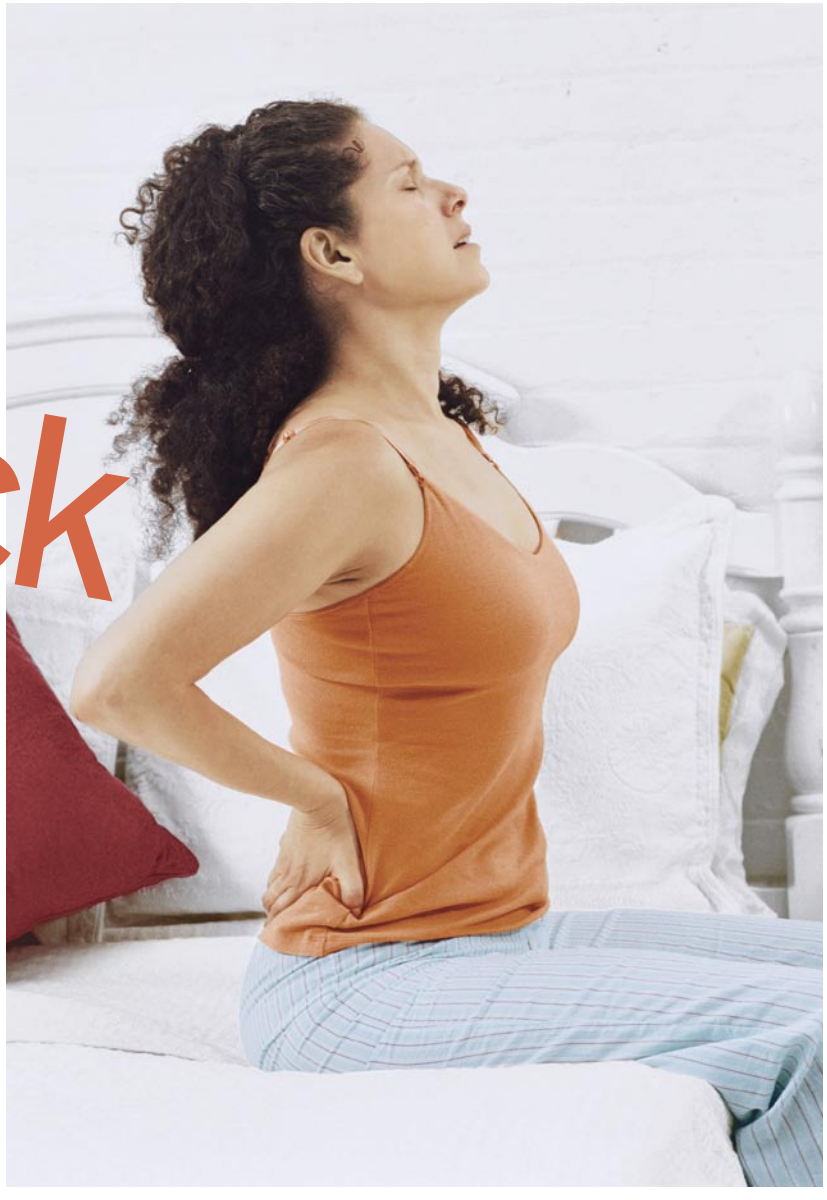
Back talk

New treatments can mean an end to pain. Sit up (straight!) and read on. *by* Susan Ince



Your grandmother may have called it lumbago—that grabbing, aching, stiffening, or shooting pain that hits the lower back. But even if the name is out of fashion, the condition is no less common today: Over their lifetimes, an estimated 80 percent of adults will suffer from backache—some for a few days, some with recurrent bouts, and still others with pain that takes up residence and just never seems to leave. But now there are new ways to treat the problem—and better ways to head it off. Below, back specialists answer frequently asked questions.

When do you need to see a doctor?

Try home measures first, such as applications of ice and then heat plus gentle movement. If, after a few days, you're still not getting around, see your regular physician. While the most common cause of back pain is muscle strain, you also want to check for medical or gynecologic disorders. "My grandmother was taking Aleve for back pain that turned out to be a bleeding ulcer," says Stephanie Siegrist, M.D., an orthopedic surgeon in Rochester, New York. If your pain does indicate a back problem, and not a medical disorder, your doctor may send you to an orthopedist or a neurologist (if your symptoms suggest nerve or spinal cord involvement) or to a physiatrist (a physician who specializes in physical medicine and rehabilitation).

Should you tough it out?

Not a great idea. Taking acetaminophen (Tylenol) or an anti-inflammatory like ibuprofen (Advil, Motrin) or naproxen (Aleve) will help you get moving—the first step to getting ▶

PHOTOGRAPH BY TOM LE GOFF/GETTY IMAGES

better. If these drugstore pain relievers aren't adequate, ask your doctor to prescribe stronger medication or a muscle relaxant, says Sharon Gibbs, M.D., a physiatrist at the Texas Back Institute in Plano.

X-ray or MRI—which one is better?

Doctors will almost always order a plain X-ray first (and not just because it's less expensive!). If he or she suspects a tumor (which is rare) or if you have worsening leg weakness or numbness, tingling, or other symptoms that signal nerve involvement, you'll probably be sent for an MRI.

