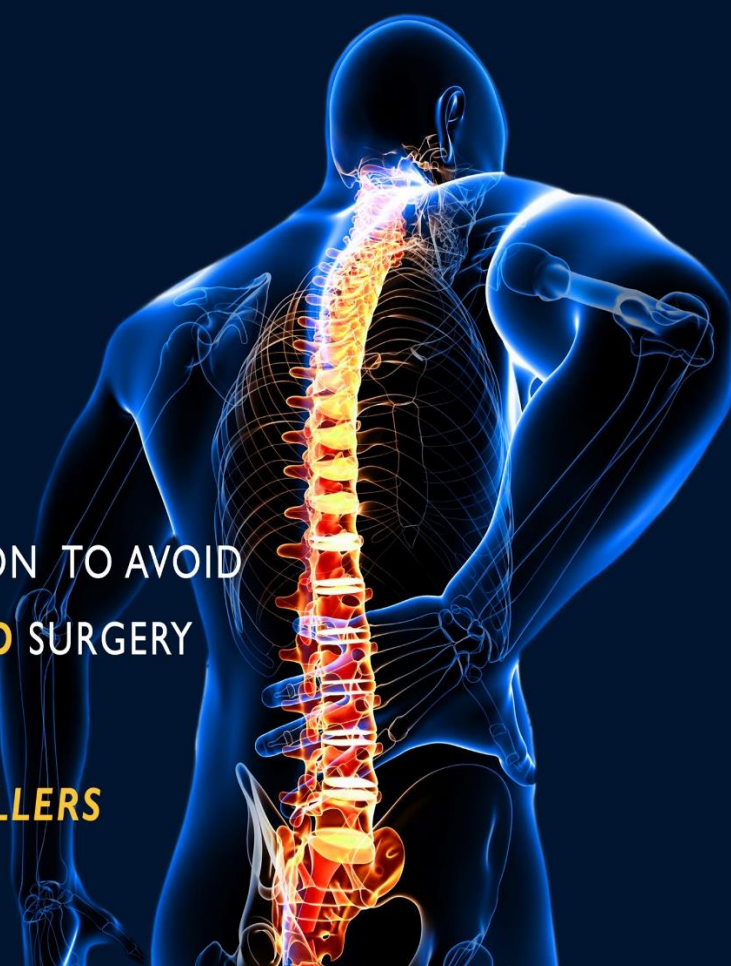


THE SECRETS OF A HEALTHY SPINE



TAKE ACTION TO AVOID
UNWANTED SURGERY
AND A LIFE
ON **PAINKILLERS**

EOIN EVERARD

Secrets to a healthy Spine

Eoin Everard. PhD

Copyright © 2022 Eoin Everard

All rights reserved.

ISBN:

ISBN-13:

DEDICATION

This book is dedicated to everyone who has overcome back pain and now live an active and fulfilled life. You inspire others to do the same.

"If your actions inspire others to dream more, learn more, do more and become more then you are a leader"
John Quincy Adams

For our most comprehensive solution to back pain get the BackAware Belt at
www.backawarebelt.com/back

For a free trial of Back Pilates to see if it is right for you visit
www.everardpilates.com/backfreetrial/

Visit www.backawarebelt.com/back

CONTENTS

Introduction.....	7
The 2 Do's and 3 Don'ts to keep your back healthy.....	11
Our Approach at the BackAware Belt.	14
Six Things to do to keep your back healthy	18
Is sitting too much causing my back pain or sciatica?.....	26
Its about doing the Correct Exercises Correctly.	30
Peter's story	32
Common Myths about back pain.....	34
Myths about Back Pain continued	38
More Myths about back pain.....	47
Why I came up with the Back-Aware Belt	52
Common Obstacles with Back Pain.....	53
Is Surgery for You? - the Essential List.....	55
Think about the following while considering surgery:	57
How to Choose the Right Surgeon for you:	60
 IMPORTANT TOPICS TO GO ABOUT WITH THE SURGEON INCLUDE:.....	62
A Typical Story: Make sure it has nothing to do with your unsuccessful procedure.....	63
 WHY THINGS GO BAD.....	64
Final Reflections.....	65
Back Club Rules:.....	66
Low back pain and its cause	73
Low Back Pain . Fix the problem and you won't have to worry about the pain.....	76
The problem with a low back problem	78
Why don't the stretches I do help my Back pain?	81
Painkillers? Are they the best option for me?	84
Hip Pain or Low Back Pain - Which One Is It?	88

The role of Pilates in keeping your Back fit and healthy.....91

Low Back Pain? Get the joints above and below the lower back moving correctly to get relief.94

Low Back pain and Failed Surgery..... 96

What can you do to prevent low back pain? 98

Low Back Pain vs a Low Back Problem? Is there a difference?..... 100

Fixing Low back pain in Elderly patients..... 102

Is your Back pain caused by your hips or your feet? 105

Where does back pain come from?..... 108

Whenever you're ready here are 2 ways we can help..... 111

Introduction

Over the years I have dealt with a lot of people who have back pain. Some acute (less than 6 weeks) some chronic (20 plus years was the longest). Back pain can drain you. It is hard to have energy when you have back pain. Even worse than the pain is the fear and frustration that your back might spasm and disrupt important plans or make you lose out on what should be an enjoyable occasion.

Over the years I have written academic studies and articles for the different newspapers on back pain. I have compiled a list of some of the best articles on back pain in this book. These articles won't cure your back pain, but they can certainly ease your pain and they can give you some food for thought about being pro-active to fix the cause of your pain. People don't know what they don't know. My hope is that this gives you some new perspective on back pain and what can be done.

By far the best results come from having a definitive plan that involves the following steps:

1. Assess the cause of your back pain. I have developed a quiz that allows us to identify the main elements causing back pain in about 90% of cases. Is it a disk issue , the SI joint or facet joints? More importantly than what structure is the issue is to identify the pain triggers. These are they things that you do that stop you back healing. We include this quiz as the first step in the BackAware Program.
2. 5 minute daily training to stop you constantly straining your back.

The myth around back pain in most cases is that we think one incident caused it. Usually, it is the way we habitually sit or move. We are constantly overloading our back and so at the end of the day it is slightly weaker than it was the day before. From constant courses and my physiotherapy courses I have identified key triggers that can constantly stress your back. The good news is that it is easy to

counteract nearly all of these pain triggers. Our Back Pain Plan really addresses these with the BackAware Belt. I include these for free when someone buys the www.backawarebelt.com/back because I want you to get a healthier spine and back not just buy a belt.

3. Develop a plan to help your back. I have worked on the BackAware Belt for the past 3 years to develop a tool that allows people to get much better awareness of their back position. You can use this at your desk or lifting during the day or during the specific rehabilitation plans we have developed based on what we think is causing your pain from the results from the quiz. I have honed and developed these back plans with 100s of patients to make them very beneficial. Once per week for 45 minutes or twice is ideal can make an absolutely massive difference to your back. Having the BackAware Belt gives you confidence that you are doing the exercises correctly.

For a guided solution to helping your back here is 2 ways we can help:

1. BackAware Belt

Get your BackAware Belt now. Learn how exercise, lift, and sit correctly with BackAware Belt. Our Pilates and Back Rehab program are perfect for the person who wants a healthy back and is sick of the drain of back pain.

www.backawarebelt.com/back

2. Free Trial of Back Pilates.

If your not ready to commit to the BackAware Belt. Sign up for a free trial of our Back Pilates. Visit

<https://everardpilates.com/backfreetrial/>

The 2 Do's and 3 Don'ts to keep your back healthy

We all know it's important to maintain good back health by doing things that help strengthen it and avoid the things that cause harm... this is just common sense. The problem for most of us is that we don't know what are the things we need to avoid and what are some simple things we can do to prevent back problems from occurring in the first place!

1st Don't- Don't lift heavy things early in the morning.

Most people are aware of the "lift with the legs" motto, which means bending your knees when lifting something. But there are also some other gems you need to know to avoid a back injury. First, the back disks are highly pressurised (full of water) first thing in the morning. This makes your back more stiff. It also makes stresses on the disk more substantial with lifts. So if possible, avoid lifting heavy things or in stooped awkward positions, first thing in the morning. If you have a choice of doing laundry first thing in the morning or at night, do it at night.

2nd Don't- Don't be a hero!

Another thing to think about when lifting something awkward or heavy is to get some help. There's no point in trying to be superman or

superwoman and test the limits of your back strength. A second person helping could save you a trip to see to see me!

3rd Don't and 1st Do!- Don't sit for hours on end! Go for a walk after work! Another "don't" for the low back is to avoid sitting as much as possible. While some jobs make this difficult, there's no reason to follow eight hours of sitting at the job with four hours of evening sitting at home. The back craves and thrives on motion, especially walking. Why not go for a thirty-minute walk after dinner, instead of being a couch or chair potato? The spine is architecturally designed for walking. This is where it is at its optimum. Sitting in a chair is a very unnatural position for the lumbar spine. The walking, while helpful for the back, can also pay dividends for your heart health and longevity.

2nd Do- Another important "do" for the low back is stretching. Simple stretching for 30 seconds each, the calves (lower legs), hamstrings (back of the thighs) and quadriceps (front of the legs), can help to keep the back flexible. Recall that we are supposed to lift with the legs. If the legs muscles are tight and/or weak, then the low back is going to take up much more of the weight and stress, increasing your risk for injury.

Adhering to a few good spinal "hygiene" principals can do a lot to maintain spinal health and keep your visits to my clinic to a minimum. Prevention is the key to good health.

For a guided solution to helping your back here is 2 ways we can help:

1. BackAware Belt

Get your BackAware Belt now. Learn how exercise, lift, and sit correctly with BackAware Belt. Our Pilates and Back Rehab program are perfect for the person who wants a healthy back and is sick of the drain of back pain.

www.backawarebelt.com/back

2. Free Trial of Back Pilates.

If you're not ready to commit to the BackAware Belt. Sign up for a free trial of our Back Pilates. Visit

<https://everardpilates.com/backfreetrial/>

Our Approach at the BackAware Belt.

For the past 10 years I have mainly dealt with back pain as a physiotherapist. It is frustrating to see so many people have back pain and not get to the root cause of the problem. I am looking for people who want to be active. Who want to enjoy life without having to worry their back will spasm or be in pain and drain their energy. The best success I have seen is people following my plan to take control of their back pain. They know exactly what to do if it starts to feel niggly and this gives them great confidence. Unfortunately, I can't be there to supervise everyone. This is why I came up with the BackAware Belt. This is the safest, most effective way I could think of to make sure my clients were doing exercises correctly and learning how to move in a way that would not hurt their backs.

It is not about getting a belt and releasing you to the wild. It is about putting together a plan that allows you the best chance to help your back. We give a money back guarantee to make sure it is for you also. Here are the steps we use:

1. Our assessment

Do you round your spine causing problems to the disks? Do you extend too much causing the joints to be overloaded? How is your core stability around the spine? All these questions need to be answered to get to the cause of your problem. We are not selling buckets; we are fixing roofs. Don't mask the problem, fix the cause. If you had a hole in your roof, would you contact a builder to fix it or just buy a bucket? Why do you not do the same for your back?

Painkillers destroy your stomach and anti-inflammatories are just pain killers. The inflammation period lasts 4 days. So, take anti-inflammatories for 4 days if you have a flare up but after this you need to start addressing the cause.

When enrolling we provide a quiz to start understanding what specific things are causing your back pain.

