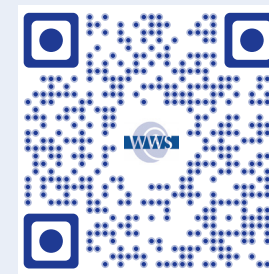




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Low Back Pain: Choose Physical Therapy First



“... Physical therapy is known to be valuable and effective in managing acute and chronic LBP, ...”

If you have lower back pain (LBP), you are not alone. Spinal pain is one of the most common reasons people visit a doctor or miss work. A new study from The Lancet shows LBP is the leading cause of disability globally. LBP can be experienced at any age, most commonly occurring between 40 and 55 years old. The World Health Organization estimates the number of cases will rise from 619 million in 2020 to 843 million by 2050 in the present care model.

Recent analysis shows that earlier intervention of physical therapy in the sequence of care for LBP reduces cases of LBP, cost of care, and need for surgical interventions. Physical therapy involves patient education, hands-on manual therapies, specific stretches, and strengthening exercises that focus on trunk muscle activation and building endurance to reduce pain without the use of pharmaceuticals.

There are two main categories of LBP, related to different structures in the spine, that can be treated by physical therapists: acute low back pain and chronic low back pain.

Acute LBP lasts for a few days to a few weeks. Most of us experience this type of pain with no residual loss of function, so we don't always seek medical attention. It is usually localized to the lumbar region and can involve aching pain or muscle spasm. It can resolve in a few days with self-care or physical therapy exercise for postural correction and flexibility. In today's world of over-the-counter (OTC) medicine, most people use pain relievers to

reduce the pain temporarily. However, we really need to correct the mechanical activity that is the root cause of pain to take away and keep away the pain. This brings us to the second type of LBP, chronic LBP.

Chronic LBP is pain that can last for 12 weeks or more, even after the underlying cause of the pain has been treated. Twenty percent of patients who develop chronic LBP have symptoms lasting over a year. This lasting pain doesn't always mean a serious underlying cause is the culprit. Often, pain causes weakness of the spinal muscles and core, reduces aerobic capacity, and limits flexibility leading to bad postural habits which prolong symptoms.

Chronic pain tends to be localized to the lumbar region but may also radiate into the buttocks or lower legs. The further away from the spine the pain travels indicate greater inflammation and nerve irritation. Physical therapy assessment and treatment is crucial at the chronic stage.

Most LBP is mechanical, meaning the structure of the spine—bones, muscles, discs, and nerves—has a disruption. Mechanical pain diagnoses include sprain or strain injuries, traumatic injuries like a fall, degenerative discs, arthritis or inflammatory diseases, sciatica, spinal stenosis, spondylolisthesis, herniated discs, and osteoporosis.

Physical therapists are trained to evaluate and treat these conditions and to provide exercise and education on postural correction or habit changes to correct the triggers of LBP. PT should be initiated within 1-2 weeks of LBP onset before use of painkillers or imaging.

In a 2017 study by Fritz et al, researchers found physical therapy is a cost-effective approach to improve strength and reduce pain for patients with acute LBP, therefore helping prevent chronic LBP. Therapists provide patients with exercises they can do daily to reduce pain or prevent irritation of LBP. Combining OTC medication to give short-term relief with exercise and posture correction is the best way to manage mechanical spinal pain.

What lifestyle changes would PTs recommend to prevent or manage LBP?

First, a therapist would assess lifestyle risk factors that might predispose or aggravate LBP and educate patients about better choices. The most common adjustment is good posture: avoiding slouching and actively sitting up straight. When people are seated scrolling on their phones, slouching is common—head down, shoulders rounded,

and spine in flexed posture. Sitting up straight and gazing down at the phone is a better option.

Avoid sitting for prolonged periods. Unfortunately, prolonged sitting is common in office settings. Sitting posture can be aided by using an ergonomic chair and a lumbar lordosis support to create extension of the spine. For those at a computer, use a standing desk intermittently. When your workday ends, avoid sitting. Yes, that means you are allowed to lay down on the couch and unload your spine.

Often people sit slouched without pain but have pain when standing up because the tissues of the spine are overstretched in the slouched posture. When this happens, do some standing backward bending stretching, then walk with long strides to balance the spine with extension movements.

Driving for long distances can cause the same type of symptoms, so it's important to ensure your seating alignment in your vehicle is best for your size. Before departing on a trip, sit straight in the driver's seat and align your mirrors. This way, if you slouch, you won't be able to see in your mirrors and it will serve as a reminder to use good posture.

Other factors that reduce risk for LBP include aerobic exercise training, whether walking daily or getting to a gym 3-4 times a week, monitoring your weight, and avoiding smoking.

Physical therapy is known to be valuable and effective in managing acute and chronic LBP, and studies suggest it is most beneficial when implemented earlier in the care process. Ask your primary care provider about the skilled clinicians at WWSPT and **choose physical therapy first** in your care.



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