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Opening Extract from...

Exercise Your Way to Health:

Back Pain

Exercise Plans to Improve Your Life

Written by Paula Coates

Published by A & C Black Publishers Ltd

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exercise your way to health:
back pain

exercise plans to improve your life

dedication

For Mum and Dad



exercise your way to health:
back pain

exercise plans to improve your life

Paula Coates

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Published in 2010 by
A & C Black Publishers Ltd
36 Soho Square, London W1D 3QY
www.acblack.com

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ISBN 978 14081 0703 4

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A CIP catalogue record for this book is available from the British Library.

Acknowledgements
Cover photograph © Shutterstock
Inside photographs © Grant Pritchard, except p 4 iStockphotos.com, pp 24, 34, 36, 60, 82 Shutterstock
Illustrations by Jeff Edwards, except p 44 Mark Silver
Designed by James Watson
Commissioned by Charlotte Croft
Edited by Kate Turvey

This book is produced using paper that is made from wood grown in managed, sustainable forests. It is natural, renewable and recyclable. The logging and manufacturing processes conform to the environmental regulations of the country of origin.

Typeset in 9.25pt AGaramond on 12pt by Margaret Brain.

Printed and bound in China by South China Printing Co.

contents

acknowledgements vi
foreword vii
endorsement viii
introduction 1
what can I do if I have back pain? 2

part 1: everything you need to know about your spine 5
what is back pain? 5
signs and symptoms 6
your spine and how it works 7
what causes my back pain? 15
what puts me at risk? 20
screening and diagnosis 21

part 2: helping yourself to health 25
where do I start? 25
your personal MOT 26
healthy eating 33
stopping smoking 36
good posture 39
pacing yourself 46
what help can I get? 50

part 3: the exercises 61
where do I start? 61
before you start 63
getting back to fitness: home routine 69
getting back to fitness: swimming 77
getting back to fitness: taking it outdoors 80
exercises for your back 86

find out more 117

acknowledgements

I would like to say a big thank you to all those who have given their time and support to me during the writing of this book – family, friends, and colleagues alike. A special thank you to all my patients who have been my greatest teachers and have allowed their experiences to be included in this book. Finally, a big thank you to Charlotte Croft and Kate Turvey at A&C Black, my models and Grant Pritchard for his photography.

foreword

I am delighted to be able to write a foreword to this timely and extremely useful book. We live in an ever more complex world and our lives are surrounded by gadgets and devices, all of which come with commensurately large instruction manuals, although I suspect most of us only ever look at a small handful of the instructions enclosed therein.

Against this background we all live our lives with an anatomical structure which is far more complex in structure and function than all of these seemingly complicated gadgets: our spine. It protects our spinal cord, carries a large amount of weight for 70 years or more, somehow maintains an extremely wide range of movement, contributes substantially to our shape and creates our physical identity in the eyes of others. It is amazing, therefore, that so few of us have any real insight into what should be called a 'user's manual' for the spine and that is why this book is timely and very helpful. Paula Coates is a well-respected and experienced musculoskeletal physiotherapist and her overall view of anatomy, function, how to look after our spines when they are healthy, and how to self-manage in an holistic fashion when they are hurting, will serve brilliantly as the 'user's manual' for the vertebral column.

Her philosophy of general fitness, posture, awareness of the significance of symptoms, and simple treatment and management strategies will help anybody suffering with a back problem and should probably be compulsory reading for everybody, even in the absence of symptoms. I hope you enjoy reading this book and will come back to it whenever your spine causes you concern over the years.

John O'Dowd FRCS Orth
Consultant Orthopaedic Surgeon
Director, Real Health Institute

endorsement

As a busy working GP and musculoskeletal specialist I can highly recommend this book as essential reading for patients and clinicians alike. This book is well researched, concise and up-to-date, and written by a first rate, highly experienced physiotherapist. It will give much needed and added support for patients with back pain who want to do all they can to understand and manage their condition.

Dr Gregor McEwan MB BS Dip Sports Med Lon

introduction

The management of acute and chronic back pain has been a big part of my working life for many years. It is one of the most common pains that most of us experience at some point in our lives, so it is important to understand the causes and how you can manage it. I hope this book will be a starting point to help you understand your pain and how you can deal with it day-to-day.