2. Foam Rolling and myofascial release

In conjunction with a rehabilitation plan it is important to do some releases that can try help with any pain. This might need additional help from local physiotherapists, Osteopaths or Chiropractors. In fact a lot of times this can save you money by cutting down how many visits you will need. We give videos to start at home but if these are not enough, I

would recommend hands on treatment to get the pain to calm down. We first need to reset the back and get you out of pain. Pain changes everything, it alters the way we move and the chemicals in our body. We need to get you out of pain firstly to see long term benefits.

3. Follow a step-by-step plan to get you moving better and living without back pain. This is where we really use our Back Pilates and BackAware Belt to give you a programme that you are confident that you are doing correctly. If you are not the belt will simply buzz until you start doing things correctly. Imagine me constantly correcting you until you were doing the exercises correctly. That is what I have spent tens of thousands and 3 years developing the BackAware Belt. You need to have tools to know what to do to keep your back strong and not needing painkillers for life. We give you a strategy to get your back moving correctly so that you don't need loads of treatment. You need to be able to look after yourself.

For a guided solution to helping your back here is 2 ways we can help:

3. BackAware Belt

Get your BackAware Belt now. Learn how to do exercises, lift, and sit correctly with BackAware.

www.backawarebelt.com/back

4. Free Trial of Back Pilates.

If your not ready to commit to the BackAware Belt. Sign up for a free trial of our Back Pilates. Visit

<https://everardpilates.com/backfreetrial/>

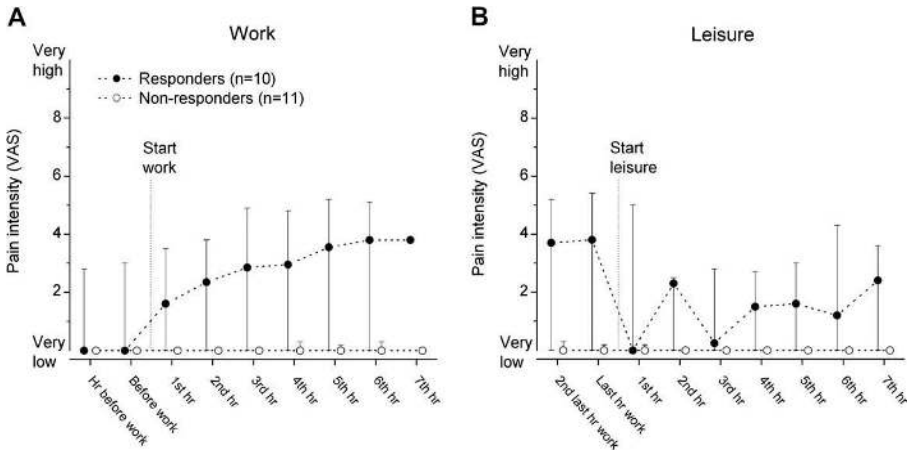
Six Things to do to keep your back healthy

According to Clinical Sports Medicine, back pain is something that will affect up to 85% of the Western population at some point in their lives. The vast majority of the time the back pain you experience would be classified as “Mechanical low back pain”. This simply means that your back pain is due to the way you move or the positions you put your back in during the day causing too much stress on the structures of the back like the joints, discs or ligaments. Therefore, to fix your pain we first have to fix some of your poor habits that are causing you to put too much pressure on the ligaments, joints or disks of your back. Here are six tips to help avoid or treat back pain.

1. Take regular breaks from sitting.

One of the principal reasons people get back pain is that their back is kept in a rounded position for too long. When in a flexed or rounded position it causes excessive stress and strain to be put on the ligaments, joints and discs of the back. Here is an example, pull your finger back towards your wrist. After a few seconds in this position your finger starts to feel very uncomfortable. Why? Because you are straining the ligaments at your finger and the joint is at its limit of movement, which causes discomfort and pain.

It is the same at your back.



Keeping your back in such a rounded position will cause the ligaments to become strained and over worked. A recent study by Stuart McGill reported that office workers with back pain reported that their back pain got progressively worse throughout the day if they were sitting for 8 hours. However, there is good news from this study. Those workers with back pain who got up regularly (every hour or so) didn't report back pain. Take away message; giving your back a break from the rounded position even for a few minutes every hour or so allows your back to nearly reset itself and can massively reduce the chance of back pain.

Action: Try to stand up regularly as you can (once every hour would be ideal) for a few minutes to give your back a break. Arch your back a few times or stretch your arms over

head. This will allow you to take the pressure and strain off the passive structures (ligaments, joints and discs) of your back and will help to prevent the pain before it begins. Make sure you take the break before your back starts to ache. Get up regularly even if your back is not hurting. Do not wait for the horse to bolt before you close the door!

2. What if I can't stand or I drive a lot?

The main thing with sitting is that your back is in that rounded or flexed position we discussed. This puts too much pressure on the ligaments, joints or disks of your back. If you cannot avoid sitting for long periods then the best approach is to try prevent your back going into this position in the first place. If you can keep your back in a neutral position then none of the structures we talked about will be over worked or strained.

Action: Get a rolled up towel and put it in the small of your back when sitting in the car or at your desk. This should stop your back going into this rounded position. Try this for 2 weeks and you will see big improvements in your back pain.

3. Switch the core muscles back on

A strange thing about the back is that once you suffer back pain the small core muscles that keep the back in a good position can switch off. The same is true with knee pain. The body perceives danger and so it gets the bigger muscles of the trunk to try keep everything stable. In the short term this might be ok but long term you need the core muscles switched on and keeping your spine in a good position. If the core muscles are not activated then again it means that the ligaments, joints and disks are doing too much work to keep your back in a good position, which can lead to excessive stress and strain. Studies by Paul Hodges and the Queensland Group in Australia have found that patients with low back pain who undertook 4 weeks of core training were 12 times less likely to sustain further back pain than those who did not do any rehabilitation or exercises. Twelve times less likely. This highlights how important it is to do some exercises to switch the core muscles back on if you have had back pain.

Two exercises I recommend are all 4's leg lift and the side plank. For the all 4's leg lift, start in an all 4's position with your hands and knees on the ground. Draw your bellybutton up towards your back. Holding this position try to lift your leg back out in line with your body for 2 seconds.

Make sure there is no movement of your trunk during the action. Repeat 10 times each side.

The second exercise is the side plank, which gets the core muscles on the side of the trunk (the obliques) switched back on. Start on your side with your elbow and knees on the ground. Lift your hips up in the air so that your shoulder hip and knee are all in a straight line and you are facing the wall. Hold this position for 10 seconds and repeat 3 times on each side.

PLEASE NOTE: It is not good enough to do these exercises. It is important that you do them correctly.

4. Learn how to lift correctly

Similar to the point made about sitting, too many people put too much stress on their back when they lift. We get very stiff in our hips from sitting constantly and this causes us to become tight in our hips. The glute muscles are the biggest muscles in the body for a reason. They should be taking the stress when we are lifting. However, because we are stiff in our hips or have poor awareness we simply move through our backs. The BackAware Belt is all about learning how to move in a way that spares your spine.

5. Choose Sensible Footwear

Avoid bizarre choices of footwear include high heels, sandals, flip-fops and plimsole style trainers or shoes. Why bizzare? Because they're all proven to ADD to your back pain. Wearing high heels will increase the pressure through your back by about 25 times. Reverse that, and it means if you wear a nice soft cushioned pair of shoes instead, your lower back would be experiencing 25 times less pressure and force placed upon it. Imagine how much relief you'd feel if you could take that type of stress of your lower back right now? But understand that it's a cumulative effect. This pressure builds up from wearing the wrong footwear over a period of weeks and years and results in a weak and stiff back somewhere around the age of 40. All other shoes I mentioned are poor because there's a lack of cushioning to absorb shock with these types. So your lower back has to take all of the impact every time your foot lands on the floor (not good for your knees and hips either). If you can absorb some of the shock by wearing nice soft, well fitted and cushioned shoes/trainers, then you could reduce your back pain by as much as 20-25

6. Good sleeping habits

Sleep With A Pillow Between Your Knees

This might be difficult at first, but if you can persist, it lowers the amount of rotation/ twisting in your spine. Your lower back hates to be twisted. If you sleep on your side, try a pillow between your legs to keep your spine aligned and this will reduce tension at your lower back.

6b. Avoid Sleeping On Your Stomach There isn't a more effective, faster route to self-inflicted damage to your spine/lower back. Avoid this position like the plague. Every part of your spine is twisted and in the wrong position and if you sleep like this, it's no wonder you are suffering from back pain.

Simple habits can make a big difference, one way or the other. Doing these simple things can dramatically help your back pain. Good luck.

For a guided solution to helping your back here is 2 ways we can help:

BackAware Belt

Get your BackAware Belt now. Learn how to exercise, lift, and sit correctly with BackAware.

www.backawarebelt.com/back

Free Trial of Back Pilates.

If your not ready to commit to the BackAware Belt. Sign up for a free trial of our Back Pilates. Visit <https://everardpilates.com/backfreetrial/>

Is sitting too much causing my back pain or sciatica?

86 percent of computer users at work are required to sit down the entire workday, and when they do get up to move around, more than half (56 percent) cite hunger as their reason for doing so. In addition to sitting at work, at meals, and while traveling to and from work, 10% of people spend one to two hours playing video games, 25% of people spend one to two hours reading or relaxing, and 29% of people spend one to two hours using their personal computer. In conclusion, the typical Irish citizen spends 9.5 hours a day sitting down and sleeps for eight hours. They are off their feet for a total of 17.5 hours every day!

According to the manufacturer's poll, 93 percent of office computer users are unaware of the term "Sitting Disease," yet 74 percent think that spending too much time sitting can result in an early death. The "Sitting Disease" is a term used to describe the negative effects of an excessively sedentary lifestyle. It encompasses diseases like "metabolic syndrome" (obesity and diabetes), which is fast increasing in prevalence, especially in children and teenagers! The American Medical Association (AMA) recently issued a policy encouraging employers, workers, and others to sit less in light of the

numerous hazards connected with sitting, including (but not limited to) diabetes, cancer, obesity, and cardiovascular disease. Standing is SO MUCH BETTER than sitting because it promotes blood flow, lowers blood sugar, boosts metabolism, tones muscles, improves posture, and burns more calories than sitting. Standing is commonly disregarded as "workout," although it's straightforward and simple to accomplish!

What about sitting and the low back? You probably already knew that sitting hurts your back. When we sit compared to just standing or lying down, the pressure inside our disks, those "shock absorbers" that reside between the bones (vertebra) in our spine (a total of 22 disks), is higher. According to estimates, the pressure on our disks is 25mm at its lowest while we are lying down. The pressure rises to 75mm when lying on one side, 100mm when standing, and 220mm when bending over from a standing position. When we sit upright, our disk pressure may reach 140 millimeters, but when we slump, it can reach 190 millimeters. Experts advise: 1) standing up frequently to help release pressure on our disks; 2) seating back in your chair to prevent slouching; 3) placing a lumbar roll (about the size of your forearm)

behind the low back and chair/car seat; and 4) shifting positions frequently while you are sitting.

Because certain low back conditions “favour” one position over another, these “rules” may need modification. For example, most sciatica patients prefer low back extension while bending over or slouching hurts. In those with lumbar sprain/strains, bending forwards usually feels good and extension hurts. Modifying your position to the one that is most comfortable is perhaps the best advice. For back pain and sciatica sufferers.

With the BackAware Belt it gives you notifications if you are sitting in a poor posture for too long. Breaking up your sitting allows you to reset the ligaments and discs in your back and reduce pain. Doing a Back Pilates class once per week also allows you to activate the key core and glute muscles to help counteract the negative effects of a sedentary lifestyle.

