

Common Misconceptions threaten our sense of invincibility and wellness, and often lead us to seek care in a healthcare environment that needs overhaul –many treatments are not as beneficial as promised and riskier than assumed. Be careful.

Our understanding of our problems and discussion with an informed listener can change how we think, feel and what we do.

Myth: US healthcare, although the most expensive, is the best in the world.

- Assessments of US healthcare are shocking. Americans are over-treated in many areas, especially musculoskeletal (MS) problems. Many commonly used and new treatments are unproven, overused and dangerous. Defensive medicine accounts for 12% of costs, without benefit.

Myth: Changes on imaging studies in our spine is a disease; degenerative disc disease (DDD); and spurs in other areas need removal.

- The use of the term “disease” in this case is outdated, according to the American Academy of Orthopedic Surgeons. Degenerative changes in the spine are age-related and genetically determined primarily. Most degenerative changes are not associated with pain. Best progress is made when we understand it to be a movement and posture problem that is affected by our coping. Concerns in our family and work life affect our emotions and how we move. Reduce stressful movements but keep going. Stay in charge and look for support in self-care –avoid dependency on any practitioner or medication.

Myth: The use of Ergonomics is proof that there are damaging forces in usual work.

- The modern workforce has physical requirements of negligible impact on damaging our bodies. In fact physical work conditions us. Being out of shape or boredom can make work more taxing. Emotions (worry, anger) play a role (even if they are hidden).

Myth: High tech solutions advertised on TV and offered in professional offices, are well-tested improvements over older techniques.

- Some are, but new technology is oversold to Americans - who are fascinated with new technology and promised new cures. Ask for the scientific studies supporting any treatment offered. Get informed.

Myth: The discs are the shock absorbers of the spine.

- This commonly used phrase is incorrect and misleading. There are bony pillars inside vertebrae that absorb force from the flexible top and bottom plates that sandwich the disc. They are made stronger by gradually increasing our weight-bearing exercise. We are not like our car –we cannot fix our discs. Find a friend to enjoy a nature walk, go shopping at the mall, or go dancing.

Myth: The disc slipped

- The name disc is a poor descriptor. It does not look at all like a disc or a frisbee. A better name is a living adaptable force transducer (LAFT); it is very tough and very smart.

Myth: Pain in the arm, or leg is “tendonitis”.

- This is an outdated term that infers inflammation. The rationale for using anti-inflammation medications, injections, prolonged cold, and rest don't fit. The evidenced-based term is tendonopathy or tendonosis. Change painful use of the area but keep using it. Improve posture and strengthen in other directions that don't hurt. Apply ice as a massage for rebound warming. Massage the local area and all the way to the trunk might help. Be patient –it can take months.

Myth: Pain that persists means that there is something really wrong

- Usually not. All persistent pain states need a thorough medical evaluation. Once cleared, move on and get informed. Knowledge is the great pain liberator. *Explain Pain* by Butler and Moseley is an excellent resource.

Simple Solutions to Common Problems

The Shoulder (night pain)

- Stand back to wall with elbows away from the body (about 3 inches below shoulder level). Keep elbows still as you lift the hands and attempt to touch the back of hands to the wall. If you can't touch the wall, restore that movement slowly with a stretch. Lie in that position (on back) for 10 -15 minutes, twice a day; with pillow under hands at the point of the limitation if there is strong pain.

The Knee (recurrent swelling)

- Use a stationary exercise bike without resistance and without pain. Quick is better than slow but progress gradually avoiding recurrent swelling. Use short spins - add time slowly to 15 minutes if no swelling.

The Knee (pain in the front)

- Use a narrow width lunge to stretch -check for side of the thigh tightness. Stand next to a chair-back for support. Take a big step –about 14 inches or more (depending on your height). Place the back knee lightly down behind the front foot. Pain in the side of the back thigh or knee is telling. Modify this position to stretch gradually.

Knee strength check

- Stand on one leg, reach out 10 to 12 inches with the other heel. Touch lightly and return. Work at it until it can be done confidently, keeping hips level.

Low back pain (when standing)

- Stand with back to wall, lift pubic bone slightly –engaging the abdominals. Practice using these muscles while you sit, stand and walk.

Pain in the neck

- Often this is associated with a stiff upper back (between shoulder blades). Lie with a pillow under head (enough height to avoid neck, shoulder pain, or arm numbness). Roll a hand towel and place it across the upper back at mid-shoulder blade. If it hurts right there...you found the key problem with an easy solution. Adjust the roll thickness to allow 15 minutes of lying twice a day. Straighten arm toward the ceiling. Move one up and one down in a comfortable rhythm several minutes at a time.

Pain in the hip or low back

- Stand at the base of stairs facing up. Place one foot on the highest step you can comfortably reach. Keeping the back knee straight, lean in –hips and trunk together for an easy 2-minute stretch twice a day (both sides).