



The Top 10 Strategies to Target Back Pain



Use these top ten latest researched techniques to help halt back pain in its tracks! I have done all the hard work for you. I am Dr Jeremy Thomas, Director of Little Sprouts Chiropractic. I have personally spent hours trawling through all of the latest research to bring you clear instructions on how to deal with low back pain. When you have backpain you feel down and frustrated, it is hard to be in the moment and truly enjoy life. It is hard to know what to do, there seems to be many options.... Try out these best researched techniques, then if you need more professional help see the bottom of this guide.

At any one time a quarter of Australians have LBP(1). Data from 2010 ranked back pain as the most burdensome disease in Australia. A key problem with LBP is the number of people progressing from an acute to chronic state. While 40% of people with an episode of LBP will recover within six weeks, 48% still have pain and disability at three months and, of those, almost 30% will not recover at 12 months (8). Once LBP is chronic, levels of recovery and effectiveness of most interventions are much more challenging (9) and, in 2005, 38% of those with back problems in Australia had to change their work status as a result of back pain. As well as significantly affecting activity participation, LBP is frequently associated with co-morbidities such as depression, with rates 2.5 times those in people without LBP (1).

So lets move from feeling old, frustrated and down to getting back that spring in your step, more energy and focus and target that burdensome pain.





1. Don't Stop Moving But Modify Painful Activities

Evidence suggests that for Non-specific low back pain that the old advice to rest may not be better than advice to stay active for preventing future episodes of low back strain. Research has indicated that a reasonable amount of activity starting from the early stage of tissue injury can contribute to effective healing (2). Results may explain in part why LBP recurrence occurs more often in patients choosing rest. Another study showed that an exercise program including yoga and stretching reduced pain levels in the lower back in high school students (3).

2. Posture Awareness

In one study it was demonstrated that by learning and adopting the right body posture and ergonomics skills, the everyday load on the spine is decreased, which, in turn, decreases pain. Decreased pain was observed as a long-term effect because the participants adopted the right body posture, observed the rules of spine protection and integrated these elements into their everyday lives and work (4). Make sure you review your ergonomic set up and for more information about posture awareness see the exercise link at the end of this report. By improving body posture and adopting spine-friendly movements, load on the spine can be significantly decreased. Studies on the effects of such programs have found long-term positive results in decreased intensity of pain and disability, improving spine functions, fewer recurrent LBP episodes and a decreasing number of days off through low back pain (4).

6. Pillow and Bedding

Studies show that a medium firm mattress improved musculoskeletal pain and modified sleep (9). Newer bedding systems increased sleep quality and reduced back discomfort (10). How you sleep plays an important role in managing back pain, as certain positions place more strain on the back than others. Generally, back sleeping and supported side sleeping are regarded as most ergonomic, while stomach sleeping tends to be most associated with pain.

Ideally, side sleepers should bend both knees in slightly and place a small pillow between their legs to prevent hips from twisting and placing stress on the back. If your legs are too straight, this can exaggerate the curve of your lower back, but if your legs are drawn in too tightly, your back may round; and both can cause pain. Back sleeping is typically what you'll see recommended as the ideal position for back health. It's the second most common sleep position, and with a good mattress, sleeping on your back supports a neutral neck and spine position. Sleeping on your stomach is considered least ideal for pain relief, since the lumbar region is left unsupported, placing strain on your spine and lower back muscles (rarely for some specific issues people find this the most comfortable position). This position can also place strain on your neck and shoulders. Find the position, bed and pillow that works for you.

3. Work Station Rests

Data suggests that frequent, short, standing rest breaks may help to reduce symptoms of LBP, however they are only a temporary solution (6). In another study of truck drivers, exercises during break periods consistently help to minimise LBP and disability (7). Hence it seems best while on a rest break do some gentle exercises. Every 15 minutes it is a good idea to do at least thirty seconds of movement.

4. Appropriate Footwear

Alteration of foot position can influence pelvic alignment and the activity of important muscles when walking (5). In a large study, findings indicate that pronated foot function (rolled in foot or flat foot), is significantly associated with low back pain in women after adjusting for age, weight, smoking and depressive symptoms. Therefore, make sure when you are walking on hard surfaces like road, concrete and tiles, you have proper support under your feet. Wear low-heeled shoes.

5. Never attempt to lift or carry loads if you think they are too heavy.

Remember you only have one spine, one moment of mis-judgement can last a lifetime. Ask for help. Better to take a little longer than cause a permanent injury! If you do lift something heavy, bend your legs and keep your back straight.



How to know if your mattress is supporting you?

Your spine should maintain an even, natural posture (similar to good standing posture), with whichever sleep position you prefer.

For side sleepers, your spine should be straight from your neck to your tailbone, and parallel with the floor. If your hips and shoulders tilt upwards (think smiley face), the mattress is not supportive enough, or perhaps the comfort layers are too soft. If your hips and shoulders sink downward (think frown face), your mattress is likely too firm or lacks an adequate comfort layer.