For a guided solution to helping your back here is 2 ways we can help:

1. The BackAware Belt and Program

Get your BackAware Belt now. Learn how to do exercises, lift and sit correctly with BackAware. It comes with our BackAware Back Program.

www.backawarebelt.com/back

2. Free Trial of Back Pilates.

If your not ready to commit to the BackAware Belt. Sign up for a free trial of our Back Pilates. Visit

<https://everardpilates.com/backfreetrial/>

Its about doing the Correct Exercises Correctly.

Too often I see active people with back pain fall into two distinct groups related to exercise that lead to failure and back pain. This is incredibly frustrating because these are people who are trying to be fit and healthy only to be constantly frustrated by their backs.

Group 1: People doing exercises that do not suit their backs. Unfortunately, there are some exercises while fine for someone who doesn't have back pain can be terrible for someone who does. In a later article I discuss some key Yoga and Pilates moves that have to be avoided if you have back pain. The same with stretches. Well intentioned physios can give stretches that can actually make people worse! Exercises where you are rounding your spine like sit ups or rounding and twisting need to be avoided for people with back pain.

Group 2: People doing the correct exercises incorrectly.

This group are doing exercises that might suit their backs but are doing them incorrectly. I see this so often in the gym. Squats and deadlift type exercises being done incorrectly and people hurting their backs. The BackAware Belt was designed for these people. Giving you awareness that you

are doing something wrong is the first step to learning how to improve. As the Zen saying goes, “In order to change you must first be aware that you need to change”.

It is not just the gym that I see this. Many of us when doing a plank for example are not working the core muscles. We tend to let the stomach drop too far. This puts pressure on the spine and works the back muscles instead. This is a double whammy; We don't improve our muscle tone in our stomach and we also hurt our backs! If you are putting time into your training you should be rewarded with seeing results. Make sure you are doing the right exercises and doing these exercises right.

There For a guided solution to helping your back here is 2 ways we can help:

1. BackAware Belt

Get your BackAware Belt now. Learn how to do exercises, lift and sit correctly with BackAware. www.backawarebelt.com/back

2. Free Trial of Back Pilates.

If your not ready to commit to the BackAware Belt. Sign up for a free trial of our Back Pilates. Visit <https://everardpilates.com/backfreetrial/>

Peter's story

He felt it straight away. He was helping to lift a heavy table, and something didn't feel right afterwards. He went to bed and next morning could barely get out of bed. Now the table was probably a tipping point. It probably was not the only thing as he had always had a sore back at times. On and off. His posture wasn't great, and he didn't lift things with good technique in the main.

I saw him as a physio he could barely walk, he wore slippers as he could not bend down to take off his shoes. He could not sleep. He could not drive. He was referred to a surgeon and had it booked for 6 weeks after I had seen him. However, he got a great surgeon and by the time he was supposed to have the surgery **he had no symptoms**. No more pain down the leg. No more crippling back pain. Did he have to look after his back? Yes. Did he continue to practice good lifting techniques and take pressure off his back? You better believe it. But he did not have to go under the knife.

Now he was an extreme case, but I have seen 100s of cases of back pain. Just like this. Where people are sitting in poor postures and lifting with poor technique, and it is causing a lot of problems. People have no idea what position their back is in when the lift. They have no clue when they are in a good position or when in a poor position. Studies show that people with back pain lift with worse technique and have less awareness of their spines position. This leads to trouble.

Think about this. Pull your finger back as far as you can. Now imagine if you held it there for hours or you had to lift something with your finger in that position. There is going to be trouble. Well it is the same thing for your back!

You have to learn when your back is in a good position and keep it there.

The Back Aware Belt is a simple, light weight belt that makes you aware of your back position by vibrating when you go into a poor position. This finally allows you to be aware when you are in a good position and with our free App you can avail of training to help you stop putting your back under excessive stress and strain.

Back Braces do not work you have to learn to use your own muscles and body.

The Back Aware Belt is not a back brace. While braces keep your back secure, they don't use your own muscles. You have to learn how to turn on your own muscles thus toning your core and glutes. Otherwise your core and back muscles will just get weaker.

The Back Aware Belt allows you to have confidence that you are not hurting your back when you are exercising or lifting weights.

The Back Aware Belt gives peace of mind that during tasks during the day such as cleaning, sitting, or picking something up that you can keep your back safe.

This product was designed by Dr. Eoin Everard PhD in biomechanics and chartered physiotherapist because he saw through published research and experience with 100s of clients that when you take away the cause of the problem, a lot of back pain can disappear.

Common Myths about back pain

There are some very common myths about back pain that I would like to address in this article. It can be hard to know who to listen to about back pain because everybody has an opinion on the topic! I hope this article brings some clarity about the most common topics.

1. You are imagining it.

I believe that there is almost always a physical reason for suffering. Finding the source of the discomfort might be challenging. Although various psycho-social conditions may contribute to back pain, in my opinion, no one ever determines they have back pain out of the blue. The vast majority of the time, it is caused by something, and the fact that you cannot always heal it or identify the source does not mean you should stop seeking for the pain triggers themselves.

2. You'll simply become used to having back discomfort.

Again, this is incorrect since, generally speaking, the more sensitive the structures in the back are loaded or moved improperly, the more sensitive they become. When you pull your finger back as far as it will go, the agony eventually increases rather than decreases. The second recurrent myth is that with time, your pain will become less sensitive and that you will eventually become acclimated to having back pain. Wrong! In actuality, the longer you ignore the pain, the more of it you feel and the more sensitive you are to it.

Think about the following analogy: If I continually hit my thumb with a hammer, I sensitize my thumb, increasing its sensitivity to pain. I'll eventually become so sensitive to touch that even the slightest contact – like brushing my hand against my slacks as I grab for something in my pocket – will make me cringe in agony. Exercise won't help in this situation, but getting rid of the hammer will. In this book, the first step to rehabilitation is getting rid of those "pain-hammers." You'll prove to yourself that it's possible to swap out uncomfortable hobbies for discomfort-free motions. This is the genuine way to reduce pain sensitivity because it will let you gradually add more pain-free activities to your repertoire.

It's unfortunate that the patients themselves suffer most when the reality is so obscured by myth and false information. Their recuperation is hampered, and their past therapy experiences have further strengthened their conviction that surgery is the only way to get rid of their agony. They are frequently left feeling quite afraid as a result, scarcely soothed by tales of pals who now depend on extremely potent painkillers with codeine (or morphine and heroin) just to get through the day. They frequently give up and accept the concept that they will always be in agony.

It's time to separate fact from fiction, establish some facts, attitudes, techniques, and views, and do so in order to demystify the pain and offer insight into the reasons why your back problem wasn't correctly treated in the past.

Identifying truth from fiction

Two common misconceptions concerning back pain—that it's all in your head and that it will ultimately become less painful—have already been dispelled. In order to clear the air, let's look at some more fiction

Myth: Surgery would be my last remaining option if my chronic back pain could not be relieved by following the advice of my physical therapist.

Did you know that everything appears to be a nail when all you have is a hammer? If you offer a surgeon the chance to "cut the agony out," they tend to believe that everything can be fixed with a scalpel. Rarely is the discomfort caused just by the tissue that is being removed the reason for it. When cutting down to reach the spine during surgery, healthy tissue is frequently severed and killed. When a nerve is occasionally cut during the procedure, it makes subsequent rehabilitation more difficult. Additionally, any metal hardware that is inserted into the spine during surgery runs the risk of killing the nearby bone and causing the hardware to become loose. When dealing with cases where the primary cause of pain is not being addressed, the risks of surgery frequently may not outweigh the possible benefits. In these circumstances, the patient will frequently return in a few years with comparable tissue damage above or below the previous surgical location. The initial discomfort can occasionally return and get worse. There is nothing more I can do for you, the surgeon will far too frequently say in response to these outcomes. Rehabilitative exercises that target the root of the pain have helped me with many of these patients, but some of them are beyond my ability to help because of how severely incapacitated they are now as

a result of the surgery. By reading this book, you are making a great first step toward looking into alternatives to surgery before deciding against it. The decision to have surgery is covered in the following chapter, along with how to assess whether or not this is the only viable course of action.

Myth: The doctors at the Pain Clinic will be able to provide me a permanent fix.

In actuality, pain treatment is just that—management. Instead of addressing and reducing the root cause, it deals with the symptoms. A pain clinic will offer medication and cognitive behavioral therapy because pain is a neuronal perception registered at the brain. Usually, a patient will be prescribed powerful, highly addictive painkillers. Another prevalent narrative I hear from patients is that the medical system let them down by medicating their pain while ignoring the underlying problem.

My next essay will continue with a few more urban legends.

Myths about Back Pain continued

I continue examining myths about back pain below I hope they give you something to think about.

Below, I continue debunking common misconceptions about back pain in the hopes that they will make you pause.

Myth: Back problems are always inherited. I should anticipate experiencing back discomfort, as my mother did for about as long as I can recall.

It's a fact that back discomfort is neither a death sentence nor a given. Although some people may be genetically predisposed to have back problems more than others, this condition is treatable and, in most situations, completely avoidable. Many individuals think that as they become older, their back discomfort will only get worse. It's interesting to note that most people discover their pain has subsided by the time they reach retirement age. They claim that the thirties and forties are when they encounter the worst symptoms. Their back joints were naturally stiffened over time to stop unpleasant micro-movements causing pain in the back. How many elderly adults report experiencing back pain? The truth is that not many elderly people have back pain compared to those in their 30s to 50s. Take action to control and get rid of your discomfort right away to make sure you're not one of them.

Myth: An athlete's sports career is over if they suffer a herniated disc.

It is true that recovering from a damaged disk is much more difficult and uncertain than, say, recovering from a broken limb. Although many athletes view spinal injuries as the last thing they would ever want to deal with, these difficulties can ultimately be resolved with the appropriate treatment plan. I frequently collaborate with professional athletes from a variety of sports. Numerous them have gone on to have prosperous professional sports and Olympic careers. Many of them have devised their own methods for controlling their problematic backs, despite the strains and demands that training and competition inflict on their bodies. I was able to provide these athletes new tools to repair their damaged discs, get them back in the game, and enable them to compete once more at their peak performance level by treating them as patients. The BackAware Belt was a game change for a lot of them.

Here is what one athlete said to me:

"In a way, my back problems were a blessing because they made me adopt absolutely perfect technique because I could never train with them again. I suppose I could, but that would permanently terminate my job.

This world record holder resolved never to violate his "compromised technique" rule when he began training again. His performance improved dramatically, and he went on to break his own world record twice more. An injury didn't push him into retirement; instead, it served as motivation to refocus and "boost" his performance.

Myth: My MRI will tell the doctor everything he needs to know about my treatment plan.

Truth: The information that can be gleaned from MRI and CT scan pictures regarding the cause of back pain is quite constrained. These "photos" of your back will demonstrate alterations and traits that might or might not be the cause of your discomfort. The most frequent cause of pain is a functional problem. Your back tissues become sensitive as a result of poor movement patterns that are repeatedly used and cause them to hurt even under light loads.

I cannot support a facility that uses MRI and/or CT scans as the sole criteria for deciding whether or not a patient requires surgery. These evaluations must be carried out in-person with a doctor who has done research on diagnosing and treating back disorders by inducing pain. In fact, after it is decided that surgery is the only choice left, these photographs may be helpful (which is rare). They must be viewed as only one piece of evidence in the framework of your ideal rehabilitation strategy.

Myth: Tight hamstrings are related to back discomfort.