The idea for this book first came to me when I had severe back and leg pain a few years ago. As a physiotherapist specialising in back pain, I knew what I was supposed to do to help myself. But practising what I preach was far from easy – even though I had instant access to treatment and medication from my colleagues, and the reassurance from the information I give my patients every day. Through my exercise programme and managing my health I regained my fitness and completed four marathons. You may not be as keen on running as me, but managing your health and improving your fitness can have a significant impact on your back pain and help you to achieve your goals. This book is designed to provide you with reassurance and information as you help yourself through the bad bits, and advice on when and where to seek help if you need it. The book aims to:

- teach you the facts about back pain
- dispel the myths about back pain
- show you how to manage your back pain in the acute and non-acute phases
- give you a spinal stability exercise programme to build into your lifestyle
- alert you to the warning signs of a serious problem

- help you understand and avoid the stress and anxiety associated with back pain
- allow you to get on with your everyday life.

The book is split into three main parts. **Part 1** covers everything that you need to know about your spine, including the answers to questions I have been asked many times by my patients over the years. Once you know exactly what you are dealing with, it is much easier to formulate a plan to manage your back pain.

Part 2 looks at what you can do to help yourself: the changes you can make to your lifestyle that will help you become fitter, healthier and in control of your own health. It also explains where to ask for advice and what help is available if you need it.

Part 3 covers the exercises you can use to strengthen your body and help prevent future problems. Prevention is always better than cure, and usually much less painful. I will show you the exercises that will help you manage your pain and return to fitness, no matter how unfit you may be. I will also show you how to monitor your own progress with simple tests that you can perform at home. When you see the results of adding exercise to your life you will wish you had done so sooner.

what can I do if I have back pain?

Millions of people live with acute and chronic back pain. Although most lead a full and active life by adapting their lifestyles in response to their symptoms, many people with back pain don't achieve this – they give up work and are unable to do the things they want to. However, this does not have to be the case. By increasing your understanding of your condition and how you can help yourself to health, you can improve the quality of your life.

Chronic back pain can affect your health over a long time. When you are first diagnosed it is easy to feel overwhelmed and as if the condition will take over your life, especially if you need to take daily medication. It's important to understand that you have a choice about your condition becoming a serious problem. You can take steps to

'I was convinced there was something really wrong with my back when the pain was so severe. But as things settled and I understood more about what can cause pain, I discovered how important knowing the facts about back pain was and how much I can do myself to make things better.'

Katherine, London

control the negative effects of back pain on your health. Believe this, and by engaging in active self-management you will see the benefits of making changes to your lifestyle. When you take care of your body, it will take care of you and prevent problems in the future.



part 1
everything you need to know about your spine

what is back pain?

Back pain is one of the most common types of pain – 80 per cent of us will experience it at some point in our lifetime. It is probably as common and naturally occurring in humans as grey hair and wrinkles. You are most likely to suffer from a significant episode of back pain between the ages of 30 and 50, but mechanical back pain is also seen in children and teenagers. To put it into perspective, if you have back pain you are not alone. However severe your pain, you are experiencing something that happens to most people at some point in their life.

It is very unlikely that any two people will present with identical back pain symptoms, and usually everyone will require a different management programme, tailored to his or her individual circumstances. Please don't be panicked by stories you hear from people who paint a bleak picture of back pain. For every story of doom and gloom you hear, I can tell you another of someone who has experienced terrible pain and worked hard to get back to fitness, restore their spinal stability and live a full working and sporting life.

signs and symptoms

common symptoms

Pain: Pain is an experience personal to each individual. *The Textbook of Pain* (ed. P. D. Wall and R. Melzack, Churchill Livingstone, Edinburgh, 1999) describes pain as 'an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage'. I have learnt to accept my patients' own descriptions of their pain – so if someone says it's like spiders or knives in their back, so be it! Diagnosing the cause of your back pain is based on characterising pain in various ways, according to its duration, intensity, type (dull, burning or stabbing) and location in your body.

