

## WATCH YOUR BACK

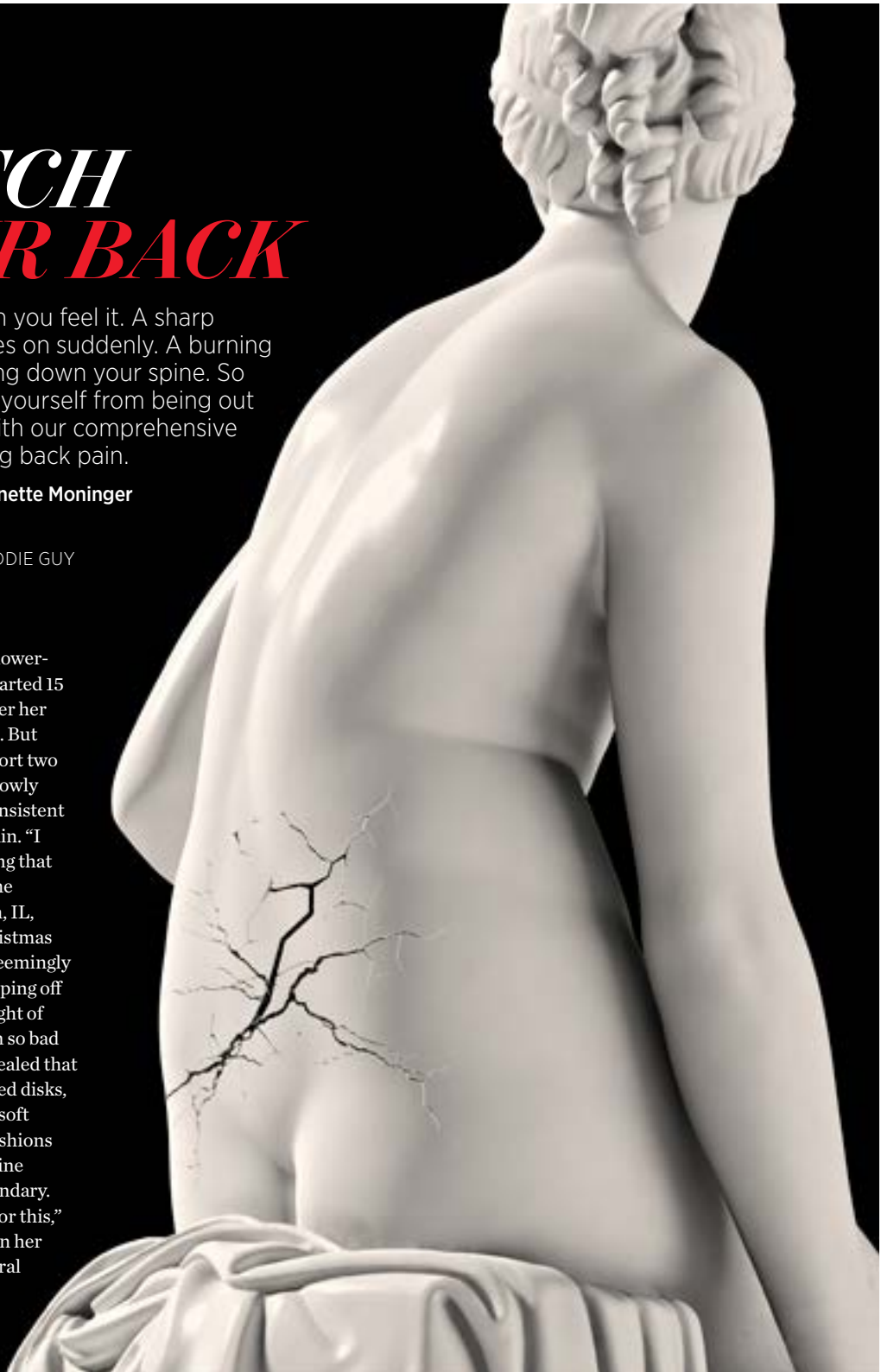
You know it when you feel it. A sharp twinge that comes on suddenly. A burning sensation radiating down your spine. So now what? Keep yourself from being out of commission with our comprehensive guide to defeating back pain.

By **Blake Miller, Jeannette Moninger**  
and **Michele Bender**

ILLUSTRATIONS BY EDDIE GUY

**S**usan Stoga's lower-back aches started 15 years ago, after her son was born. But what began as discomfort two or three times a year slowly morphed into more consistent and severe shooting pain. "I figured it was something that would go away," says the 51-year-old Barrington, IL, mother of two. On Christmas Eve 2012, however, a seemingly innocuous move—stepping off the bottom step of a flight of stairs—resulted in pain so bad she fainted. X-rays revealed that Susan had two herniated disks, which occur when the soft center of a disk that cushions the vertebrae in the spine breaks through its boundary.

"I don't have time for this," Susan thought. So when her doctor prescribed an oral



steroid that worked remarkably well, she skipped his additional suggestion of physical therapy. It wasn't until months later, while on a family cruise, that she experienced a flare-up that left her completely

debilitated. "For 10 days I either lay on the couch with ice or had to stand up straight and not move," she says. After that Susan saw a physical therapist and started a course of treatment involving ab exercises to strengthen her

core, perfect her posture and prevent flare-ups.