To optimize comfort and support, there are a couple modifications you can make. Placing a small pillow or towel beneath your knees reduces strain and tension on the lower back and hips by creating a more natural spinal curve. Legs should ideally be positioned straight out (not kicked off to the side or spread too wide, which can strain the pelvis and hip joints).

Other people may feel a small pillow under the lumbar region lends additional helpful support. Bed pillows should support the natural angle of the neck, not push your chin to your chest or allow your head to fall back too far.

For back sleepers, your back should maintain a neutral curve that mimics standing. Ideally, your neck should rest at a neutral angle to your shoulders, and your shoulders, hips and heels should feel straightly aligned. Your lumbar region should feel supported. If you notice a large gap beneath your back and your bed and feel pressure on your upper back and hips, the bed is likely too firm. If you feel like your hips and chest sink below your legs and arms or feel heel pressure, your mattress may be lacking support (11)





7. Anti-Inflam Diet

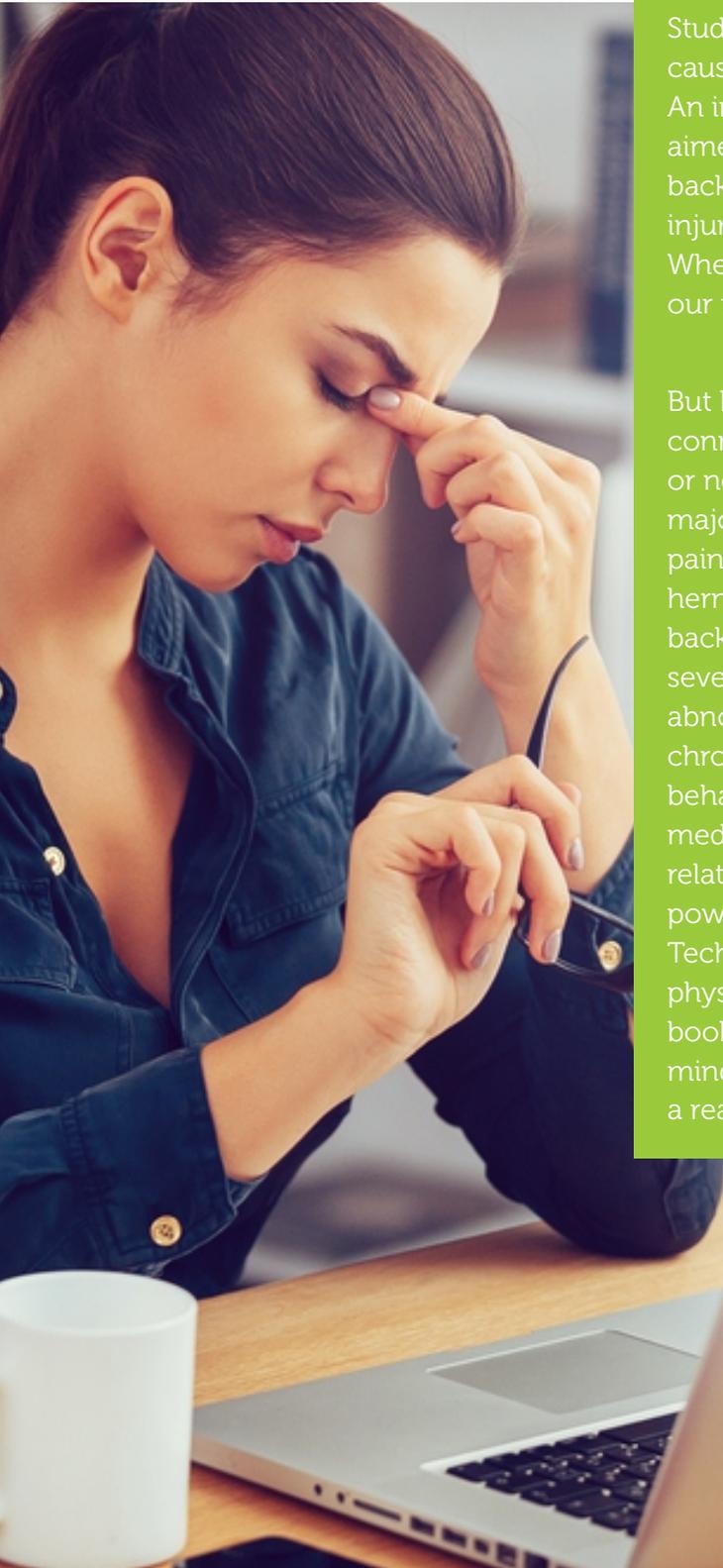
Numerous papers have been published that describe how diet can promote or reduce inflammation. Multiple cells are involved in the release of inflammatory mediators, which lead to the cellular communication that can generate pain in tissues. By making unhealthy lifestyle choices, an individual's body is transformed into a "state" of chronic inflammation. The patient may not feel this transformation until an obvious clinical sign or symptom is present.