Restricted movement: Being unable to move, or do basic things like getting dressed, is a common symptom of back pain. Muscle spasm – which is basically your muscle overworking – is a major cause of movement restriction because your muscles tighten and become overprotective when you experience pain. This can be painful in itself, and it is also important to recognise when fear of moving is part of the problem, since fear will hold you back from recovery as much as anything else.

Altered sensation: This is common and can vary from numbness or pins and needles in your arms or legs, to one limb feeling odd or just different from the other one. Some people describe an oversensitivity in the leg (or arm, if the neck is the problem area) rather than numbness. These are all symptoms that should be checked before you are treated.

Weakness: Weakness in your legs can be caused by inflammation or compression of a nerve in your back. It can also be caused by pain, which can prevent you from using your muscles normally. Physiotherapists, osteopaths and chiropractors (see page 50) will all test both your muscle strength and nerve function before you receive any treatment for back and leg pain, to see whether a nerve is being compressed and to make sure you get the right treatment.

more serious symptoms

Bladder and bowel problems: Incontinence and/or urine retention are two symptoms that must not be ignored, no matter how embarrassing telling someone may seem. If these symptoms have come on with your back pain, seek medical advice immediately.

Unexplained weight loss: Weight loss can occur for many reasons, but if it is unexplained and you haven't been on a diet, it could be a sign that something is wrong. Your GP is the best person to see and will be able to assess you further to find out why you are losing weight.

Night pain: Most pain will settle when you are lying down and you will experience some relief, even if it is only for short periods. However, if your pain becomes more severe when you are in bed at night or lying down, you should see your doctor.

Sweats: Hot sweats during the day or at night can have many causes, but if they are new to you and have come on as you have developed back pain it is important to see your doctor.

your spine and how it works

The spine is made up of 33 vertebrae. Each vertebra is attached to the one above and below it by ligaments and muscles, and is separated from the vertebrae above and below it by an intervertebral disc (fig. 1.1).

Figure 1.2 shows how the vertebrae sit together to form the whole spine. The pelvis attaches to the bottom of the spine and together they create the strong structure from which your arms and legs are hung. All the bones of the spine are held together by strong ligaments, and these are supported by the deep muscles that form part of the core muscles which give your spine stability and strength.

ligaments

The ligaments, which sit deep and close to the spine, have their own nerve supply and can be responsible for back pain if strained or sprained, very similar to the pain if you sprain your ankle. As the intervertebral discs age they become narrow, and this can affect how

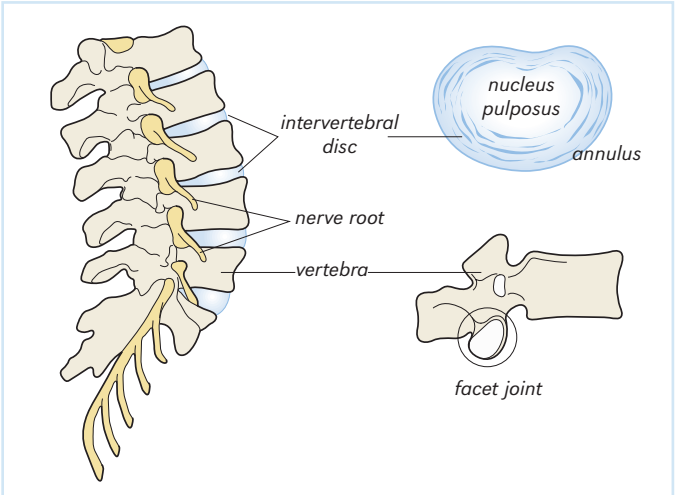


Figure 1.1 Vertebrae and intervertebral discs

well the ligaments work. If they can't control the movement between the bones in the spine, the strength of your deep spinal muscles becomes more important. This is why maintaining spinal stability and muscle control as we age is helpful in managing pain.