Truth: According to our research, tight hamstrings are typically a symptom of spinal problems rather than their root cause. It's interesting to note that when back discomfort eases, hamstring tension frequently decreases. However, asymmetry caused by one hamstring being tighter than the other has had a small impact on back discomfort, especially

in athletes. You will learn the right movement patterns from this book for tasks like tying your shoes and other daily chores. You'll discover that you can still engage in these activities while protecting your back even if your hamstrings are tight.

Myth: My daily exercise sessions would make my back discomfort go away.

The secret is choosing exercises that will strengthen rather than damage your back. I frequently encounter patients who are bewildered by the fact that they take care of their bodies but observe how a "unfit Joe" in their social circle appears to live without any back pain. The fact is that someone who regularly works out in the gym without employing spine-sparing procedures will cause cumulative disc damage. The delamination of portions of your disc fibers is brought on by repeatedly bending your back at the gym, lengthy periods of sitting at work, followed by clumsily completed daily tasks like getting dressed or gardening. "Unfit Joe," who spends his entire day sitting down, does not put as much strain on his back as a gym superstar does by exacerbating their disc issues with each sitting. Their spines are more comfortable in terms of discomfort! The secret is to keep exercising! The key to reaping the rewards of fitness without endangering your back is to alter your natural movement habits.

Myth: Yoga and regular Pilates are excellent methods for reducing back pain.

Truth: Despite the fact that many medical professionals and therapists advise patients to engage in this kind of exercise due to its purported therapeutic benefits, our research has shown that these claims are unfounded and, in fact, the opposite is true. Both workout routines have elements that will exacerbate someone with back disorders, despite the fact that some poses and movements may be advantageous or feel satisfying at the moment.

The fact that one of Pilates' main tenets is to flatten the spine and "imprint" the lower back to the floor when lying down is one of my biggest problems with the practice in general. This intentional attempt to "straighten" one of the spine's natural curvature and displace the spine from its neutral position is unhealthy and plainly mimics the mechanism of damage in many people. This motion activates the stretch receptors in the back, which might lead some people to feel a false sensation of relief. Due to the strain on your discs, in actuality this alleviation is just temporary, and pain symptoms generally come back with a vengeance. For this reason, I created Back Pilates, keeping the beneficial aspects of Pilates but eliminating the components that could harm the spine.

The "Rollup" is yet another essential Pilates exercise. This motion, which involves segmentally rolling across each joint of the spine, is essentially a sit-up. In a routine for a healthy spine, our science has demonstrated the benefits of avoiding sit-ups, and the Rollup effectively takes a poor activity and makes it worse. The emphasis on moving through the spine

in this exercise is excessive, which places undue stress and load on the discs. The real objective should be to use our hips as the primary motion centers while minimizing spinal movement. This way of thinking will help the back discomfort go away.

As we've already discussed, a suggested therapeutic exercise must be in line with the findings of a thorough evaluation. Many doctors willfully recommend Pilates because they believe the unquestioning orthodoxy that Pilates is helpful for the back. This has to end. Don't misunderstand me. I've met numerous Pilates and Yoga instructors during my clinical courses who are skilled at matching particular exercises to particular individuals. These instructors understand the significance of avoiding specific pain triggers and modifying activities to stop pain from getting worse. The main line is that when the precise aspects of yoga and pilates are chosen and customized for the individual doing them, they can be beneficial for back patients, but neither of these programs should ever be suggested as a "blanket solution" to all people who experience back pain.

Myth: Stretching can help with back pain.

Although stretching is often believed to help people with back discomfort, this conventional wisdom has to be contested.

Just as there is no such thing as a singular source of pain, there is no stretch that is beneficial for all patients. Since every case of back pain is unique, each stretch must be

carefully picked and catered to the individual. Too frequently, therapists recommend stretches that are completely inappropriate for a patient, frequently with the ultimate goal of enhancing spinal mobility. This is the exact opposite of what most people with back pain should be doing to regain control over their backs.

The "stretch reflex" is physiologically activated by bringing your knees to your chest or performing other equivalent stretches. This neurological condition lessens the sensitivity to pain. For some people, this offers pain relief for about 15 to 20 minutes, making it a temporary solution. The issue is that by putting your spine in this position, you are irritating your discs, and even when you temporarily feel better, the pain will return and frequently get worse. An uninformed back patient starts a vicious loop by believing that the only way to relieve pain is to "stretch it out," not comprehending that doing so really makes their agony worse. To break the cycle is the key!

Turn your attention away from spine-bending stretches and onto stabilizing and controlling the spine. A smart place to start is by altering your daily movements to make your spine as "neutral" as possible. Your discs will be put under less stress, your pain will go away, and your mobility will return if you take this rehabilitation route!

Basically, when it comes to stretches, stay away from any move that requires drawing your knees to your chest. However, there are other stretches for other body areas that could help you on your journey to pain relief. Later, we will talk about these.

Myth: My friend, who swears by XYZ therapy, got healed using it. I must benefit from it.

As was already said, there is no one single cause or treatment for back pain. A strategy that worked for a buddy might or might not work for you because your situation is probably different. Finding your own pain triggers and matching them to the "treatment" and "dosage" that is best for you will be the main topics of the next chapters.

Myth: I can treat my back problems with stronger muscles.

Fact: Because strength is the most easily increased quality and takes the least amount of training, therapists frequently start strength training early in the rehabilitation process. Or, oddly enough, they've chosen to use strength as a criterion for impairment, which is based on strength loss (or sometimes loss of motion). Due to their mistaken attempts to strengthen their backs, far too many patients continue to be long-term patients. Their approach to training frequently has to be changed. Strength should be compared to the body in the same way that horsepower is compared to an automobile. It's only a matter of time before the mega-engine tears the trail frame and suspension to pieces if a 500 horsepower engine is crammed into a tiny, wrecked car and driven around town at high speed. Similar to this, a back patient who has gained excessive strength compared to their existing level of endurance should only anticipate future

injury. This has been repeatedly measured in patients with powerful backs.

Back injuries occur when a spine is loaded and then a healthy movement pattern is broken. It takes endurance to maintain precise movement patterns. Therefore, when it comes to rehabilitating a patient with a spine disease, we must always give endurance a higher emphasis than strength. Moving on to more rigorous strength training should happen only after we have improved our capacity for maintaining healthy movement patterns, which will then boost our stability and mobility.

There is a lot to process there, and sometimes we tend to take “Fake News” as fact. Consider these problems and determine which ones make most sense. The following article will continue the myth series.

More Myths about back pain.

Myth: A powerful back serves as protection.

Power is the result of force and velocity. Power is essentially exerting enough force to move or bend the spine. Power generation in the spine is quite problematic since it raises the possibility of injury. Let's dissect it. In order to prevent injury, minimal forces (or loads) must be applied to the spine when it moves or bends quickly. The velocity must be kept low in order to maintain a low risk of injury, but, if the force acting on the spine is significant. Your level of risk is essentially determined by the total power or levels of velocity in relation to force. Studying merely velocity or force in a vacuum limits your ability to see the wider picture of what is actually endangering your back.

Myth: Exercises for bodybuilding will aid in recovery.

Fact: Bodybuilding ideologies will most likely hamper the healing process. Muscular bulking up is not the solution to achieving pain-free function.

The doctor or therapist overseeing the rehabilitation resistance training most frequently employs isolation exercises that focus on a single muscle. These are often carried out on a fitness machine. A typical recommendation would be for a patient to complete this resistance training program three times per week, using three sets of 10 repetitions for a range of exercises. The key question is still: Are these bodybuilding resistance training concepts

compatible with the ideas of improving one's control over their muscles and movement? NO is the resounding response!

Even worse are the exercises that are suggested. Think about this all-too-common scenario: the back-pain sufferer is instructed to complete several sets of bench presses. This advice not only hurts, but it also doesn't help you become pain-free. As required by the rules of physics, a person can press half of their body weight forward while standing. I've seen patients who can bench press like pros yet find it difficult to push open the steel door at our clinic's entrance. Pushups on the floor would be a superior alternative than bench pressing. Through measuring the mechanics and efficacy of numerous workouts in our lab, we have been able to identify which exercises will strengthen and which will weaken the back.

Myth: "Nothing works, just get on with it," read a research on back pain.

An issue as complex as back discomfort will not have a single, all-encompassing remedy. Only homogeneous conditions, like diabetes, are suitable for controlled trials that aim to find a universal treatment. These kinds of studies will remain inconclusive because the causes of back pain and the best treatments depend so much on the individual. In general, a research on a single intervention strategy will find no effect; some patients will get better and some will become worse. But the reality is that some improved. What was different about these people? We can create a set of symptoms that respond favorably to a particular kind of

treatment if we pinpoint the factors they have in common. We have developed important insights on matching the patient with the cure after researching the various causes and effects of back pain and after watching people experience their own successes and failures over the years. The remainder of the book is based on these realizations.

Myth: Excellent rehabilitation solutions include foolproof "cure your back in 7 days" or "be pain free in five easy steps" schemes.

We've now demonstrated that there isn't a single, foolproof treatment that will help everyone. A broken and sore back cannot be cured in a week by some sort of miracle. Even in the best case scenario, you might feel terrific following a brief course of therapy, but all it takes is one relapse in which you repeatedly experience the pain trigger to send you spiraling backward. In order to manage the injured tissues and stay pain-free while you wait for them to heal, you must use healthy movement patterns. You will join the vast majority of my patients and the patients of the thousands of professionals I have trained who never again had an acute bout of back pain by adhering to the advice given here.

I hope you learned something new from this list and that it will help you with your back discomfort. Just to recap: If your doctor is primarily using painkillers to help you heal, you require different knowledge.

- You need to discover a fresh strategy if your physiotherapist has only given you a list of exercises.

- You need to find a new strategy if all your chiropractor does is "manipulate" you and you need to go back repeatedly.
- If you've ever had a pain-free movement, you have the capacity to add more of them to your repertoire until you can live pain-free. You can be healed.



ELECTRONICS:

Size: 40mm x 20mm x 20mm
Battery: 3.7v 600mah (7training days)
BLE Bluetooth connection
IOS and Android apps

BELT:

Adjustable sizing (24-40 inch)
Soft neoprene and elastane fabric

SENSOR CALIBRATES TO YOUR BACK POSITION

ALERTS YOU BY THE BELT GENTLY VIBRATING AND ALSO SHOWING YOUR POSITION ON THE APP

USE THE BIOFEEDBACK TO IMPROVE TECHNIQUE AND POSTURE OVERTIME

Why I came up with the Back-Aware Belt

I came up with the Back-Aware Belt because as a chartered physio I was sick of seeing so many people come to me with back pain that could have been prevented. Back pain is terrible not because of the pain but because of the spasm and what it stops you doing. I have had patients who couldn't go to family weddings because their back spasmed at the wrong time.

Nearly all the time the back pain was caused by poor lifting technique and sitting posture. The patients had no awareness of their back position. Even doing core exercises a lot would come back doing them in correctly because **they just could not feel if they were in the correct position.** Also, in the gym I would see people lift or exercise with terrible technique and know in the future there will be trouble.

I had always thought that if I could have a device that could make them aware of their position it would really help. I hired engineers to help me who just ran out with my money. But the second group were great. The spine is more complex than people think so it took nearly 2 years of tweaking, but we have gotten there.

I am nervous but also very excited to be launching the BackAware Belt. I genuinely believe it can make a massive difference to people's lives going forward. If they are aware of their back position, then they will stop hurting it in the first place. If they are aware of their position when exercising, then they start strengthening your muscles that will activate to keep your body in a strong position.

Common Obstacles with Back Pain

Let's start by identifying a few obstacles to recovery that we put in our own way and lay out possible solutions for getting around them on the way to our ultimate goal of pain-free life.

Obstacle: After attempting physical therapy, my discomfort got worse.

