

Four Questions IW's Ask

What is wrong? How dangerous is this really? What is the scientific cause and best solution for this problem?
How long will it take to get better?
What can I do for myself to get better?
What will you do to help?

Mindset, Beliefs and Perceptions have a significant biological impact, which affect Wellness, Injury, our Alignment and Movement, Chronic Pain, Satisfaction with Treatment and Ability to Function.

Treatment decisions require unbiased information about the Benefit/Risk ratio and effectiveness (Deyo).

Labels that Misinform

Degenerative Disc Disease is not a disease at all.

Tendonitis is really tendonopathy (treatment is different).

Medical Myths

Hi-tech treatment means proven effectiveness. Not so, low tech is often best supported by science.

Medical Advances are responsible for the improvements in health as a whole. Not so, public policy regarding water quality, housing, transportation, education and speed limits are more powerful determinants (Deyo).

Back Surgery fixes backs. Not so, it makes back problems more manageable for some people.

Commonly used treatments mean proven effectiveness. Not so, many are unproven.

The MRI identifies the cause of pain and how best to treat it. "Your imaging scans show normal age-related changes, largely genetically influenced" (Battie),

An MRI is needed to see if a condition is serious. Not so, the first step is a thorough, low-tech exam with a red-flags screen.

MRI scan is a benign test. Not so, when a common defect is found, the association with current symptoms is a guess; however it Sets-the-Mind for the "need to repair".

Pain Nerves determine when we hurt. There are none. Many and varied cues may relate to the pain experience, but it is the brain which decides whether something hurts or not, 100% of the time, with no exceptions.

Regional Musculoskeletal Pain is due to an injury and defect in our anatomy. Not so, mechanical pain is an alignment and movement problem (Sahrmann S).

Discogram can identify a painful disc. Not accurately, the predictive value is 50 to 60% (Carragee E).

MRI scan Probabilities- The probability that an MRI finding after the onset of LB pain is a new finding:

One in 12 chance of an annular tear being new:
One in 12 ... of an end plate signal change being new:
One in 15 ... of disc protrusions and extrusion being new:
One in 9 ... grade III and IV disc degeneration were new findings.

We do not know if and when the MRI findings are responsible in full for the symptoms (Carragee E).

Key Component of Evidenced-Based Treatment

includes -Practitioners **aware** of the evidence, that can: 1) provide reasonable explanations and **reassurance** that good outcome is likely, 2) provide support for resuming **normal activity** as quickly as possible, 3) be **Kind** and be **Flexible** (with a wide range of human problems), and 4) are willing to: allocate **enough time** to take the patient seriously and address complex issues. **Addressing the Fears** effectively, Use a **low-tech** approach but thorough; **Recognize and Address** convincingly inappropriate beliefs and not perpetuate the myths about diagnosis and treatment. **Move** the IW to self-care and confidence with every interaction (avoid dependency; evidence conviction reduces medicalization).

The Science of Medication as LB Pain Treatment. On the basis of the evidence, no drug regimen can be legitimately recommended for back pain. For chronic back pain, conventional drug therapies do not provide a solution. The benefit/risk ratio for the chronic use of nonsteroidal anti-inflammatory drugs, antidepressants, and muscle relaxants is unfavorable. Opiates lack clear scientific support. (Bogduk, Ashley 2004; BL10/04;pg111) Opiate side-effects include reduced coping (Hadler 2005).

Mindset and Beliefs

Medication effectiveness is related to Mindset. Capsules with colored beads work better than plain white round ones. Expensive ones work better than cheap ones.

Pain 1) pain does not provide a measure of the state of the tissues; 2) pain is modulated by many factors from across somatic, psychological and social domains; 3) the relationship between pain and the state of the tissues becomes less predictable as pain persists; and 4) pain can be conceptualized as a conscious correlate of the implicit perception that tissue is in danger. There are two important components of this. First, there are other central nervous system out-puts that occur when tissue is perceived to be under threat, and second, it is the implicit perception of threat that determines the outputs, not the state of the tissues, nor the *actual* threat to the tissues.

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