discs

Discs act like shock absorbers to cushion the compression between your vertebrae and also to limit the rotation and bending needed in everyday movement of your spine. They get much of the blame for back pain since it was discovered that they can prolapse or herniate – medical terms, both meaning the same thing, for a 'slipped disc'. This means that the soft nucleus of the disc has leaked through a tear in the stronger outer layer (the annulus). This is not always caused by a sudden movement, but can be the result of the normal process of disc dehydration as you age. It is not necessarily painful: many people have a disc prolapse and don't ever know it. However, if your disc herniates and the nucleus seeps through the annulus, the nucleus will take up

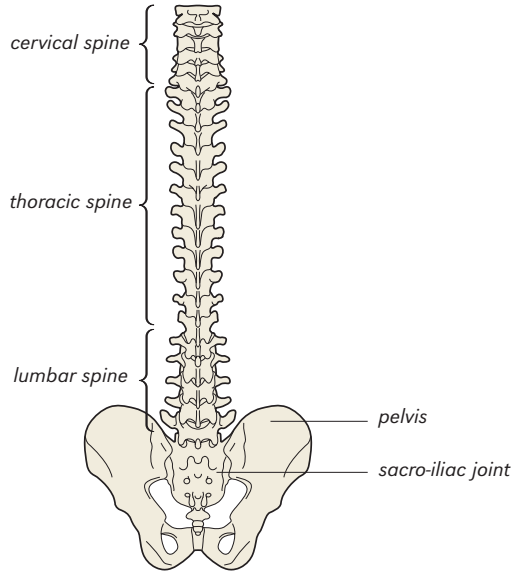


Figure 1.2 The spine and pelvis

space in your spinal canal or the space where your spinal nerves sit. If this happens, you may have pain in your back and legs.

myths about discs

The term 'slipped disc' is a misnomer, as discs themselves don't slip. However, once the central part of a disc (the nucleus) leaks through the outer layer (annulus), it can't go back in. Similarly, discs don't crumble, but small tears occur around the annulus as part of the normal ageing process. Annular tears are also a common cause of back pain (fig. 1.3).

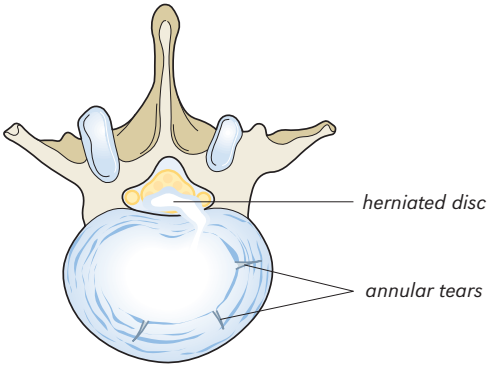


Figure 1.3 Herniated disc and annular tears

spinal canal

The spinal canal contains the spinal cord. Your spinal cord is covered by a membrane called a dural sheath which also contains the fluid that nourishes the cord and the brain. The cord comprises all the nerves that send signals from the brain to the rest of the body and back again. This includes the nerves that send pain signals to the brain and send signals to contract or relax your muscles. The spinal nerves come off the spinal cord in pairs at each vertebral level and sit in their own channel. As we age, the spinal canal can become narrowed by arthritis and this can cause pain as it reduces the space available for the spinal cord. This is called spinal stenosis.

facet joints

The facet joints are formed between the upper and lower bony projections on the lamina (bony wings) of each vertebra (see fig. 1.4).

These joints limit backwards bending and twisting, to protect the disc from too much strain. A thin layer of cartilage, a type of connective tissue, sits on the surface of your joints. This acts as a cushion and also

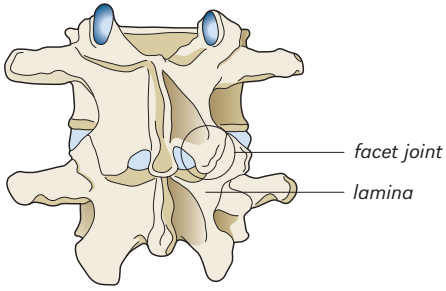


Figure 1.4 Facet joints

allows smooth movement. Inside your joint capsule there is a small amount of synovial fluid, which acts like engine oil to help the joint move smoothly.

