in Chapter 10. Here are some examples of the more common complementary treatments:

- **Acupuncture**: In this ancient Chinese medicine approach, the acupuncturist uses small needles to pierce the skin at specific body locations (acupoints) to cause healing and other benefits, such as pain relief (for more details on acupuncture, see Chapter 10).

- **Alexander Technique**: Qualified Alexander Technique specialists analyse your body positions and the way you move. Through instruction and practise, you can correct movement patterns, which relieves unnecessary stress and strain on your body.

- **Aromatherapy**: This treatment involves the use of essential oils from plants for healing and relaxation. The oils are believed to have pain-relieving properties.

- **Bodywork**: Therapies such as massage, deep-tissue manipulation, movement awareness, and energy balancing can improve the body’s structure and function and reduce pain.

- **Chiropractic**: This treatment aims to influence the body’s nervous system and ability to heal through adjustments of the spine, muscles, and joints and other treatment approaches (for more info, check out Chapter 11).

- **Mind–body approaches**: A number of different approaches can promote the body’s own ability to heal itself and increase the mind’s power over the body. We talk about a number of these treatments in Chapter 13.

- **Osteopathy**: Osteopathic approaches and treatments are very similar to those of chiropractic.
**Reflexology, or reflex zone therapy:** This therapy is a specialised foot massage based on a system of energy pathways. Many people report that reflexology helps their back and neck pain.

**T’ai chi:** This Chinese system of physical movement is designed to harmonise the individual with the forces of nature. People with spinal pain often find it useful to encourage movement and flexibility in the body. Head to Chapter 10 to find out more about t’ai chi.

**Yoga:** This system of health uses physical postures, breathing exercises, and meditation to relieve suffering and enhance overall wellbeing. We discuss yoga approaches for back pain in Chapter 12.

### How do I choose a multidisciplinary approach?

A *multidisciplinary approach* is the combining of a variety of treatment approaches to address a spinal pain problem. Research shows that back and neck pain problems, especially those that aren’t improving, respond best to a combination of different approaches delivered in a co-ordinated fashion. If your pain isn’t responding to a single approach such as an exercise programme or medication, you may want to consider a multidisciplinary approach.

You can get multidisciplinary treatment for your pain in a number of ways. For instance, you can participate in a structured *pain management programme* in which the treatment components (such as exercise, relaxation, medicines, cognitive therapy, and so on) are delivered in a group format to a number of people with ongoing pain. A medical director generally oversees and co-ordinates the treatment in these programmes, which aren’t very common and are usually based within a hospital setting.

Other multidisciplinary treatment approaches are less formal and less structured than pain programmes. The informal multidisciplinary approach takes many forms, and the types of treatment that are combined differ from person to person. Your doctor may help you construct an individually tailored multidisciplinary programme. In this situation, your doctor works with you to determine the best treatments and assists you in co-ordinating these treatments.

Unfortunately, many doctors don’t think in terms of a multidisciplinary approach and you may have to design and co-ordinate your own programme. You can still have a good outcome – you just have to work a little harder. The information in this book gives you an idea of the various treatments available as well as those that may address your particular back or neck pain problem.
A multidisciplinary approach for back or neck pain may include the following:

- **Body mechanics and ergonomics:** This treatment encourages you to use good posture and makes sure your work area is safe for your back and neck (see Chapter 13 for more on this subject).

- **Complementary approaches:** Complementary medicinal approaches often form part of a treatment programme for back and neck pain. They may include, among other things, yoga and acupuncture.

- **Medical management:** Your doctor, osteopath, or chiropractor responsible for prescribing the treatment components may oversee a multidisciplinary treatment programme. Alternatively, you may put together your own multidisciplinary programme. If a doctor oversees your treatment, he or she may be responsible for prescribing any medications, manual medical techniques, invasive procedures, and physiotherapy exercises that you need.

- **Physiotherapy:** Many multidisciplinary treatment approaches include an aggressive rehabilitation programme focusing on muscular reconditioning (strengthening) especially around your lower back area. A physiotherapist may also use physiotherapy modalities; techniques to relieve pain such as hot and cold packs, ultrasound, and massage. Check out Chapter 4 for more about physiotherapy.

- **Stress and pain management:** A pain psychologist can show you home techniques for relaxation and help you gain insights into the role that stress plays in your back pain (see Chapters 3 and 9 for more on this subject).

Although your back or neck pain may improve when working with a single practitioner, sometimes an individual specialist can’t adequately treat a difficult pain problem and its associated complications. In a multidisciplinary treatment, you complete all appropriate treatments simultaneously in a co-ordinated fashion, which offers better results than going through one treatment at a time.