

Back pain is common in our society. In a 3-month period, about one-fourth of U.S. adults experience at least one day of back pain. The pain can be a dull, constant ache that “nags” one throughout most of the day. Or, it can be a sudden sharp pain that makes you hurt to move. The pain can start quickly due to, for example, falling or if lifting something heavy in a biomechanically inefficient manner. The pain may come and go but often it lingers and just gets worse.

What Are the Risk Factors for Back Pain? According to the National Institute of Arthritis, Musculoskeletal and Skin Diseases (www.niams.nih.gov/Health_Info/Back_Pain/default.asp), anyone can have back pain but a number of factors increase the risk.

- **Age:** The first attack of low back pain typically occurs between the ages of 30 and 40. Back pain does become more common with age.
- **Fitness level:** Back pain is more common among people who are not physically fit. Weak back and abdominal muscles may not properly support the spine. “Weekend warriors”—people who go out and exercise a lot after being inactive all week—are more likely to suffer painful back injuries than people who make moderate physical activity a daily habit. Studies show that low-impact aerobic exercise is good for the disks that cushion the vertebrae.
- **Mechanical problems:** Involves moving in ways that stress the spine (e.g., carrying heavy load on one shoulder such as a purse or backpack, or golf clubs). “Perhaps the most common mechanical cause of back pain is a condition called intervertebral disk degeneration, which simply means that the disks located between the vertebrae of the spine are breaking down with age. As they deteriorate, they lose their cushioning ability.”
- **Emotional stress:** This relates to how the pain may be felt and how long pain lasts. Back muscles can become tense and lead to spasms.
- **Being overweight or obese.** Too much weight can stress the back and cause pain.
- **Heredity:** Some causes of back pain, such as ankylosing spondylitis, a form of arthritis that affects the spine, have a genetic component.
- **Race:** Can be a factor in back problems. African American women are two to three times more likely than white women to develop spondylolisthesis, a condition in which a vertebra of the lumbar (lower) spine slips out of place.
- **The presence of other diseases:** Many diseases can cause or contribute to back pain. These include various forms of arthritis, such as osteoarthritis and rheumatoid arthritis, and cancers elsewhere in the body that may spread to the spine.
- **Occupational risk factors:** Having a job that requires heavy lifting, pushing, or pulling, particularly one that involves twisting or vibrating the spine. Sitting at a desk for long periods of time without movement can result in poor posture, especially when sitting in an uncomfortable chair which can lead to back pain. Question: how long do you sit at the computer or when reading a book? Think about moving every half hour or so.
- **Cigarette smoking:** Although smoking may not directly cause back pain, it increases the risk of developing low back pain. Smoking may interfere with the body being able to get enough nutrients to the vertebral disks. Smoker’s cough may also cause back pain. Smoking also increases the risk of osteoporosis, causing weak, porous bones. It also can slow the healing process, prolonging pain for those who have had back injuries, back surgery or broken bones.

The Difference Between Acute and Chronic Pain: Acute pain (the most common type of back pain) comes on quickly and often leaves just as quickly. To be classified as acute, pain should last no longer than 6 weeks. Chronic pain may come on either quickly or slowly and lingers a long time. In general, pain that lasts longer than 3 months is considered chronic.

Comments about treatment (from NIAMS). “Acute back pain usually gets better on its own and without treatment, although you may want to try acetaminophen, aspirin, or ibuprofen to help ease the pain. Perhaps the best advice is to go about your usual activities as much as you can with the assurance that the problem will clear up. Getting up and moving around can help ease stiffness, relieve pain, and have you back doing your regular activities sooner. *Exercises or surgery are not usually advisable for acute back pain.*” “Treatment for chronic back pain falls into two basic categories: the kind that requires an operation and the kind that does not. In the vast majority of cases, back pain does not require surgery. Doctors will nearly always try nonsurgical treatments before recommending surgery. In a very small percentage of cases—when back pain is caused by a tumor, an infection, or a nerve root problem called cauda equina syndrome, for example—prompt surgery is necessary to ease the pain and prevent further problems. Check the NIH web site (listed above) for greater detail about treatments. It includes information on exercise (flexion, extension, stretching, and aerobic), medications (e.g., analgesics and NSAIDs—nonsteroidal anti-inflammatory drugs), traction, corsets and braces, behavioral modification, injections, complementary and alternative treatments, and surgical treatments as well as information about diagnosing back pain, and research.

Two back ailments, included within the term “sciatica,” may require surgery. ***Herniated disks:*** “the hard outer coating of the disks, which are the circular pieces of connective tissue that cushion the bones of the spine, are damaged, allowing the disks’ jelly-like center to leak, irritating nearby nerves. This causes severe sciatica and nerve pain down the leg. A herniated disk is sometimes called a ruptured disk.” ***Spinal stenosis:*** “is the narrowing of the spinal canal, through which the spinal cord and spinal nerves run. It is often caused by the overgrowth of bone caused by osteoarthritis of the spine. Compression of the nerves caused by spinal stenosis can lead not only to pain, but also to numbness in the legs and the loss of bladder or bowel control. Patients may have difficulty walking any distance and may have severe pain in their legs along with numbness and tingling.”

Agencies and Organizations to consider researching for further information:

National Center for Complementary and Alternative Medicine National Institutes of Health
<http://nccam.nih.gov>

Agency for Healthcare Research and Quality Office of Communications and Knowledge Transfer
<http://www.ahrq.gov>

National Institute for Occupational Safety and Health <http://www.cdc.gov/niosh>

American Academy of Orthopaedic Surgeons (AAOS) <http://www.aaos.org>

North American Spine Society (NASS) <http://www.spine.org>

American College of Rheumatology (ACR) <http://www.rheumatology.org>

Arthritis Foundation <http://www.arthritis.org>

American Chiropractic Association <http://www.amerchiro.org>

American Osteopathic Association <http://www.osteopathic.org>

Question: How many calories might you burn in a day if you were to tap your feet as you sit throughout the day! You would be amazed! According to James A. Levine, M.D., Ph.D., a researcher at the Mayo Clinic, you can burn an additional 100-150 calories per hour by incorporating Non-Exercise Activity Thermogenesis, or NEAT, into your life.

<http://www.kcby.com/news/health/13565082.html>

Positive thinking is good for your health!

- Enjoy the simple things (surround yourself with what you love)!
- Laugh often and loud!
- Make a list of things that make you feel good (look at it often)!
- Tell the people you love how you feel about them!
- Be grateful for all the good and beautiful things in your life!
- Keep learning to exercise your brain!
- Stay connected with others through shared activities and social opportunities!
- Acknowledge your right to feel down but only for a while and then move on!

- Be gentle with yourself by not saying negatives about yourself!
 - Eat well and exercise regularly. Good food and good company go together!
- Source: Group Health Cooperative, *Vitality*, Winter 2010.