Arthritis, which occurs with the normal wear of the joint surface, is common in facet joints. It can cause a gradual thickening of the joint as more bone is laid down in response to overloading and pressure.

muscles

The many muscles associated with your spine (see fig. 1.5) all have a specific role to play in creating stability and movement. The deeper muscles, commonly referred to as the 'core stability' muscles or 'muscular corset', stabilise your spine. When you have back pain these muscles often stop working properly, making your spine feel weaker and less well supported.

The bigger and stronger muscles in your body lie over the top of the core stability muscles and are closer to the surface. They have the role of moving your body, while the deeper muscles support the spine. When you have back pain, some of these movement muscles can go into spasm and restrict your movement. Muscle spasm alone can be very painful and if left untreated will feed into a vicious cycle of pain and loss of movement.

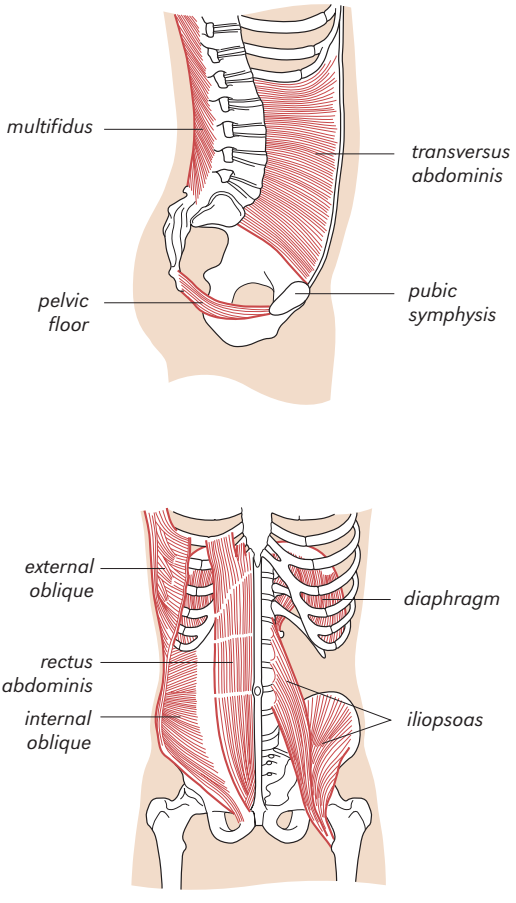


Figure 1.5 The main muscles associated with the spine: the core stability muscles (above) and key movement muscles (below)

What is muscle spasm?

Muscle spasm is an involuntary contraction of a muscle that usually results in pain and stiffness and can be caused by:

- dehydration
- muscle strain
- pain and inflammation
- trauma or injury
- poor posture.

It responds well to heat, massage and acupuncture, but you can prevent spasm in your back by having good posture and keeping yourself well hydrated.

Deep core stability muscles:

- are continuously 'switched on' – working to stabilise your spine
- are close to the joints in your spine
- stabilise your spine as you move.

These muscles form the muscular corset that helps support your spine and makes it strong. The key muscles working to support your back are:

- the transverse abdominis, the deepest of the abdominal muscles, which acts rather like the buckle on a belt
- the multifidus, which forms the back part of the muscular corset
- the pelvic floor, which acts like a sling at the bottom of the pelvis
- the diaphragm, which helps you breathe in and out.

Research has shown that having strong core muscles reduces lower back pain. They need to work together to keep your trunk stable and

improve your balance, enabling you to put more effort into arm and leg movements. If the core muscles are weak, other muscles have to work harder to compensate and this can lead to muscle imbalances.

Movement muscles:

- are not close to the joints of the spine
- allow your body to move but can also go into spasm
- work with the core stability muscles to strengthen, move and stabilise your spine. I will show you how to exercise to strengthen these muscles in part 3.

Key muscles are:

- the rectus abdominis – better known as the 'six pack' – a long flat muscle, which sits along the length of the front of your tummy
- the external obliques, which flex and rotate the spine, and lie on top of the internal obliques and above the transverse abdominal muscle
- the internal obliques, which act as an opposing muscle (an 'antagonist') to the diaphragm
- the iliopsoas, a strong muscle which attaches to the front of the vertebrae and on to the thigh bone. It pulls on your thigh bone helping to bring your knee to your chest or your chest to your knees.