Keep in mind that the physical exam and your description of the problem can be even more revealing than a scan. The reason: The majority of healthy adults—people who have no back pain whatsoever—show some signs of joint deterioration and/or disk degeneration on an MRI. So if your scan is abnormal, it might explain your back pain—or it could just be a coincidence.

Will it help to do special back exercises?

Maybe not. In a UCLA study of back patients, those who walked at least three hours a week had less pain and were more mobile than a group who did specific back-pain exercises. Activities (like yoga) that increase your strength and flexibility can help with ongoing pain or prevent a recurrence. If you have a specific disk problem or friction between parts of the spine, you may need a physical therapist to teach you certain exercises, advises Dr. Siegrist. And don't be surprised if your doctor also recommends a back school, where you can learn behavioral approaches to help you deal with your symptoms, says Dr. Gibbs. It can also help you overcome anxiety about the problem.

What about alternative treatments?

Studies show that massage therapy and chiropractic treatments can help sufferers. For acupuncture, the evidence isn't as clear, but many people say it helps. One of the newer alternatives: Botox injections into muscles along the spine. In a recent Yale study, more than half of chronic-back-pain patients reported significant relief.

How do doctors decide if you need surgery?

Surgery makes sense only if there's an anatomical problem that can be fixed and if other treatments haven't helped. "Even if you come in with continuing pain and an abnormal MRI, I'll send you back if you haven't tried conservative therapies," says Nick Shamie, M.D., an assistant professor of orthopedic surgery and neurosurgery at the UCLA School of Medicine.

But if, after trying other measures, an operation does seem to be the best solution (and you have gotten a second opinion to confirm that), take heart: Surgery is a lot safer than it was even ten years ago. There's much less risk of paralysis or anesthetic reaction today. Also, surgery is easier, and recovery is faster. If you're having a spinal fusion—in which the doctor removes disks and secures two or more vertebrae together to strengthen the area and prevent ▶

Translating your pain

THE MESSAGE	SEEMS TO BE SAYING…	THE TRUTH
THIS IS A NEW PAIN	"You must find out why it's happening."	Most people never find out. It's not necessary to know the cause in order to feel better.
HURTS TO MOVE	"Stay on the couch or you'll make it worse."	The sooner you start moving, the sooner you'll feel better; inactivity can increase stiffness and weaken muscles.
STARTED SUDDENLY	"You've damaged your spine."	If you've wrenched your back from a bad twist or fall, chances are the pain is coming from a muscle, not from injury to a disk.
REALLY BAD	"You must need surgery."	You may or may not have a serious problem. Other symptoms, such as progressive leg weakness, can be more significant.

painful movements—surgeons no longer have to take bone from your pelvis or hip, a procedure that's painful and requires a long recuperation. "Now we can use proteins or bone substitutes for the graft," explains Dr. Shamie.

Are there any other surgical advances?

The latest breakthrough is an implant called X Stop, which surgeons can use for patients who are suffering from lumbar spinal stenosis—a narrowing of the spinal canal and the leading reason for back surgery in people over 50. "In the past, the surgery for lumbar stenosis was extensive and painful and required us to operate quite close to the nerve," says Dr. Shamie. The new X Stop implant fits between spinal bones, flexing the lower spine in order to relieve pressure. Another plus: "You can go home less than 24 hours after surgery," he adds.

What are the best ways to prevent back problems?

- **EXERCISE.** It's important to vary your routine so that it includes walking or swimming, flexibility moves, and activities, like Pilates, that emphasize correct posture and that build strength in the core muscles that support the spine.
- **KEEP WEIGHT DOWN.** Extra pounds can put extra stress on your back.
- **DON'T SMOKE!** "It's one of the worst things you can do to your spine, poisoning the bone and disks. And by diminishing circulation, smoking interferes with the body's ability to heal after a strain or other injury," says Dr. Siegrist.
- **STAND UP STRAIGHT.** Over time, slumping may lead to uneven wear and tear on the spine. ■

"Botox? For my back?"

PHOTOGRAPH COURTESY OF JODY VALANTINE

Jody Valantine, 45, of Santa Clara, Utah, had suffered terrible back and neck pain since she was in a car accident in 2002. Over the next few years, she tried just about everything for relief: physical therapy, cortisone injections, muscle relaxants, chiropractic treatments, even visits to a holistic health expert. "Nothing helped for long," says Valantine, a mother of four who works part-time in her husband's dental office.

Still, when her doctor suggested Botox injections, Valantine was skeptical. But the pain was keeping her up at night, and she had two long plane trips coming up to visit family overseas. So last February, she decided she would try Botox, which temporarily paralyzes muscles, relieving pain-causing spasms. The doctor gave her a series of injections along her spine and neck and into her right shoulder. At first, says Valantine, she didn't notice any difference. After a few days, she began to hurt less, but her back felt weak. Then, two weeks after the injections, there was big improvement: Valantine was not only pain free, "but strong again." Today she's even back to coaching softball. Although some people need "touch-up" shots after several months, Valantine is hoping that she won't. ***—Alice Oglethorpe***