Solution: You should now look for a physical therapist who recognizes and effectively treats the underlying source of your discomfort. Most likely, with the help of this book, you will be able to accomplish this on your own. Having the BackAware Belt and our program will give you great knowledge to start taking care of your own back.

Obstacle: I pay for every workout for the following three days.

Solution: There are two keys to this. First, it is to look at the things you do in your workout and make it back safe. If it is a game or something you enjoy like cycling we can adjust the training for a while to give your back time to heal.

Second, it is about seeing the things you do outside of training that might be causing you problems and addressing these.

Obstacle: People tell me the pain is in my head so it can't be fixed.

Solution: Show yourself that you are capable of engaging in certain pain-free motions. These articles will demonstrate how to transform those brief feelings of relief into permanent solace.

Obstacle: Someone encouraged me to simply stay optimistic.

Solution: While using positive thinking as your only method of pain relief is a fantastic idea, it rarely works. Your efforts should be concentrated on identifying and treating the source of your pain.

Obstacle: A clinic recommended me to rate my pain on a scale of 1 to 10.

Solution: Focus your attention on locating and taking pleasure in pain-free activities. Please discard the workbook that was provided for "recording" your level of discomfort. We focus on times where we are painfree not when we are in pain.

Is Surgery for You? - the Essential List

Over 90% of surgery can be avoided. Especially if you do not have pins and needles below your knee or a drop foot then it is possible to avoid surgery. However, let's look at key times when surgery might be your only option.

Before we consider surgery, I would ask you to think of virtual surgery. A term coined by the absolute great, Prof. Stuart McGill. One of the biggest benefits of surgery is the forced rest and then the disciplined following of a rehabilitation program. In many cases if the patient had 'pretended' to have surgery, then rested and rehabbed they would have had similar results without having to go under the knife.

Having surgery is like "rolling the dice". No "undo" button is present. Cuts are made in vital muscle and nerve tissue. The resultant scarring process can occasionally cling to nerves, potentially leading to chronic back discomfort. A permanent loss results from the removal of vital bone in specific places of the body because bone does not regrow there. For some people, surgery is effective. But take care. It might only be effective for a short while. According to studies, the surgical patient may make some initial progress, but after a few years, their condition is similar to that of people who opted out of surgery. The primary cause of this is the failure to treat the initial incorrect mechanics that caused tissue disintegration and subsequent pain. The place that was being worked on stabilized, but now the damage

has spread to levels above or below. In essence, the symptom will return in another location if it is surgically "fixed" but the underlying cause is never treated. Surgery without rehabilitation to correct the problematic movement patterns rarely results in a long-lasting cure. I'd advise you to take your time if you're thinking about having surgery. You will obtain the most educated, low-risk, and successful strategy over time if you follow the instructions in this chapter.

Try "Virtual Surgery" First

I mentioned this at the start but I firmly believe that certain operations succeed simply because they made the patient take the necessary rest. Always give this method a go before moving forward with a surgical procedure. By using these procedures alone, several of my patients have fared better than the surgical outcome predicted by statistics. What is a virtual operation? Assume you underwent the procedure you were considering. For at least three to six weeks, this prevents you from engaging in the activities you were. Along with a walking regimen, you are given gradual back rehabilitation exercises to perform.

Think about the following while considering surgery:

- Attempt "virtual surgery" first and only contemplate surgery if that fails.
- When neurological difficulties are severe, such as loss of bowel or bladder control, surgery should be considered.
- Radiating pain symptoms, numbness, muscular atrophy, etc. are all indications that the spine's nerve roots are trapped or weakened. Using movement therapy that is mechanically based and nerve mobilization techniques, we have had success treating each of these diseases. Always start with these. Please Note: These are specialised approaches that call for knowledge. They will exacerbate symptoms if done incorrectly or aggressively. In the more difficult cases, methods to lessen the cause of the nerve irritation or compression are also necessary.
- If there has been trauma, surgery can be an option. It's common to need to stabilize broken bones and torn tissues.
- Before considering surgery, pain must be excruciating and severe for a long length of time. Some of the most impaired post-surgical cases I've ever encountered were patients who had terrible pain for as little as three weeks before having surgery.

- You are not a candidate for surgery if you experience both good and terrible pain days. You certainly need to determine what is causing the discomfort to change.

- Watch out for "novel" remedies. Over the years there have been "new gadgets" that fail to live up to long-term expectations. Papain injections, heating with a catheter, coring and screwing with various implants, to name a few, have all been used to strengthen discs. None of these met early expectations or claims.

- Disc replacement is a different strategy about which I have serious doubts. I have yet to come across a long-term "successful" example, where success is defined as the complete return of prior activities without discomfort. Motion and loading are the main causes of spinal joint pain. The surgeons typically "fuse" the joint in a number of different methods. However, a man-made disc has the opposite effect. Its objective is to give the joint some motion again. But this is the mistake. There are three joints at each level of the spine, including the disc. The artificial disc generates a rotational axis that seldom ever resembles the natural axes of the disc. This places extra tension on the other two facet joints. They eventually develop arthritis and become uncomfortable of mobility. This method makes it exceedingly difficult to maintain spine health over the long run.

- Always take the safest course of action. You might believe that surgery is your only option because you once tried "physical therapy" or another strategy and it didn't work.

There might be other treatments that would be more suitable for you.

- Be wary of "institutes" that offer to look at your scans (CT, MRI), give you advice on surgeries, and do so without first evaluating YOU. They believe that because the pain is visible in the image, they can remove it. According to my science and experience, the painful disc is actually pain-free in many situations while a structure that appears healthy on the MRI image is the real source of the pain. The presence of the structure noted in the MRI must be verified by a surgeon. Having said that, an MRI can occasionally identify injury mechanisms by connecting different tissue damage patterns. My recommendation is to stay away from medical service providers who do not thoroughly examine the patient.

How to Choose the Right Surgeon for you:

- Take action on your own behalf. Everyone enjoys bragging about having the best surgeon. I've seen some people who are so careless and sloppy that I wouldn't allow them screw anything into my garage wall. A surgeon's skill is not necessarily reflected by the fact that they are the department head or spoke at a medical conference. I have discovered that it is a great strategy to ask the hospital's nurses and physiotherapist's which surgeons get the best results.

- According to some surgeons, "This procedure is successful for everyone." There is no procedure that is risk-free or that guarantees a successful outcome. Specify the operation's "success rate" in detail. The word "success" has a lot of baggage. According to certain medical sources, the patient did not pass away. In other cases, it denotes that the patient recovered quickly from the operation. With a clear awareness of the advantages and disadvantages of each option, you are more concerned with the longer-term success rate. Get the long-term effects.

- I advise you to locate another physician if spine surgery makes up a minor portion of their procedures yet hip surgery is their primary specialty. The ability to operate on the spine requires a lot of practice. It is best to find a surgeon who has completed the treatment hundreds of times or more.

- Some doctors claim that they always operate on the neck before moving on to the back. Although the "up-selling" of surgery seems absurd, it does occur. A patient having operable anatomic lesions in both the neck and back is extremely unusual. Look for a different surgeon if you hear this.

- I strongly advise you to go elsewhere if a surgeon suggests performing a multilevel fusion in the lumbar spine to treat degenerative disc degeneration. The spine should move. For a severely deteriorated disc, fusing one or potentially two levels is feasible; however, fusing several levels is infrequently required or advised.

An excellent surgeon will constantly go over possibilities, alternatives, and risk/reward. A butcher will never recommend you to go vegetarian. There are brilliant surgeons out there but remember they have a bias to their recommendations.

- You must locate another surgeon if the first one gets upset when you ask inquiries. A competent and knowledgeable doctor does not object if a patient asks questions—in fact, most of them welcome it. A curious patient is more likely to irritate a subpar doctor.

- You should stay away from surgeons who say they have never performed a certain type of surgery but would like to. Don't act as a test subject.

- You should be extremely cautious when the surgeon suggests performing the first surgery again if it doesn't

succeed. The patient did not require the surgery in the first place, which is the most frequent cause of surgery failure. A second surgery has substantially lower odds of success.

Important topics to go about with the surgeon include:

- To ensure that his previous patients were satisfied, ask the surgeon to arrange a call with a few of them. With GDPR this might not be possible but it is worth asking.
- Talk to the surgeon about your pain. Find the source of the pain and see if he can stop it. The likelihood of success decreases when multiple tissues are involved. The likelihood of success decreases considerably when there is injury at multiple levels of the spine. I strongly advise you to find another surgeon if your doctor cannot explain the anatomic problem and how they will fix it.

A Typical Story: Make sure it has nothing to do with your unsuccessful procedure.

You should adhere to the aforementioned guidelines to get the best results. It's important to take surgery seriously.

Here is a tale of back problems that is all too common: a patient complains of back discomfort to their family physician. The family doctor, unable to identify the underlying problem, issues a prescription (the GP sees the patient is obviously pained so they prescribe pain medication). If the pain doesn't go away, they might advise surgery or refer the distressed patient to a physiotherapist.

A surgeon may be recommended to the in-pain patient. In fact, there is an issue, and surgery can solve it, the surgeon claims. The patient will frequently get better while waiting for the surgery, which is scheduled. Back discomfort disappears on its own. The bewildered patient is unsure of what they did to relieve the discomfort and is equally uncertain of how to avoid further episodes of back pain. But the discomfort will return.

The uninformed (and now perplexed) patient recovers but continues to wonder, "Should I have the surgery? Do I not undergo the procedure? Now what?"

The discogenic back pain (disc pain) is likely episodic, according to a reputable back specialist. By episodic, we mean that a highly unpleasant attack takes place and then ends, repeating the cycle repeatedly.

The surgeon visits our uninformed patient once more. "Doc, it's been three months since I last saw you and I feel better. But after that, I made a mistake when picking up a bag of groceries and relapsed. Though that was two weeks ago, I currently feel fantastic. How do you feel?"

The surgeon devotes the full five minutes of his or her valuable time to the patient. Some surgeons could argue that since the problem keeps happening, it would be best to perform the operation and end the episodic issues once and for all. If, however, the surgeon determines that the patient is not a true emergency, they may make a completely unsuitable suggestion, such as, "Why don't we postpone the operation and why don't you try Yoga or Pilates?"

Why things go bad

The surgeon's failure to examine the pain triggers is an error in both logic and procedure in this case. In all honesty, the most of them lack these talents. If you do Pilates or Yoga that is not specific for back pain then in all likelihood it will cause the pain with some of the moves.

The main problem is that a patient who has pain only occasionally is not a surgical case. They only need to recognize and get rid of the things that cause pain and then they can have much more pain-free days.

Final Reflections

In an ideal scenario, the back-pain patient agrees to embark on a reasonable, gradual, and actively corrective path. The patient develops into a knowledgeable, engaged, and active participant in their own therapy. Competent clinicians who don't provide every patient the identical treatment assist patients in the right direction. Instead, health professionals try to comprehend and evaluate the person in order to pinpoint the source of that person's distress. Anything less gives room for bad behavior to continue.

The greatest way to change the existing quo is to arm yourself with knowledge, pose demanding queries, demand more from your medical professionals, prioritize assessment and accurate identification of your particular back concerns, and then take an active position in pursuing back wellness. In other words, you need to take the necessary actions to learn how to fix your own back.

Back Club Rules:

Rule number 1 of Back Club is you do not talk about Back Club! Just like fight club there are certain rules that we will follow to develop a strong back and a pain-free life! You need to engrain these into your brain and make them part of your life.

Let's get into the Back Club Rulebook!

Rule #1: Make sure you are doing something to help your back each day.