Other muscles that help with spinal stability and strengthening your spine are the muscles in your back, buttocks and around your pelvis and hips. These are sometimes referred to as the 'outer core' or the front and back 'slings' and they assist stabilisation and help your body move. There is a great stretch called the 'crucifix' (page 106) which helps keep these muscles flexible and supporting your back.

what causes my back pain?

The causes of back pain fall under three umbrellas. Within each there are different conditions. I will talk about these and what you can do to manage each later in the book. The three types of back pain are:

- **mechanical problems** such as muscular strains and sprains
- **nerve irritation** from the disc, ligament or facet joint
- **serious spinal pathology** such as infection or tumour.

Before you decide you have a serious spinal pathology, here are a few figures that will reassure you. Your pain may be severe, but the level of pain does not always equate with something serious. The figures for the number of people diagnosed under each of the umbrellas are:

- 93 per cent mechanical low back pain
- 5 per cent nerve root pathology
- 2 per cent serious spinal pathology.

Pain caused by the spine is not always felt in the back: many people suffer with associated leg pain, or referred pain, which is also called sciatica. This can sometimes be worse than the pain in your back, and it is important to know what is causing it to ensure it is treated effectively. Causes of leg pain can be:

- nerve root irritation or compression of a nerve in your back
- nerve irritation or compression away from your spine (in your buttock or leg)
- an injury to your leg unrelated to your back pain.

common causes

There are many reasons why you may have back pain. Some are obvious, some creep up on you over time, and some are very easy to prevent. The most common causes of back pain I have treated over the years are:

- **poor posture**
- **poor lifting technique**
- **poor ergonomics** – how your workstation is set up, whether in the workplace or at home
- **stress** – this affects everyone differently and it is important to be aware how stress manifests itself in you
- **poor mattress** – how old is your mattress, and is it supporting you?
- **deconditioning** – after illness, injury or using crutches you won't be as strong or as fit as before, and back pain can be a side-effect
- **a busy life**
- **pregnancy** – this can have a huge effect on your posture as you're carrying such a heavy weight in front of you
- **arthritis** – this is not always painful, but if you have some arthritis in your spine it can flare up from time to time
- **trauma** – anything from a fall on a slippery pavement to a car accident can result in acute or chronic pain.

less common causes

disc herniation

This occurs when a disc between the vertebrae bulges and can push against nerves and ligaments in the spine. There are three types of disc herniation/prolapse (fig 1.6), all of which produce different symptoms.

The normal ageing of a disc will lead to dehydration and a reduction in its height. The nucleus should sit centrally in the disc and most people's nucleus will stay central as they age. The different stresses and strains that your spine goes through in a lifetime will influence how the position of the nucleus may change and how it may bulge or become herniated.

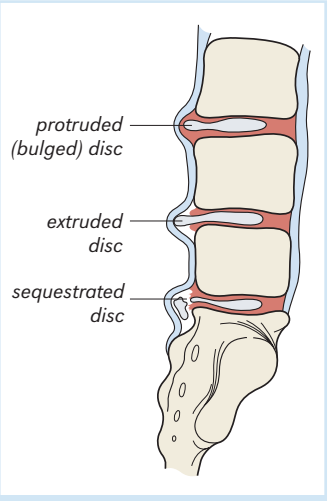


Figure 1.6 Types of herniated disc

- **A protruded/bulging disc**, the most common type of disc herniation, is when the soft inner centre of the disc moves towards the edge of the disc and pushes against the outer shell. The bulging disc can push against ligaments and nerves, and cause inflammation which leads to back pain. Many factors can contribute to causing a disc to bulge including lifestyle, posture, poor lifting technique and lack of general fitness. It is rarely the result of just one thing or event. Manual therapy, acupuncture, physiotherapy rehabilitation and exercise will help manage this kind of pain.

