

HEALTH EDUCATIONAL SESSION
BACK PAIN – WITH JONATHAN FIELD
28TH SEPTEMBER 2019

Jonathan Field is a chiropractor who is working within Watership Down Health for one day a week.

This was an interactive talk with the audience – exploring their ideas and beliefs about back pain – who gets back pain and how should it be treated.

Back pain is the biggest cause of years lived with disability in England, and the world. It is responsible for 40% of NHS sickness absence and costs us over £500 million a year in treatment.

We heard that there are some common misconceptions about back pain:

Worse in elderly – **not true**, it is most severe in those aged 35-55.

Back weak and easy to injure – **not true**, backs are very strong and rarely fail.

Back pain indicates damage to tissues – **not true**, most back pain is not linked to any weakness, injury or tissue failure.

Back pain has a negative impact on life – **this doesn't have to be true**. Back pain is never nice but it need not stop us doing what we want to.

There is a need to have scans to identify the cause to get effective care – **not true**, scans are only needed if we suspect serious disease or are thinking of doing an injection or surgery which is very rare.

Uncertainty about how much activity is good and that rest is good. Doing things which (may) increase back pain is unlikely to cause any injury and people who remain active generally get better more quickly than those who rest.

One episode of back pain indicates a permanent weakness – **not true**, after an episode of back pain you are at no increased risk of future episodes.

Jonathan then explained the anatomy of the spine – 7 neck vertebra, 12 thoracic (with ribs attached) and 5 lumbar vertebra which join to the sacrum and tail bone. The spinal bones create a channel to protect the spinal cord. Between each bone is the disc – made up of a fluid nucleus surrounded by multiple layers of gristle which acts as a shock absorber for the spine. The disc has no nerve or blood supply so does not produce pain. It is normal for the gristle to develop some cracks and if these cracks join up it can lead to herniation of the nucleus – should this then press on the nerve root this can cause pain although most disc bulges are symptoms free.

Causes of back pain:

4% disc herniation

95.5% mechanical back pain – relates to muscle, facet joints

0.5% significant – fracture, infection, cancer

Worrying symptoms: relates to pressure on the nerves supplying the sacral area – so numbness to the back passage and loss of control of our bowels or bladder. If you get these then you should seek urgent advice from A&E and not your GP practice.

Treatment:

Time – most episodes will settle with 3 months

Keep active – you will not do any harm

Analgesia to help activity

Physical therapy – to give self help advice, teach exercises to maintain activity possibly supported by manual therapy (manipulation , massage etc) and sometimes acupuncture.

Rarely – injections or surgery

Investigations:

X-ray do not help with diagnosis of back pain unless considering fracture.

MRI is only used in rare cases such as when we are thinking about injections/surgery

Jonathan answered all the questions from the audience.