The health of each body system is positively influenced by appropriate activity. Make it a point to move your body every day; eventually, it will become second nature.

With the BackAware Programme we ask each person to do a 5 minute morning routine to set their back up for the day.

Rule #2: Get all the key elements of your life set up for success.

By striking a balance between sufficient sleep, a healthy diet, and an appropriate exercise/training regimen, you can attain maximum health and healing. Those who don't understand the significance of this balance will keep robbing Paul to pay Peter. Paul represents a heavy burden weighing you down and impeding your progress, while Peter represents opportunity.

Rule #3: Get rid of the cause. Avoid tense or weak postures. Pain and posture are directly related to one another. One of my most important guiding ideas is to avoid weak and

unpleasant postures. By aiming for and keeping a neutral spine posture, you can successfully prepare your spine to bear weight.

Corollary rule #3 of common sense is to avoid painful and vulnerable positions if they cause you pain.

The secret is to practice "spine hygiene." Moving well throughout the day, avoiding uncomfortable motions, extending your range of pain-free activities, and developing some ability for corrective exercise are all necessary. In other words, what you choose not to do is just as significant as what you choose to do. With the BackAware Back plan, we go over these motions in great depth and demonstrate how to use your belt to save your spine from being painfully triggered.

Rule #4: Be wary of clinicians whose "treatments" call for repeated follow-up appointments.

If you are hurt and in pain and seek professional assistance, you should anticipate that the knowledgeable specialist will treat and resolve the issue in a fair amount of time. If a clinician's specialty is managing pain without treating the underlying cause, the patient may come to view the clinician's practice as uncaring, as they may only provide temporary relief. The greatest doctors only see you once or twice because they equip you with the knowledge and skills necessary to take charge of your own recovery.

Rule 5: Be cautious of "passive treatments."

Treatment can be divided into two categories:

- Passive treatment: intended to alleviate the discomfort (the symptom)

- Active therapy: intended to target and treat the underlying problem.

Getting treated passively is when someone does something to you. Passive treatment, such as having an ultrasound machine rubbed over your back, involves the patient merely sitting, standing, or lying down while anything is being done to them. Device-assisted passive therapies do not address or treat the underlying causes of pain. Rarely does passive treatment raise the likelihood of permanently curing back pain. On occasion, though, passive methods like specific chiropractic manipulations or muscle-based treatments can address a portion of the reason. They may open up a window of time where you can move around without experiencing any pain. To treat a patient, however, they must be used in conjunction with active patient involvement in improving movement quality.

In order to receive active treatment, the patient must contribute in some way that advances the cause of the illness. An active treatment, for instance, is learning how to walk to avoid pain triggers. Maintain your right to leave if the therapist only concentrates on providing ease and makes no effort to provide a cure in order to avoid being an ATM for ineffective or incompetent clinicians.

Rule 6: Choose your winning Team. Don't be afraid to move if not getting the results.

Many people who experience back pain assume all doctors are qualified. There are good doctors and bad clinicians, just as there are good car mechanics and awful ones, great and poor teachers. Patients frequently hold doctors in high

regard, and some will take advantage of this. They adopt autocratic behaviors that convey, covertly or loudly, "How dare you criticize my professional practices!" However, the consumer is the patient, and as such, you have every right to inquire as to why and how a given course of therapy is best for you.

For instance, it has never been demonstrated that ultrasound, a relatively used passive treatment, can treat back issues more effectively than a placebo. If the patient keeps repeating the dysfunctional movement patterns that led to the initial disease after the operation, it is uncommon that the person will be cured. I think it ought to be made law that no operation may start until the patient has seen the mechanical source of their discomfort; you'll learn how to do that in the following chapter. It is undeniable that certain soft tissue treatments, such as trigger-point therapy, Active Release Technique, and top-tier chiropractic care, can help in a fully successful program - provided the sessions are sparse in quantity and accompanied with active therapies.

Rule #7: You did not see a back expert if you left the doctor's office with only pain medication and no active treatment plan.

Many family physicians openly state that they are unsure of how to treat patients with back discomfort. They intend well, but all they know how to do is prescribe painkillers. Unfortunately, people who have had their pain suppressed by medication frequently make things worse by being able to continue with dysfunctional and erratic movement patterns. It gets worse because of this.

Before you can begin prescribing a good movement pattern, you must first understand what one is. Nothing in family doctors' education gives them knowledge of the cutting-edge field of back health.

Rule 8: Get the Balance in training right.

You run the risk of "overpowering" your back if you add too much force. Too much back strength and power needs to be balanced out by endurance and control. You may keep flawless movement patterns while becoming exhausted, repetition after repetition, if you have endurance. When the ideal movement form is lost, injury results, resulting in stress and suffering. Spine stiffness (or hardness), coordinated with the hips' and shoulders' centered motion, is necessary for spine-conserving movement.

Rule #9: There is no one-size-fits-all approach to therapy! Being individual beings, we all have various backs and hips, both of which affect the back. It's a stupid misconception to think that there is one fitness regimen that works for everyone. Physical therapists and medical professionals all too frequently treat each patient the same way, regardless of their unique circumstances. For the patient, that is terrible even though it is simple and practical for the doctor or therapist.

The healthcare professional must thoroughly investigate the patient's injury history and develop a unique therapeutic plan:

Determine the actions, postures, and loads that contribute to the discomfort in order to develop the proper functional diagnostic.

- Removing the cause is the second step.

-

The third phase entails picking the right rehabilitation technique, which involves motions that reduce pain and repair damaged tissue.

-

Enhancing and expanding pain-free activities comes in at number four on the agenda.

Recognize that there are basic movement patterns. This book is packed with advice on how to sit, walk, lift, drive, sleep, and generally live your life without any pain. Demand dedication, care, and great attention to determining the problem, the corrective beginning points, establishing logical progressions of workouts, and choosing a suitable dosage if you seek professional counsel to help you carry out this plan. But most will be able to successfully lead their own plan after reading this book.

Rule #10: Success is attained by ongoing personal evaluation.

The program must change as the healing process advances. Both the "dose" of the training and the range of pain-free movement patterns will increase. Your capacity for being pain-free will rise. The goal is to develop exercise programs that function below the pain threshold. You've done too much, too soon if your workout causes pain. As a result, the goal of any program should be to lessen pain. Following a reassessment, subsequent stages are created to increase pain-free exercise.

Think about the following scenario: The patient has relatively few options for pain-free activity. Walking five steps after getting out of a chair might not hurt, but taking six steps does. Their current capacity for pain is five stages.

In this case, the person's five-step pain capacity is so poor that working with a rehabilitation specialist is not practical. The patient's tolerance for discomfort is insufficient. Getting up and taking five pain-free steps per hour is a practical way to increase this person's capacity for pain tolerance. The patient will gradually gain strength and eventually be able to take six steps, then seven, then eight, and so on. We might start taking hourly walks up and down the patient's driveway once the patient can take, say, twenty steps. Walk the block three times each day when the driveway becomes less difficult. Less frequent but more challenging sessions now represent the new work/rest ratio. By assessing the situation and analyzing the results at each stage, the progression is steered.

Burn these into your head and we will be able to change the game. In our BackAware Programme we really go deep in teaching you the keys to keeping your spine safe and then have exercise classes to help your back.

Low back pain and its cause

For many of us, low back discomfort is more of an issue as we get older. Many patients start seeking physiotherapy treatment in their 30s and 40s and are perplexed as to how it all came about. The pain might have been triggered by a sneeze, a long drive, or yard work. But earlier, you were always able to perform these tasks without even hearing your low back creak. And things have changed since then. Back discomfort can become worse even from job stress.

Why does your back appear so weak now when it used to be so strong? What altered? Actually, not much. The truth is that back issues usually start when we are young. We can examine changes in the back's disks using breakthroughs in MRI technology to determine when these injuries initially happen. Spinal degeneration can start at age 10 if there has been trauma, such as from playing sports or just being silly as a child. Rarely does the youngster experience intense pain, and the damage seems to have minimal lasting effect on the child. However, having back pain is not the same as having a back issue, like a disk sprain. Even if the pain may be much reduced, it does not always follow that the joint's

symmetrical mobility has been restored and the vertebrae have returned to their original positions.

Our bodies are incredibly capable of healing on their own without the aid of any kind of medical professional. The best doctor is mother nature and intrinsic wisdom. However, occasionally a person's rehabilitation and restoration to full and ideal health are only partial.

Making the bed can be excruciatingly painful because of the joint damage caused over time by gravity's influence and daily stressors. But was that really the creating of the bed? You have most likely done this every day of your life, so no. One of these "silent" injuries may have been found if a licensed physiotherapist had performed a comprehensive assessment before the onset of symptoms. However, the majority of people wait to get assistance until they are in pain.

After a trauma, it's crucial to get checked out, even in young children. The first step in getting you the care you might require is accurately evaluating the severity of the injury. The discomfort frequently disappears rapidly, leading us to believe that the issue has likewise been fully resolved.

The motions of your spine should be smooth and symmetrical, so getting frequent checkups to ensure this is the case could help you avoid more serious issues in the future. Additionally, we can give you advice on injury-prevention measures like safe lifting practices.

Low Back Pain . Fix the problem and you won't have to worry about the pain

Our perception of our health has become somewhat muddled at times. Most of the time, when low back pain occurs, we assume a new injury or condition. But why was this time's coughing, shaving, or laundry so different? These are daily activities for us. Rarely is a fresh bout of low back pain triggered by an obvious wound or trauma. Most of the time, trauma is pretty minor. We mistakenly interpret pain as an indication for an ongoing physical change.

What then is the issue? Joint sprain or subluxation is the issue. This ligament issue is brought on by several minor micro traumas over many years, or sporadically by sudden occurrences like falls or car accidents. The joints and vertebrae move as a result of the ligaments stretching with time, aggravating the sensitive nerve fibers. But the discomfort that comes along with this injury progressively fades over a few days or weeks, and in many cases it disappears entirely. But has the issue also disappeared? Likely not, as the regeneration of injured ligaments involves scar tissue, which is less elastic than the original tissue, making the joint susceptible to re-injury and occasionally limiting the spine's free and symmetrical mobility.

This may explain why a straightforward action like lifting a laundry basket can cause the back to flare up so easily. To counteract this it is important to do the correct exercises and learn how to look after your back. This allows the back to heal and develop more robustness so that you don't constantly have issues with your back.

With our BackAware Program you do a 45-minute class once per week to switch on the core and glute muscles again. This teaches you over the weeks how to move correctly again taking pressure off your back. A lot of people try exercises on YouTube but these might not suit you and even if they are good exercises you may be doing them incorrectly. This can make the problem worse, not better!

Hopefully, this article got you thinking of trying to fix the cause and not constantly think taking pain killers is the solution.

The problem with a low back problem

If you watch much television or have paid a visit recently to a family medical doctor for low backpain, the information you're getting may be a flawed. For example, you've probably been told that back problems are not very serious and that the problem is quickly cured with simple treatments, such as going back to work or taking an aspirin. In one commercial that aired not long ago, a patient bent-over in a stuck position is apparently cured by taking two aspirin. These advertisements convey the message that back problems are trivial and that cures come in a bottle.

The reality is far different. Few studies show that taking pills does any good at all. More importantly, they tend to mask mechanical problems of the back that need mechanical types of treatments. Most back pain results from problems involving the spinal joints, either moving too little (fixation dysfunction), or too much (instability). These small problems grow bigger when you consider the spine is the lifeline of good posture. You really can't do very much with a bad back. You may not be able to work, play, or even sit for

longer than fifteen minutes. This can have far reaching consequences for everyday life and its enjoyment.