- **An extruded disc** is the next stage, in which the nucleus bulges through a tear in the disc wall and pushes on the adjacent spinal nerve roots and ligaments. This process can create a lot of inflammation and subsequent pain. Extruded discs create a greater risk of nerve root irritation and compression which can cause leg pain (sciatica). Manual therapy, acupuncture, physiotherapy and specific exercises will help manage this kind of pain. If the symptoms indicate serious compression on the nerve root, further treatment may be needed and it may take longer to recover. In most cases surgery will not be required.

- **A sequestrated disc** occurs when the extruded part of the disc breaks off. This can give many symptoms which can be severe and changeable as the piece of floating disc moves. This sometimes, though not always, requires surgery.

spinal stenosis

This is caused when the spinal canal narrows, usually as a result of arthritis. The condition develops over many years and can cause pain as it reduces the space available for the spinal cord. If your doctor or physiotherapist suspects you may have spinal stenosis, X-rays and an MRI scan will confirm the diagnosis and allow it to be monitored and managed effectively.

spondylolisthesis

This is a rare problem and affects under 5 per cent of people with back pain. It is diagnosed by an X-ray showing that a lumbar vertebra has moved forwards or backwards slightly from its normal alignment.

There are two kinds of spondylolisthesis. The most common occurs over the age of 50 and is a result of the postural stresses your spine has had in life. It is seen more in women and people of African origin than in Caucasians. It progresses slowly over many years. This kind of spondylolisthesis is unlikely to need surgery unless the nerves become irritated by the spinal canal becoming narrowed. Natural fusion (the discs becoming fixed and ridged) commonly occurs and movement between the two vertebrae is reduced as a result.

The second kind of spondylolisthesis, known as spondylolysis, occurs in children due to a bone defect in the vertebra. It is caused by a crack in the bone or a failure of the bone to form and if it occurs on both sides of the vertebra the bony process can no longer restrain the weight of the body and the vertebra moves forward. This problem needs close monitoring and occasionally requires surgery, in which screws are used to fix the vertebrae in place and prevent them from moving any further forward.

cauda equina syndrome

The cauda equina is the collective name given to the spinal nerves as they come out of the bottom of the spinal cord. If the nerves are compressed at this level by a disc herniating backwards towards your spinal cord, cauda equina syndrome is possible. It is more common for the disc to herniate to one side or the other rather than backwards or forwards, but all directions are possible. If the cauda equina does become compressed, you may not be able to empty your bladder or may lose control of your bowels. You may also experience numbness in your genital area.

Cauda equina syndrome is uncommon, but if you have these symptoms they need immediate medical attention. This is the only time you should go to A&E with back pain. The earlier you are assessed and treated, the better chance your nerve has of recovering.

osteoporosis

Osteoporosis is caused by a progressive loss of strength in the bone due it losing its mineral density. This makes the bone brittle and more prone to fracture, even from minor bumps and falls. It can be managed with medication and lifestyle changes, but it is important to be diagnosed so you can minimise the risk of fractures.

Osteoporosis is most common in women after the menopause due to the reduction in the amount of oestrogen produced by the body. However, men can also suffer from it, and it can also occur in people with hormonal disorders or chronic disease, or who are taking certain medication such as steroids.

Vertebral fractures due to osteoporosis will cause sudden severe pain, often with shooting pain caused by nerve compression. This can lead to a stooped posture and reduced mobility.

Daily supplements of calcium and vitamin D are recommended, together with regular weight-bearing exercise. Medical treatments focus on stopping or slowing down mineral loss, and include:

- oral biphosphonates (such as Fosamax and Actonel), usually the first line of treatment for women

- Raloxifene (Evista), an oestrogen receptor which attracts oestrogen in the body to help prevent bone loss and fracture – helpful if you cannot tolerate bisphosphonates

- synthetic parathyroid hormone (Forsteo), used for men or postmenopausal women with severe hip or spinal osteoporosis.

