

Caring for your Spine

Common Sense Advice

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PROTECTING YOUR BACK

Not long ago, one of the most common treatments for the back was prolonged bed rest. Acute onset of extreme back pain would often lead to hospitalization and placement on traction for many days or weeks at a time. This led to complications such as muscular deconditioning and stiffness that contributed to back pain and recurrent problems. This approach was challenged based upon emerging information about tissue remodeling and muscle response to activity. The new generation of physicians, particularly spine physicians, are more directed toward helping improve function through the implementation of rehabilitative and strengthening programs earlier during the course of spinecare. The approach to get the patient moving as soon as possible is often adopted.

The majority of back problems are not physically disabling or life threatening. The first level of care for back pain is often self-care at home. Approximately seventy percent of individuals with back pain experience an improvement of their pain within two to three weeks with simple treatment approaches. There are many things an individual can do to take care of their own back.

Use of Cold and Heat Application

The application of cold and moist heat to the back can help reduce pain and muscle inflammation. During the first 48 hours after a back strain periodic cold application should be used. This can be performed by placing ice in a plastic bag or using a pre-made ice pack. The bag should be wrapped in a slightly moist cloth or towel providing a thin barrier between the cold source and the skin. This helps to protect the skin. The bag or cold pack should be placed over the tender region 3-4 times during the day for 10-20 minutes. Cold application should never be administered for more than 20 minutes at a time.

Cold treatment can be used as long as muscle spasms persist, which is usually about 48 hours. After 48 hours, moist heat can often be applied to the injured region. This may help reduce muscle spasms. Heat should be applied using a heating pad, warm compress or warm bath. To avoid skin irritation and burns heating pads should be placed on a low setting away from regions with reduced sensation. During self-care you might find that cold application provides more relief of pain than heat. If this occurs continue applying cold application to the area. Alternating application of cold and moist heat, each about 10 minutes can provide added pain relief.

Use-Over-the-Counter Medications if Needed

There are over the counter (OTC) medications that help reduce inflammation and control pain. For example, acetaminophen can be used to help control pain whereas a non-steroidal anti-inflammatory drug like ibuprofen can be used to lessen pain and reduce inflammation. All pain relievers should be used wisely. To reduce the risk for stomach upset OTC medication should be taken

with milk or food. Always read labels very carefully. Utilize recommended doses unless instructed otherwise by your attending physician. When you begin to experience improvement, reduce the dosage unless advised otherwise by your physician. Do not take OTC medication any longer than absolutely necessary. If you take any additional medications always check with your physician before taking any over the counter anti-inflammatory or pain killers (analgesics).

Relax

Get plenty of rest, but attempt to avoid prolonged bed rest that can lead to muscle weakness and atrophy. Staying in bed for more than two days can prolong recovery from back pain. Periodic mild to moderate levels of physical activity help keep muscle strong and flexible. Frequently gentle and controlled movements will often advance the recovery process. Back pain is a signal from the body that there is an inflammatory process and that spinal tissues may have been injured or overworked. Listen to the back and modify physical activity levels to work and move within a pain-free range. Reduce physical demands on the back to allow tissue a chance to recover. Do not push the back through a progressive episode of pain. Physicians often limit bed rest to less than two days to help reduce the potential risk for muscle deconditioning and other complications associated with disuse or immobilization.

Any reduction of activity lasting more than two days can lead to early muscle atrophy and subsequent fatigue of muscles around the spine which can further contribute to increased risk for back injury. When muscles are weak and atrophic, they tend to be less flexible and more apt to fatigue with sustained postures. Most individuals naturally restrict their movement and activity levels when they are experiencing pain, but restriction too long can lead to adverse side effects.

Walk

Walking helps maintain mobility of the spine as well as strength and coordination of muscles of the pelvic region and back. Walking also helps maintain blood flow required for tissue to heal. Walking leads to a cyclic pattern of tissue decompression and compression that helps bring nutrients and removes metabolic (chemical) waste products. This is beneficial to spinal tissues such as the intervertebral discs, the cartilage, as well as the spinal (facet) joints. Walking in the shallow end of a pool can provide an effective exercise for individuals with back pain, especially those who are overweight. The improved capacity to exercise and walk in the water is related to buoyancy. The buoyancy factor leads to diminished weight-bearing stress on large weight-bearing joints.