Treating these minor aches and pains as signals of something wrong that needs to be properly diagnosed and corrected is the best way to manage this type of injury. When these problems are ignored or improperly treated, it's only a matter of time before the minor sprain turns into something like a disk protrusion, and eventual degeneration or arthritis. With arthritis, there will be substantial limits on the function of the low back and with lack of function comes reduced quality of life.

With our BackAware Program we address the causes of back pain. We look for you to stop moving excessively in the spine and start learning how to move through your hips. Honestly, 90% of back pain is simple to treat but it baffles me how little most healthcare professionals know about stopping the cause.

Learning these things through the BackAware Program and doing BackAware Back Pilates can help you take control of your back and life again. Back pain can be such a drain on your energy and emotions. You get used to it but it is always

there in the background. It is only when you have learned how to manage it that you realise what a relief it is.

Why don't the stretches I do help my Back pain?

Low back pain is a chronic issue, like the majority of medical problems. Patients with low back pain frequently have it intermittently for years. Moving boxes or picking up a sport we haven't played since high school appear to trigger back discomfort when we overexert ourselves or do something unusual.

The majority of patients report that stretching appears to shield them from issues and accidents caused by normal daily activity. Stretching before an exercise has benefits that both weekend warriors and regular athletes will attest to.

But when the discomfort starts, stretching is often not a wise course of action. How come? Why is something so good at preventing a problem but useless at treating it. However, some patients are fortunate. They could discover via trial and error that stretching helps to relieve their back pain. But after time, it loses some of its potency. Some patients claim that doing their usual pre-activity stretches makes the discomfort significantly worse.

The goal of stretching is to lengthen tendons and muscles. But ligaments and discs are often the focus of back issues.

The stretched out ligaments in this situation also cause the bones to move into aberrant postures, which is a problem. Stretching may therefore relieve a tight muscle, but its effects on ligaments may be harmful.

The fragile nerves of the lower spine intersect the disk areas, which is another thing to take into account. Stretching can cause those nerves to extend and aggravate themselves further.

It is a clue that the ligaments have been damaged if you discover that your typical stretches seem to have no effect on your pain or even make it worse. Stretching won't help in this situation, therefore you'll need to see a doctor or physiotherapist who can examine your ligaments and discs.

The physiotherapist's adjustments are intended to straighten the spine's bones so that the ligaments don't continue to be stretched out and cause pain. The length of time that the bones can maintain their natural posture increases over several weeks, and the ligaments progressively start to shorten.

Our clinic can also provide you advice on stretches that lengthen the muscles without further stretching the lower

spine's already-damaged ligaments. Please email your phone number to me if you want to talk about your back discomfort.

To discover how we can help you visit www.everardpilates.com/backfreetrial and we can give a free trial of our Back Pilates to see the benefits

Painkillers? Are they the best option for me?

“Eoin, I went to my GP last week after suffering with tension and tightness in my back (it’s been on-off for 8-9 weeks now) which seems to always be worse on a night.

It’s not great through the day, but I can say frustratingly, it seems to want to get worse, every time I get set to go to sleep.

To cut a long story short, I went to my GP a few weeks back and he told me it’s likely to be “just muscular” and gave a course of anti-inflammatories called diafene (and some paracetamol).

From your experience, does it sound likely to be “just muscular” as the GP suggests, and will such medication actually help me?

Grateful of a reply and your time Eoin”.

Joan

====

To be blunt, the GP isn't helping "Joan" here.

To suggest that it's "just muscular" is naive at best.

Why?

Because muscles in the lower back don't just "all of a sudden" decide to get tight and tense.

There is ALWAYS an underlying reason.

A ROOT CAUSE of a back problem that must be found.

Sure - "It's muscular" is what's causing Joan's pain, but it's not the root cause for the pain.

It shows up because something else is wrong.

(And "yes", painkillers will make a difference...)

But they absolutely WON'T help in the long run.

(I'd argue it will make her problem worse, in the end).

Because whatever caused the muscle in her back to tighten in the first place, is still going to be wrong.

The SOLUTION is to have the joints put back in the RIGHT place.

As in, eased very gently by hand, back into the correct position .

Massage is vital to ease pain, and will do NATURALLY what the doctor is trying to do with painkillers.

After that, the right Exercises come into play.

(Something like Pilates, mixed with a touch of Yoga...)

And doing this will work at giving more movement and strength, and improving posture.

Meaning you're going to look more healthy too

And that would be nice, right?

The treatment I do for this type of problem is a very simple three step process:

= = =

1.) Find the root cause of the problem through our BackAware Quiz

2.) Work by hand doing manual re-alignment of stiff joints and deep massage of tight muscle to 'Reset' the body.

3.) Show the best exercises to work on at home to make improvement happen faster based on number 1 - Finding the root cause.

= = =

And it's the latter that is so important ... if you want to stop the pain from coming back, any time soon. What kills people with back pain is not the pain. **We can live with pain. It is not knowing when it can strike and ruin your plans. Back pain without a plan can feel like a ticking time-bomb.**

If you're at all interested in finding out more about the very natural and simple solution to ending your back pain and tension, then why don't you try The BackAware Plan. We take you step by step to learn how to look after our back.

Hip Pain or Low Back Pain – Which One Is It?

Technically, the hip is the ball-and-socket joint between the long bone of the thigh and the pelvis; but more often than not, many people will point to a number of different places on their back or pelvis and say, “My hip is killing me” when it’s not really “the hip” at all!

Hip pain can be located in the front (groin area), the side, the back, or in the buttocks. The “classic sign” of hip pain is reproduced most consistently when you try to cross your legs—put your ankle on the far end of the thigh and then push down on your knee. This may feel tight and cause pain in the groin area. For many people, hip pain is also reproduced when they cross their legs and then pull their knee towards the opposite shoulder.

The hip is a VERY strong joint due to the deep receiving cup of the pelvis and the round ball that fits nicely into it. Because it’s a freely moving joint, there is a joint capsule. The capsule is lined with tissue that produces an oily substance that lubricates the joint (called synovial fluid), and when hip pain occurs, this can be caused by a capsulitis

(inflammation of the capsule) with a buildup of synovial fluid (called synovitis).

When the smooth, shiny surface of the ball starts to wear thin (which can eventually wear away down to the bone), that's a condition called "osteoarthritis." This occurs over time for many and may eventually result in the need for a hip replacement. This usually isn't needed until an individual is in their late 60s or older (if at all), but for those who injure a hip earlier in life, the "wearing out" process may accelerate and a hip replacement may be needed well before old age.

There are many studies that report low back and hip arthritis often occur together, and differentiating between the two can sometimes be a challenge. For example, pain can radiate from the hip to the knee, which many doctors will diagnose as "sciatic nerve." But hip pain can present exactly the same, making it hard to determine if it's low back-generated pain or hip-generated pain.

This is why it's SO IMPORTANT that your physio conduct a careful history and examination. There are specific tests that he or she will perform that help determine which of the two is causing the pain. There are times when they may find

BOTH problems co-existing together, making it necessary to manage two problems, rather than just one.

There are many mobilization, manipulation, soft tissue therapies, modalities, and exercises available to patients with both hip and low back pain. With our back program we try to address all these key areas. We give you exercises and mobility routines that can help you save hundreds and more important help relieve your pain going forward.

The role of Pilates in keeping your Back fit and healthy.

I got this question asked in my clinic this week that I wanted to share with you (it's a common question I get asked often on the topic of back pain)...

"Eoin, I'm desperate to get back into shape after suffering with a bad back for long time. Can I continue to stay fit and active when long standing back pain still gets in the way? Physio is a great help, but I want to do more by myself while I'm receiving treatment, I'm just scared, a bit nervous and don't know what type of exercise safe..."

- Sandra, 43

I understand that the thought of doing any type of exercise at all when you're in some form of pain might seem a little scary and worrying... You don't want to run the risk of making it any worse in case it turns into an injury and puts you out even longer. But I'd like to put your mind at ease and let you know that just because your back is causing you issues right now, you don't have to keep yourself stranded on the sofa until you wake up one day to find it has magically disappeared.

You see, even though Physio is great and really helps to ease your pain, it can never be a full blown cure alone. The real long-term success at overcoming things like back pain lies within what YOU do in-between and after your Physio sessions.

Let me explain...

Most bad backs happen because they're not strong in the first place, so in order to get your back strong your lifestyle and the types of activities you do play a huge part in your recovery.

A lot of us have jobs that involve sitting at a desk all day. I know Sandra works as a teacher and her back pain came on as a result of sitting for long periods of time without regular breaks to move around, and then going home at a night to sit yet again for a few more hours before going to bed!

And seeing as your back isn't made to sit, sitting puts a lot of pressure on the spine.

So the long-term solution?

With our BackAware Back Program we start trying to find the route of your problem and then put you on a program

that gets your stronger and fitter in a way that doesn't hurt your back. The technology allows you to know you are doing exercises safely.

Be consistent with doing THE RIGHT TYPE of Pilates style exercises for 2 months, and then when you notice a difference you can start adding in other gentle exercises as an addition to make sure your bad back doesn't creep up on you again.

To discover how we can help you visit www.everardpilates.com/backfreetrial and we can give a free trial of our Back Pilates to see the benefits

Low Back Pain? Get the joints above and below the lower back moving correctly to get relief.

The main reason for lower back issues is that the joints in the low back (or the disks) are moving too much. When we sit or bend they are in too much of a flexed position. This is because we are not able to move in the correct areas. Our hip joints are ball and socket joints. This means that they should be able to move in every direction and we should have a lot of movement through this joint. The upper back is another area where we should be moving through when bending through our spine, not our lower back. Due to our lifestyles in the modern world it is very common for the hips and the upper back to stiffen up. When this happens we have to find the movement somewhere else. Unfortunately we find it in the joints where we shouldn't be moving that much, the lower back and the knees! Too much movement in the back puts excessive pressure on the disks and the small joints of the back called the facet joints. Therefore, to ease back pain it is crucial that you start moving better in the hips and the lower back. All of my physio sessions for back pain spend a lot of time doing specific treatment techniques and simple

exercises for you to do that will improve the way you move at the hips and upper back to see immense improvement in your lower back pain. Remember look for the cause not just the symptoms.

To discover how we can help you visit www.everardpilates.com/backfreetrial and we can give a free trial of our Back Pilates to see the benefits

Low Back pain and Failed Surgery

Back surgery is quite common in Ireland with thousands of operations each year. Sometimes these are laminectomies and diskectomies and other times the spine is fused together so certain joints no longer move, a critical spinal function. The conservative medical approach/thinking is rest, medications and if these fail, then epidural injections are often used. If there is little relief, at this point in the patient's course, specialist back physiotherapy is usually not considered, and many patients follow the medical trajectory toward surgery.

Although most surgeons wouldn't consider an operation to be effective for back pain, most patients think this is the primary concern for the surgeon. In reality, the surgery is more indicated when the nerve root is compressed and there are neurological signs such as muscle wasting, foot drop, or numbness. If back pain is the primary problem and not leg pain or numbness, then surgery should generally be avoided.

But most patients with leg pain will also have low back pain, and this low back pain can be quite severe. The patients that have this continued pain or numbness, are called surgical

failures. The term for this is failed back surgery syndrome. Entire medical conferences have been devoted to the topic/problem. Patients are left with few medical options after a failure and re-operation is especially problematic. The patient may be prescribed an opiate patch, or perhaps an implanted spinal cord stimulator, or both. These devices send electrical impulses through tiny wires that carry the signal to different areas of the spinal cord.