Hormone replacement therapy, once widely used, is no longer used to prevent osteoporosis after the menopause, but is recommended for young women who no longer have periods.

back pain in children

Back pain in children is usually mild and a result of poor posture or growth spurts (growing pains) which are caused when bone and muscle development are not happening at the same rate. In very sporty children who repetitively put their spine through stress and strain, for example fast bowling in cricket, there may be a risk of stress fracture to the bony arch called the *pars interarticularis*, which is a part of the vertebrae. This will be diagnosed by an MRI scan. Rest with physiotherapy and rehabilitation over three to six months may be needed, but surgery is rarely required.

scoliosis and curvatures

Scoliosis is a side-to-side curve in the spine rather than the normal front to back curve. This may or may not cause any more trouble than normal spinal anatomy.

If you think you or your child has a scoliosis it's a good idea to have it checked out. It doesn't mean you or they will have any more episodes of back pain than anyone else, but you still need to watch your posture both standing and sitting and keep fit to ensure good spinal health.

what puts me at risk?

Some of the predisposing factors to getting back pain are:

- **Being female:** Women are slightly more vulnerable to back pain, although why this should be so is unclear. One suggestion is that

back pain can be influenced by changes in hormones, for example during and after pregnancy and childbirth. Lifting, carrying and breastfeeding children are also major contributing factors.

- **Poor diet:** Eating a diet which is high in fat can lead to fatty deposits in the arteries (atherosclerosis), which affects circulation. Research has shown that people with atherosclerosis are more likely to have disc degeneration, leading to a higher risk of developing back pain.

- **Smoking:** It is well documented that smoking has a negative effect on health and leads to poor circulation and atherosclerosis. Along with the increased risk of back pain, smokers heal much more slowly, which will affect you if you have inflammation, an injury or surgery.

- **Poor posture**.

It is a common misconception that being overweight makes you more at risk of developing your first episode of back pain. In fact, tall people are more likely to develop back pain due to the length of the spine, which increases the pull and leverage on their lumbar spine.

Surprisingly, you are just as likely to develop back pain if you are fit – which can be a real shock if you are a fit person. The good news is that muscle strength and general fitness do prevent the recurrence of low back pain and reduce the impact of chronic back pain on day-to-day life.

screening and diagnosis

If you have seen your doctor a few times about your back pain, or it is failing to improve with treatment, he or she may request tests to find out more about what is causing your pain. For most people who have back pain these investigations are not necessary. Some of the tests that are commonly requested to investigate back pain are:

X-rays

X-ray images reveal the bony architecture of your spine and are useful for showing:

- narrowing of the disc space, which means the disc is dehydrated
- arthritis in the facet joints
- osteoporosis (thinning and reduced bone density)
- bone spurs around the vertebrae.

It is not advisable to have too many X-rays, because of the doses of radiation required to create images of the spine.

magnetic resonance imaging (MRI)

MRI uses magnetic and radio waves to create an image of the body. You lie inside a large, cylinder-shaped magnet, which passes powerful magnetic waves through the body. MRI scans are used to look at:

- bone and disc structure
- the disc position in relation to the spinal cord and nerves
- muscle tissue and fatty deposits within muscles
- the size and shape of the spinal canal.

bone scan

In some cases, your doctor may refer you to a specialist for a bone scan. A bone scan is very useful when it is unclear exactly where the problem lies, as it reveals trouble spots on the spine. A radioactive chemical, sometimes called a 'tracer', is injected into the bloodstream. The chemical attaches itself to areas of the skeleton that are making new bone, and a special camera takes pictures of these. Concentrations of the tracer, which appear as dark spots, usually indicate a problem. Your doctor may then order additional tests to find out more. A bone scan can show problems such as:

- bone tumours
- infection
- fractures
- bone density and the bone thinning seen in osteoporosis.

The test for osteoporosis uses a different type of scan which doesn't require the injection of a tracer.

computerized tomography (CT) scanning

CT scanning can give clear pictures not only of bones but of soft tissues such as muscles, organs, large blood vessels and nerves, none of which show up on an X-ray. CT scans are used:

- to detect tumours, abscesses or abnormal blood vessels, when they are suspected by symptoms or other tests
- to give a surgeon a clear picture of an area of your body before certain types of surgery
- to pinpoint the exact site of tumours before radiotherapy.

blood tests

Blood tests may help rule out other causes of back pain, such as inflammatory arthritis or infection. They will also pick up any other serious condition that may be an underlying cause of your back pain.