Today Susan is managing her pain and knows what to do if she ever experiences another twinge. Sadly, too many of us suffer like she once did, not knowing what causes

our aches, whom to ask about them and how to alleviate or—more important—avoid them altogether. Thankfully, we've come up with answers to all your questions, along with an action plan you can start right now. —Blake Miller

## STRAIGHTEN UP YOUR...FACTS

Separate fiction from reality when it comes to handling back pain.

BY BLAKE MILLER



### MYTH #1 You should only see an orthopedic surgeon.

Most people won't need surgery. In other words, consulting an orthopedic surgeon is often unnecessary. "See your family physician first," says Anand B. Joshi, MD, MHA, an assistant professor of orthopedic surgery at Duke University Medical Center. He or she is your first line of defense and can refer you to a specialist. When deciding on next steps, consider your level of pain. Chiropractors, for example, are great

for those suffering from severe discomfort because they work on your body for you, whereas physical therapists design a program of stretches, strength training and other treatments you perform yourself.

### MYTH #2 Ice is the smarter treatment.

That depends on what caused the injury and how long you've been suffering, says Joshi. "When it's an acute flare of pain, we suggest ice packs, which reduce inflammation." Three to four 20-minute sessions per day can help counteract swelling, redness and soreness. For chronic pain, though, Joshi often recommends alternating ice and heat. "The benefit of heat is that it increases blood flow and allows the blood to remove the byproducts of inflammation," says Joshi. Like ice, heat is applied for 20 minutes, three to four times a day.

### MYTH #3 Cortisone shots are your best bet.

"They're a really good idea in patients with acute pain," says Akhil Chhatre, MD, director of Spine Rehabilitation at Johns Hopkins University. "After two cortisone shots, 60% to 80% of people will see marked improvement in their soreness and inflammation." The bad news is that even if an epidural alleviates your discomfort, it carries a risk of infection, bleeding and more.

Plus, medical guidelines suggest patients receive the shots at least two weeks apart and no more than six times a year due to increased chances of these complications and more.

### MYTH #4 MRIs are essential for diagnoses.

"X-rays, CAT scans and MRIs are mistakenly believed to be necessary," says Joshi. "There are only a few situations in which we require an MRI—for example, when we suspect the back pain is a symptom of something more dangerous, such as a tumor or cancer." Instead, Joshi relies on evaluating each patient in person, conducting an overall exam and asking a series of questions, all of which help him create a more accurate diagnosis.

## HAVE A GAME PLAN

What to do when twinges and throbbing suddenly strike.

- + Ice the affected area. This simple move deadens the nerves that transmit signals to the brain saying, "Ow, this hurts!"
- + Take an OTC anti-inflammatory (such as ibuprofen or naproxen), as long as you have no history of heart disease or ulcers.
- + Resist the urge to stay sedentary. When you sit for long periods of time, your muscles shorten, making it more difficult to move—and oftentimes a whole lot more painful.
- + Contact your PCP if your back pain is severe or accompanied by numbness or tingling anywhere in your body.
- + Avoid the emergency room unless you truly think it's an emergency. Often all the staff can do is prescribe pain medication and muscle relaxers and tell you to see your doctor.

SOURCES: Anand B. Joshi, MD, and Akhil Chhatre, MD

**+** *Back pain is a top reason adults visit their doctor—up to 14% will go because of it this year.*

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# FOLLOW THIS PREVENTION RX

*As an avid cyclist who also spends long hours at a computer, I'm no stranger to back pain. That feeling—like a knife twisting in my shoulder and back—makes sleep, work and just plain breathing a challenge. When the first twinge hits, I whip out my foam roller and start kneading the kinks. But you don't have to take my advice. Here's what six experts do to avoid problems in the first place.*

BY JEANNETTE MONINGER



## Mind Your Core

“Most people equate their core with their abs, but it’s much more. Your abs, back, side, pelvic and buttock muscles all work together, enabling you to bend, twist and stand. I like to do standing exercises—such as side and back leg lifts—which can improve posture. Walking, swimming, yoga and Pilates are also great for keeping my middle strong.” —*Claudette Lajam, MD, assistant professor of orthopedic surgery, Center for Musculoskeletal Care at NYU Langone Medical Center*

## Switch Up Your Shoes

“Regularly wearing high heels, as well as ballet flats and flip-flops, can wreak havoc on your feet and back. I alternate my shoe style. For instance, I might wear a kitten heel to work and step out in stylish high heels that night; boots one day, loafers another. When pain begins, I go barefoot to restore normal body mechanics.” —*Erika Henry, DC, chiropractor at The Joint Chiropractic, Sandy Springs, GA*

## Limber Up

“I’ve started doing post-workout stretches for my shoulders, back and lower extremities. For instance, I raise my right arm above my head and bend it at a 90-degree angle. With my left hand, I grab my right elbow and gently pull down for 15 to 30 seconds. I repeat on the other side. It really makes a difference in how my back feels!” —*Candy Tefertiller, DPT, director of physical therapy, Craig Hospital, Englewood, CO*