Sometimes these approaches work but too often they don't. By their nature they cannot correct a joint problem. If you had a joint/disk injury before the surgery, it is likely it is still there. Post surgical cases should be evaluated by a specialist back physio to see if there is an underlying joint problem that the can be adjusted specifically.

Our BackAware Program gets to the root of the problem and teaches you how to address the causes of your pain so you can address them. This is not rocket science. It is simple enough movement mechanic principles that are sadly not known by enough people.

Start taking control of your back and learn to control the pain triggers for a better, more painfree life.

What can you do to prevent low back pain?

One of the most important concept in spine care is making the patient an active participant in their rehabilitation. You need to show patients how to help themselves, rather than blindly going to a physio, chiropractor or whoever week after week, month after month just getting short-term relief. It's important to change our sedentary lifestyles so that we not only get well, but also do things that prevent problems from occurring in the first place. But first, it is important to understand how back injuries occur. When we bend and twist and pick up things, tremendous forces are placed on the disks and ligaments of the spine. It's important for muscles to be coordinated and flexible so you have maximum strength to resist.

Hopefully you've begun an exercise program. One of the more neglected areas of daily spinal hygiene to make sure you are not overloading your back in ways that will cause pain and discomfort.

Sitting: Do you sit with a pillow or towel placed in the small of your lower back? Do you take 1 minute microbreaks every hour? Do you sit to the front of your chair to take your

back out of flexion? These are just a few things we can do to help our backs.

Walking: do you use the power of walking to help your spine recover either before work or just after. 5 minutes of power walking (swinging your arms) can make a massive difference.

Exercise: Do you have specific exercises that help your back that you do correctly? The BackAware Programme is specifically designed for people with back pain and our BackAware Belt is technology we use to make sure you are doing it correctly. The Irish Times says its liking having every lift and exercise supervised by a physiotherapist.

Life is easy when you live it the hard way and hard when you live it the easy way. Incorporating once per week a back exercise programme and taking simple steps to help your back will lead to big improvements.

Low Back Pain vs a Low Back Problem? Is there a difference?

Your "back pain" might be a misnomer. We often confuse pain for a problem. Doctors often don't help matters by not doing thorough examinations, and just offering a prescription of pain pills or anti-inflammatory drugs when the patient comes in with a complaint of pain.

So what is the difference? The pain is part of the problem you are experiencing, but it is not the actual cause—the problem that is producing the pain. If you say you have back pain to a doctor, this should be the starting point for a complete examination to determine its cause. Is it a problem with the disk (a cartilage ligament that separates the vertebrae)? Is the problem more a muscle strain? Do the joints of the spine move in a free and symmetrical pattern? Is the problem coming from somewhere completely different?

Have you been examined this way? Was your spine moved around in different planes? Did the doctor poke and press on different tissues of the spine to see if there was swelling (inflammation) or tenderness? Were x-rays taken to see if there was normal alignment and good posture of your spine?

All of these tests help to determine the actual nature of the problem. It's not enough to just call the pain the problem and leave it that. Sadly, this happens to far too many patients who are left thinking that if they just take something to cover up the pain, it makes the problem go away. **Don't live your life on painkillers for no reason.**

With the BackAware Belt and program we address the causes of back pain. We do a quiz at the start of the program to be able to address what will be best for you and then provide a plan that can get you back to enjoying your activities with maximum function. If your pain is gone but you still cannot use your back like you used to, then you might want to consider an alternative approach.

Of course, taking pain pills for long periods of time can also lead to undesired side effects such as stomach ulcers. We are very conditioned in society to accept pills as the source of health and longevity. For many patients they are critical to regaining health, but too often they are used as a panacea, especially when it comes to back pain. You should ask questions about a doctor's approach to getting you well, and whether this fits with your philosophy and preferences.

Fixing Low back pain in Elderly patients

Around the world, low back pain (LBP) is a leading cause of disability and ranks sixth in terms of “overall disease burden.” Chronic low back pain (cLBP) has a profound socioeconomic impact on individuals, families, and communities—so much so that the World Health Organization has identified LBP as a major disabling condition.

Older people tend to have greater physical disability caused by LBP compared with younger individuals, and old age is often associated with non-recovery and poor outcomes. One study found that more than a quarter of older people in the United States had cLBP upon entering retirement and that those born between 1946 and 1964 account for 51% of all costs (over \$10 billion) associated with cLBP.

So the question of the month is: how safe and effective is physiotherapy care for older patients with cLBP? To help answer this question, researchers searched multiple sources for studies that included patients over 55 years of age with cLBP (more than three months of LBP), that utilized some form of manual therapy, that included tools that measured pain and disability, and that utilized a randomized control

trial design. Researchers excluded data from experiments in which subjects had prior back surgeries, had pelvis-only pain (e.g. tail bone pain), or had received only a single treatment without follow-up.

Though only four studies met these stringent criteria, the authors did conclude that manual therapies, which including the manual techniques we deliver at Solutions Physio, can improve pain and function in older patients with chronic low back pain with very few adverse side effects.

This study supports the benefits of physiotherapy for the aging population and emphasizes the need for effective treatment options for cLBP with a low risk for serious adverse effects. With the size of the senior population expected to double over the next several decades, chartered physiotherapy will surely continue to play an important role in improving the quality of life of the elderly. An important note is that fixing back pain in your 50's and 60's is considerably easier than in your 70's. Correcting predisposing factors now can help you avoid cLBP in the future when it may be harder to address.

To discover how we can help you visit www.everardpilates.com/backfreetrial and we can give a

free trial of our Back Pilates to see the benefits

Is your Back pain caused by your hips or your feet?

The body is an interconnected whole and needs to be looked at as such in order to get at the root of a spinal problem. We are all familiar with low back trauma, bending and stooping in awkward positions to lift something from a trunk, or the slip and fall on ice. In these examples, it's easy to see how the trauma preceded the low back pain. But sometimes pains in the low back is not so easy to figure out. One area of the spine could be compensating in posture for another, inhibiting a vertebral joint's ability to fully recover. Or maybe you're suffering from the cumulative effects of microtrauma over time.

One such example is leg length discrepancy. About 1/10 people will have an anatomic difference in leg length of up to one centimetre. One leg being shorter than the other causes the pelvis to incline to one side providing an uneven support for the base of your spine. It's a little like walking with one foot in a small ditch. The uneven pelvis then causes a lumbar scoliosis, which must be further compensated from above. However, leg length discrepancy or one leg being shorter than the other can also be functional, due perhaps to

a small or collapsed arch of the foot. This can account for up to 5 mm of leg length difference. Do you have a history of having flat feet or have you ever sprained one of your ankles? The sprained ankle can damage ligaments to such a degree that the normal arch of the foot can no longer be maintained.

Depending on the degree of the problem we may be able to help your low back pain by correcting a problem in the foot. Many in-shoe orthotics are available to correct a fallen arch. If the problem is very severe, you may also need a visit to a podiatrist. In any case, it's important to consider the foundation of a spinal problem, and it can be as simple a problem as bad foot posture that is affecting how your low back functions. Also, problems in the sacroiliac joint or hips can affect how the lower spine moves.

Another common reason for back pain is limited movement at the hips. We are designed to move and will achieve movement regardless if it is through the correct joints or not. Your body is naturally designed to bend correctly through the hips. However, if you are very stiff through your hips then the body compensates by moving too much through the spine. Over time this unwanted, unnatural excessive

movement through the spine can lead to problems such as sciatica, disc protrusions and general back ache.

So pay attention to where the pain is located, but also consider that other joints nearby may be affecting your recovery as well. The BackAware Program makes sure our exercise not only get your back and core strong but focus on these other predisposing factors. Improving balance and hip mobility. I am really excited for you to see how it can work for you.

To discover how we can help you visit www.everardpilates.com/backfreetrial and we can give a free trial of our Back Pilates to see the benefits

Where does back pain come from?

Most of us have suffered from back pain at one time or another. It often occurs after over-doing a physical task, like fall yard work, winter snow shoveling, working on the car, cleaning the house, and so on. But there are times when identifying the cause of back pain can be difficult or impossible. Let's take a deeper look at where back pain can come from...

Though activity-related back pain is common, many times a direct link to over-use is not clear. Micro-traumatic events can accumulate and become painful when a certain threshold is exceeded. (Think of the old adage "The straw that broke the camel's back.")

There are other less well-identified causes of back pain. One is called referred pain. This can be caused by an irritated joint or soft tissue not necessarily located in the immediate area of the perceived pain. For example, pain in the leg can result from an injured facet joint, sacroiliac joint, and/or a disk tear (without nerve root pinch). This is called "sclertogenous pain."

Internal organs can also cause back pain. This is called a "viscerosomatic response" (VSR). A classic example of this is when the right shoulder blade seems to be the source of pain when the gall bladder is inflamed. This pain can be located at or below the shoulder blade next to the spine and the muscles in the

area are in spasm and sensitive or painful to the touch. Also, VSR is often not worsened or changed by bending in different directions (unlike musculoskeletal / MSK pain). Without further testing, it's easy to confuse this with a MSK or a "typical" back ache. Ultimately, a final diagnosis may require an abdominal ultrasound (CT, MRI scan, and other diagnostics are less frequently used).

Visceral pathology in the back pain patient presenting to physiotherapists is reportedly rare, and according to one survey, only 5.3% of patients present with non-musculoskeletal complaints. Other common VSR pain patterns are as follows: Heart - left chest to left arm, mid-upper back, left jaw; Liver - right upper shoulder (front and back), right middle to low back, and just below the sternum; Appendix - right lower abdomen (may start as stomach pain); Small intestine - either side of the umbilicus and/or between it and the breast bone; Kidney - small of the back, upper tailbone, and/or groin area; Bladder - just above the pubic bone and/or bilateral buttocks; Ovaries - groin and/or umbilical area; and Colon - mid-abdominal and/or lower quadrants.

Another challenge to diagnosis is cancer in the spine, which can be primary or metastatic (from a different location). Thankfully, this is very rare. A history of unexplained weight loss, a past history of cancer, over age 50, nighttime sleep interruptions, and no response to usual back care may lead a doctor to recommend

tests to determine if cancer is present in the spine. These are known as red flag signs.

Bottom line: When patients present with back pain, physiotherapists have been trained to look for these less common but important causes of back pain. They get “suspicious” when the “usual” orthopedic tests do not convey the usual responses seen with mechanical back pain. In these cases, they work with primary care doctors to coordinate care to obtain prompt diagnostic testing and treatment.

99% of patients I see in my clinic with back pain have mechanical low back pain, which is very fixable when properly assessed and treated.

Whenever you're ready here are 2 ways we can help.

1. Some people with back pain are ready to take action. Our best approach is our BackAware Belt and Back Rehab Plan. Usually we require a commitment of 6 months and we include the BackAware Belt in this price. However, we can offer you a 4 month minimum commitment and include the belt. This way you can see massive improvements and only pay €39 per month for 4 months.
2. WE have our Back Pilates programme where you can try a free trial either at back

ABOUT THE AUTHOR

Dr. Eoin Everard is a chartered physiotherapist and Certified Athletic Therapist who specialises with low back pain. He has a PhD in human movement from University of Limerick and has used this expertise to develop Back Pilates. A full system to get people wanting to treat or prevent back pain moving better. Along with his Sports Pilates course they have over 60 5 star reviews.

Eoin also developed the Back-Aware Belt. The first of its kind technology that gives you feedback about your lifting technique so you can lift safer and reduce the stress on your spine.

(www.backawarebelt.com)

To discover how we can help you visit www.everardpilates.com/backfreetrial and we can give a free trial of our Back Pilates to see the benefits



Specialist, Chartered Physio

PhD Candidate

Columnist with Kilkenny People

Published Author