

Celebrate Wellness!

An estimated 7% of us will see a doctor for back pain this year.¹ Some have called back pain in North America an epidemic; and once you have it, you're likely to get it again. Back pain interferes with work, with sport, with social activities, and with all aspects of life. What can you do to protect yourself and your family?

There are some simple steps you can take to protect yourself. Smoking is one risk factor for low back pain.² The theory is that smoking damages the blood supply to the spinal discs and related structures in a manner similar to smoking's effects on coronary arteries (the arteries that supply your heart with nutrition). Want to decrease your risk for back problems? Stop smoking, today.

Another pair of risk factors for low back pain go hand in hand: a sedentary lifestyle, and obesity.^{3,4} Whether you sit all day at work, or just don't get enough exercise during your day, you have the power to make a difference in your health. Physical fitness, including both aerobic exercise such as walking or tennis and training of balance and strength using activities like yoga, can decrease your risk for back pain. Consult with your doctor before launching into an exercise program, but remember: Though physical activity carries risks, physical inactivity may carry even higher risks for most people. By creating what's called a "caloric deficit" you can lose weight, stay trim, and decrease the load on your spine. Don't forget healthy diet, including proper hydration with pure water. Spinal discs are up to 90% water, so care for them well by remembering you are what you eat... and what you drink, too.

There's always a fad when it comes to health care, and back pain is no exception. Spinal surgery is generally viewed as an intervention of last resort for most back pain. As far as magic pills for back pain, they strike out too.⁵ One intervention that has long been a part of the back pain conversation has been spinal manipulation. Doctors of chiropractic are the primary providers of spinal manipulation in North America. Though research has shown that non-chiropractors can achieve "very modest benefits" for their patients when receiving limited training in spinal manipulation,⁶ doctors of chiropractic must complete a program of approximately 5000 hours before passing rigorous licensing examinations before Virginia's Board of Medicine grants a license to practice. That training allows them to pair a diagnosis of your problem with a specific intervention designed not only to help you get out of pain, but to help you live better with less down-time and more time to live the life you want.

A recent study in *Annals of Internal Medicine*⁷ listed one primary intervention for acute low back pain that does not respond to self-care: spinal manipulation. Though the initial article suggested acetaminophen and nonsteroidal anti-inflammatory drugs as part of initial care, medical physicians themselves disagree that these drugs have value for low back pain, with one expert referring to an "obvious lack [emphasis added] of evidence" that these drugs actually help.⁸ Most sources agree on one thing: That chiropractic is safe. For most patients, it's also highly effective for back pain. Doctors of chiropractic may in fact be practicing the best "medicine" out there when it comes to low back pain. Medicine is defined as the diagnosis, treatment, and prevention of disease. While chiropractors are highly proficient when it comes to the spine, good "medicine" requires good prevention. Doctors of chiropractic are trained to advise you on improving your life and helping you to control some of the risk factors for back problems.



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References: ¹ McCormick A, Fleming D, Charlton J. Morbidity statistics from general practice. Fourth national study 1991-1992. Office of Population Censuses and Surveys. London: HMSO, 1995 (Series MB5 No 3.) ² Lumbar spine pathology and multiple atherosclerotic risk factors: A 53-year prospective study of 1,337 patients. *The Spine Journal*, Volume 2, Issue 2, Supplement 1, March-April 2002, Page 34.

³ <http://www.chiroandosteo.com/content/13/1/21>

⁴ <http://healthgate.partners.org/browsing/browseContent.asp?fileName=19757.xml&title=Risk%20Factors%20for%20Low%20Back%20Pain%20and%20Sciatica>

⁵ <http://www.annals.org/cgi/eletters/147/7/478#39478>

⁶ Curits et al. Training primary care physicians to give limited manual therapy for low back pain. *Spine*

2000; 25:2954-2961. ⁷ Roger Chou, MD; Amir Qaseem, MD, PhD, MHA; Vincenza Snow, MD; Donald Casey, MD, MPH, MBA; J. Thomas Cross, Jr, MD, MPH; Paul Shekelle, MD, PhD; Douglas K. Owens, MD, MS. *Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society. Annals of Internal Medicine* 2 October 2007; Volume 147 Issue 7, 478-491.

⁸ <http://www.annals.org/cgi/eletters/147/7/478#39478>