

Workplace Health and Safety Bulletin



Seven Myths About Back Pain

As reported in Safety Bulletin BCL004, Lifting and Your Back — Some Fresh Ideas, up to 80 per cent of adults will experience back pain at some time during their lives. Let's take a closer look at the seven myths about back pain mentioned in that Safety Bulletin.

Myth 1

If you've slipped a disk (also known as a herniated or ruptured disk), you must have surgery. Surgeons agree about exactly who should have surgery.

The causes of back pain can be complex and difficult to diagnose.

Truth

The causes of back pain can be complex and difficult to diagnose. For more than 70 per cent of patients with chronic back pain, it's not possible to make a specific diagnosis pinpointing the cause of the pain.

Surgery to relieve back pain should only be used as a last resort. Very specific tests should be done to confirm that a disk has been damaged and that the pain is directly related to this damage. Even if tests show a damaged disk, recovery often occurs without surgery. Studies using magnetic resonance imaging (MRI) have shown that the herniated part of the disk often shrinks on its own over time

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Approximately 90 percent of patients with a herniated disk improve gradually over a period of six weeks. The remaining 10 per cent of patients seem to be good candidates for surgery. However, herniated disks don't cause most back pain! Only two per cent of back pain patients are likely to benefit from surgery. Most specialists agree that non-surgical treatment should be tried first.

Myth 2

X-ray images, CT and MRI scans can always identify the cause of pain.

Truth

Abnormalities of the spine are as common in people without back pain as they are in people suffering from back pain. Getting a better quality image of a herniated disk, in the absence of a thorough physical examination, leaves you with only a better picture, not necessarily a better diagnosis. Even the best imaging tests cannot identify muscle spasms or strained ligaments that might be the cause of a patient's pain. Many doctors only recommend CT and MRI scans for those patients already heading for surgery for other reasons.

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Myth 3

If your back hurts, you should take it easy until the pain goes away.

Truth

Today's thinking is to continue the routine activities of daily living and work as normally as possible. Persons who remain active do better than those who try either bed rest or immediate exercise.

Not all workers can immediately return to work. Those with physically demanding jobs may not be able to return to work as quickly as those with less demanding or sedentary jobs. It is often helpful to have workers with back pain return to some form of light work until they recover more fully.

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Myth 4

Most back pain is caused by injuries or heavy lifting.

Truth

It's true that workers whose jobs involve lifting, lowering and carrying materials are much more likely to experience lower back pain than workers who don't do this kind of work. It's also true that the weight of the material is a risk factor for injury, as is how often the materials are handled and the worker's posture when doing the work. For example, working doubled over in a cramped space is harder on your back than working upright.

However, it's also true that people who work at sedentary occupations are at a higher risk of disk injury than those who do moderate amounts of physical work. And regardless of whether or not the work involves lifting, people are more likely to be injured early in the morning, when their backs are stiffer, than later in the workday.

Up to 85 per cent of persons with back pain can't recall a specific incident that brought on their pain. While heavy lifting or injuries are risk factors for back pain, they don't account for most episodes of pain.

Consider some of these other factors:

- *Age* —the highest frequency of reported symptoms for back pain occurs between the ages of 35 to 55.
- *Gender* — if you're male, your risk of injury peaks at approximately 40 years of age; among women, the peak occurs between 50 and 60 years of age.
- *Lifestyle* — smoking and being overweight are two other factors linked to lower back pain. A connection has also been made between stressful life events and back pain.

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Myth 5

Back pain is usually disabling.

Truth

Most people with back pain get better, regardless of whether they receive treatment or the treatment method used. Most people who leave work return within six weeks, and only a small percentage never return to their jobs. That's the good news.

The bad news? If you've experienced back pain in the past, you're at greater risk of experiencing it again. Fortunately, recurring episodes of pain usually go away on their own, just like the original back attack did.

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Myth 6

Everyone with back pain should have a spinal X-ray.

Truth

Routine X-rays of the spine are unnecessary and often of little value. The spine abnormalities detected with X-rays often have nothing to do with the symptoms experienced. Many people have abnormalities and are completely pain-free.

The latest medical guidelines for evaluating back pain recommend that the use of X-rays be limited to patients such as those who have suffered major injuries in a fall or automobile accident.

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Myth 7

Bed rest is the mainstay of therapy.

Truth

For the longest time, patients with back pain were told to lie down to get better. While many patients experienced less pain while lying down, it was not always the case that they got better. Studies have shown that four days of bed rest turns out to be no more effective than two days, or even no bed rest at all. Imagine what it felt like to get up after one to two weeks of strict bed rest — the recommended practice not that long ago.

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Who can cure the pain?


If pain symptoms disappear while a patient is in the care of a particular type of health practitioner, the patient often believes that it was the type of care (chiropractic, acupuncture, physiotherapy, naturopathy, surgery, etc.) that eliminated their pain. While this may be the case, back pain normally resolves on its own.

See a health practitioner you trust.

So what is a person to do? If back pain effects your ability to function, see a health practitioner you trust. That person can rule out the possibility of an underlying medical condition and may be able to help you treat the cause of your back pain. Take their advice and do the things necessary to take care of yourself to make that pain a distant memory.

Sources

 “Low-Back Pain”, by R.A. Deyo, *Scientific American*, August 1998.


 “Occupational Low Back Disorder Causation and Control”, by W.A. Marras, *Ergonomics*, Vol. 43, No. 7; 2000.


 www.hre.gov.ab.ca/documents/WSH/WSH-PUB_bc1004.pdf
Lifting and Your Back — Some Fresh Ideas

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