## Shore Up Your Spine

“I use a lumbar support in the car and an ergonomic office chair. A spine-friendly work station is also key. My feet are on the floor with knees bent at a 90-degree angle, my keyboard is within easy reach, and the monitor is at eye level so I don’t have to strain to see it. This takes tension off my neck, shoulders and back.” —*Michael Perry, MD, cofounder and chief medical director, Laser Spine Institute, nationwide*

## Look on the Bright Side

“Back pain can make you depressed, but studies suggest it works the other way too: Depression can cause painful back and muscle tension. I try to maintain a positive attitude and manage stress by exercising or spending time with loved ones.” —*Justin Park, MD, orthopedic surgeon, Maryland Spine Center at Mercy Medical Center, Baltimore*



*It's tempting to lie on the couch when your back hurts, but studies show that inactivity can actually make things worse.*

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## DON'T STOP MOVING

When an old motorcycle injury starts to aggravate his back, Eric Robertson, DPT, a clinical assistant professor of physical therapy at the University of Texas at El Paso, stays active. “It’s so important when you have back pain. Walking is low-impact, so it doesn’t put a lot of pressure on my spine,” he says. “Plus, exercise releases feel-good endorphins that counteract the pain.” A 2011 Swedish study found that back pain sufferers who remained active recovered more quickly and felt less despondent than those who took it easy.

Once you’re up for it, yoga—because of its focus on stretching and strengthening—may actually be your back’s best friend. In a study in *Archives of Internal Medicine*, 60% of back pain sufferers reported experiencing less pain after doing yoga three times a week for 12 weeks.

# AVOID THESE SURPRISING MISTAKES



## BACK-BREAKER #1 Your pillows.

Propping your head on several cushions may be comfy, but it's catastrophic for your spine. "Using multiple pillows, whether firm or fluffy, lifts your neck to a stressful angle and prevents the area from relaxing," says NYC chiropractor Todd Sinett, DC, author of *3 Weeks to a Better Back*. "The neck is the top of the spine and nerves exiting it can cause both upper and lower back pain." Your neck also helps support your head (about the same weight as a bowling ball), so any misalignment can easily lead to aches. Opt for one pillow when you hit the sack.

## BACK-BREAKER #2 Your diet.

Based on his clinical experience, Sinett finds that one-third of back pain is caused by structural issues and another third by stress. The last third, he says, is about what you put in your mouth. "Your digestive system and your muscular system are interconnected," he explains. "So diets high in sugar, caffeine and alcohol impact the muscles supporting your back by elevating cortisol levels and

causing inflammation, which can lead to pain." Food sensitivities and food allergies can create similar reactions, says Sinett, who notes that Crohn's disease, colitis and irritable bowel syndrome sufferers have a higher rate of back pain than the general population.

*When twinges of lower back pain sent me to the doctor a few years ago, I was disappointed to hear running was the culprit. As a working mom of two, pounding the pavement has helped me stay in shape and preserve my sanity. "Unfortunately, running's repetitive impact can put a great deal of stress on the disks of your spine, which act as shock absorbers," says orthopedic spine specialist Michael Gleiber, MD, a spokesperson for the American Academy of Orthopaedic Surgeons. I still run, although these days I wear orthotics and spend much more time stretching. But my half-marathon passion isn't the only habit I have to watch out for. These other unexpected hazards can also land you on the sidelines of life.*

BY MICHELE BENDER

## BACK-BREAKER #3 Your form.

Building a strong core helps support your spine—but only if you're performing the right exercises properly. "Full sit-ups, for example, use more of your hip muscles rather than the abs you want to work," explains Anthony D'Angelo, MS PT, ATC, CSCS, partner and vice president of clinical operations at Professional Physical Therapy in NYC. "For those who lack experience, the directional changes involved in some kettle bell exercises—coupled with any breaks in your technique—can lead to muscle strains, herniated disks and more," he adds. Be sure to have an expert show you proper form so you can lower your risk of injury.

## BACK-BREAKER #4 Your cell phone.

Constantly looking down at our tablets or smartphones isn't good for us for many

reasons. Yet most of us do it throughout the day. "Every 10 degrees that your neck is bent forward and down—what we do when texting or reading messages—increases the strain on your neck by 10 pounds," says Sinett. Think of it another way: If your head is bent forward 60 degrees, you're putting 60 pounds of pressure on your neck (which leads to what experts now call "text neck") as well as impacting your spine. "It's better to hold your device out in front of you at eye level. That way you'll keep your head up while texting," suggests Sinett.

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*Nearly 1 in 3 American adults report they have experienced low back pain in the past three months.*

## BEWARE OF PAIN THAT WON'T GO AWAY

Any ache that persists after several days of rest should be checked by an MD. "If you also notice changes in your bowel or bladder habits (such as incontinence), numbness, tingling and radiating pain into your legs, or fever, sweats and chills, seek immediate medical attention," cautions Gleiber.