The most obvious dietary example involves the excess consumption of omega-6 (n-6) fatty acids that become part of cell membranes. An excess of n-6 arachidonic acid, a polyunsaturated n-6 fatty acid, is consumed directly from grain-fed animals and farm-raised fish (12). Foods processed with oils from corn, safflower, sunflower, and cottonseed contain mostly n-6 linoleic acid, which is converted by the human body into arachidonic acid and incorporated into cell membranes throughout the body. The expression of painful osteoarthritis has been linked to the accumulation of dietary arachidonic acid in joint tissues. Foods with a high Glycaemic index/load such as bread, most cereals, cakes, cookies, lollies, soft drinks, and other refined sugar and flour products create a lot of inflammation and nervous system wind up that leads to further pain sensitivity. At little Sprouts Chiropractic we advise foods that you should be eating to reduce pain and inflammation and come up with a specific plan for you to help with inflammation and pain.

Regarding pain, a more traditional high-fat ketogenic diet has also been examined. In one animal study, a high-fat paste was fed to rats and within 3 weeks there was a significant reduction in pain and inflammation markers in the animals (13).

While often touted as a healthy anti-inflammatory food, whole grains may contribute to low-grade chronic inflammation. It is known that lectins from all grains and gluten from wheat, rye, and barley can disrupt gut barrier integrity and allow for the absorption of dietary and bacterial antigens, such as lipopolysaccharide. (14,15) Gliadin from gluten is known to stimulate enterocyte production of zonulin, which disrupts intestinal tight junctions and can lead to systemic inflammation (16).

Diet plays a huge part in reducing inflammation and hence pain. Tumeric, Ginger and some other spices have shown a large benefit in decreasing pain and we encourage use of these things as well as formulating a comprehensive plan to help create an anti-inflammatory diet and reduce your gut barrier irritation.



8. Controlling Stress

Study after study indicates that back pain is very often caused by our thoughts, feelings, and resulting behaviors. An interesting study (17) demonstrated that treatments aimed at our beliefs and attitudes can really help. When our back hurts, it's only natural to assume that we've suffered an injury or have a disease. After all, most pain works this way. When we cut our finger, we see blood and feel pain. When our throat hurts, it's usually because of an infection.

But back pain is different. There simply isn't a close connection between the condition of the spine and whether or not people experience pain. Research has shown that a majority of people who have never had any significant back pain have the very same "abnormalities" (such as bulging or herniated spinal discs) that are frequently blamed for chronic back conditions. Also there are the millions of people with severe chronic back pain who show no structural abnormalities in their back at all. Training people with chronic low back pain in either mindfulness or cognitive behavioral therapy (CBT) works significantly better than medical care alone to reduce both their disability and pain-related suffering. At Little Sprouts Chiropractic we use a very powerful and specific technique called Neuro Emotional Technique (NET) to help relieve the body of stress physiology. Something you can try on your own are some books based in CBT and you can search for some mindfulness meditations around pain on the internet. Have a read on our website for more information about NET.

9. Don't Cover Up As The Answer

The latest Guidelines recommend nonpharmacological (non drug) care as the first treatment option and reserves pharmacological care for patients for whom nonpharmacological care has not worked (19). Paracetamol was once the recommended first-line medicine for low back pain; however, evidence of absence of effectiveness in acute low back pain and potential for harm has led to recommendations against its use. Health professionals are guided to consider oral non-steroidal anti-inflammatory drugs (NSAIDs), taking into account risks, including gastro intestinal, liver, and cardiorenal (heart and kidney) toxicity, and if using, to prescribe the lowest effective dose for the shortest possible time. Routine use of opioids (strong pain killers) is now NOT recommended, since benefits are small and substantial risks exist, including overdose and addiction potential, and poorer long-term outcomes than without use.

Evidence shows that patients tend to improve with or without surgery and, therefore, non-surgical management is an appropriate option for patients who wish to defer or avoid surgery.

Basically DO not use Surgery or Drugs as a first line effort is the latest advice.

10. Do These Exercises

Exercise has some effect in secondary prevention—ie, the prevention of recurrence (18). The picture that emerges from this review is that post-treatment exercises likely reduce the rate and the number of recurrences and the days on sick leave, and increase the time to recurrence (19). Therefore, any general exercise such as stretching, strengthening, endurance training and posture education could be implemented.

Download the exercises here (<https://www.littlesproutschiropractic.com.au/free-exercises.html>)



If You Need More Help

Let's work out a plan to help you help yourself.

If you have tried all of the above steps and still require more help, I recommend you see a trained professional as quickly as possible. There are many other reasons why your back pain may still persist.

For downloading our "Top 10 Strategies to Target Back Pain" you have the opportunity to get a back assessment with the team at Little Sprouts Chiropractic. This is a comprehensive assessment to work out where the pain is coming from.

Click below to get an incredible offer so that one of our experienced and highly trained Doctors of Chiropractic and Kinesiology can assess you as soon as possible. Don't put up with this for any longer.

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