

LEARN HOW TO BEAT LOWER BACK PAIN



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INTRODUCTION

If you went to the effort to download this, then I know for sure you want relief and you want answers. Most likely by now you've "googled" sciatica and lower back pain and trying everything you can to deal with the pain. Perhaps you've tried a lot of different treatments or advice someone has shared with you. I certainly see a lot of people who have been taking medication for years just to get through the day.

Myself being a chiropractor and my wife a physiotherapist, I would go as far as saying that the number one condition we take care of are problems that originate from the lower back. Every day we have patients of different ages and occupations explain to us how their pain is ruling their lives.

The information and guidance this document will give is by no means a replacement for a one-on-one consultation with a health practitioner. In everything we do, we strive to give value and leadership all things health and we hope you find this a useful tool as you look to find answers and understanding.

Fortunately, we've both got first hand experience in knowing exactly how bad and crippling lower back pain can be.

I myself, many years ago, used to be a sheep shearer. I did this for my gap year and most holidays through university to earn some money. I remember being stuck in a shed in South Australia with severe pain in my lower back. Every time I took a step, I could feel the pain in my left side shooting into my buttock. I'd wake up every time I moved at night.

My wife was rising through the ranks as a tennis player in her teens and started to develop lower back pain that she would feel on every back hand she played for years. If only we both knew what we know now...



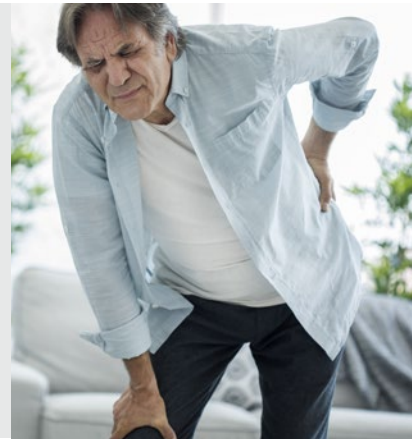
In over 10yrs as a Chiropractor, looking after literally thousands of cases of lower back pain, I have come to learn that no two problems are the same. Unfortunately, every case is different and there can be many varying factors involved - from past injuries to your current job.

If there is one thing I encourage anyone with lower back pain, it's to find the CAUSE of the problem. For this I encourage you to seek out a chiropractor or physiotherapist to guide you in the right direction. For now, hopefully this information will give you greater insight and understanding into what you're going through.

If you have any questions, please just drop me an email on greg@gwydirchiro.com.au. I want to make sure you get the best help.

THE BIG THREE

1. SCIATICA
2. DISC INJURY
3. SACROILIAC JOINT



SCIATICA

WHAT IS IT?

Sciatica is a generalised term for nerve pain that originates from obstruction or irritation of the sciatic nerve. The sciatic nerve is the largest nerve in the body that begins from the lower back region and branches off down the leg going all the way down to the foot and big toe. When its "pinched" you know exactly what that feels like.

If you are experiencing any of the following, chances are you have sciatica symptoms

- Pain that radiates into the buttock, back of the leg and down to your calf.
- Severe pain that is sharp when moving the wrong way.
- Tingling or numbness in the legs.
- Feeling weak in the muscles of the leg.

What is Sciatica?

WATCH VIDEO

WHAT CAUSES IT?

- 1) Acute Injury
- 2) Progressive small trauma

Acute Trauma – Car accident, Rugby tackle, fall from a truck, tripped over, lifted something too heavy. The back is only so strong and at some point, something must give. When there is some form of blunt force causing the disc to bulge, it can cause irritation and obstruction of the sciatic nerve. In this case there is going to be a lot of swelling and inflammation around the area making it even more sensitive and painful.

Progressive small trauma – When you have a big event, the pain makes sense. It might be putting your shoes on, picking up the washing basket, something simple and a movement you've probably done thousands of times before... I can assure you that it wasn't the washing basket, or the shoes and whatever movement you did. In almost all of these cases I find a history of a patient who has had the following:

For most of the sciatic cases I see the story starts:

“All I did was bend down and...”

- Slight stiffness that has very gradually become worse over time or has come and gone over the years.
- Someone who has been moving in the wrong way for years and even decades.
- In a job that has caused slow and gradual pressure in the lower back.
- Has a history of sitting for most of the day and the core stabilising structure has gradually weakened.

HOW TO DEAL WITH THE PAIN?

The pain is excruciating. With every move the wrong way, your body gives you a sudden sharp grab not to move that way. You might find yourself looking in the mirror and exclaiming "I look like a half open pocket knife!"

The initial focus for pain is to try to reduce the inflammation. I find the best way to do this is to use an ice pack over the area most affected in the lower back. I recommend 15 mins repeated in an hour's time. This will reduce blood flow to the area which in effect reduces the pain receptors. Additionally, it will limit the amount of inflammation that can allow greater movement of the lower back which in effect helps the recovery. While anti-inflammatory medication is known to provide relief during the night for sleep, I caution using it during the day. Sometimes it can create a false sense of security. Pain is a feedback loop for our body. With heavy medication use, it will "reduce the pain" however by dulling the pain receptors too much, we can inadvertently cause more damage and lengthen the recovery when we lift or bend too far thinking that "now I'm right". The medication will eventually wear off and the pain can come back worse.

I have labelled these in priority as your first steps to managing sciatica:

1. *Ice the region for 15 min repeating every hour.*
2. *When not icing, try to keep moving by taking walks every 15-20 min.*
3. *Avoid sitting, particularly on hard chairs or soft lounges.*
4. *Lie on your back with knees bent.*

SLEEPING POSITIONS FOR SCIATIC PAIN?

Your sleeping position is very important when trying to reduce the pain and inflammation associated with sciatica.

1. *Lie flat on your back — Elevate your knees — Slide a pillow underneath*
2. *Side Lying — Slide a pillow between your knees for support and to prevent your lower back from twisting*

Best sleeping positions for sciatic pain

WATCH VIDEO



REST OR WALK?

I get that all you might want to do is lie down in bed, try and limit any movement and hope the pain will magically disappear!

For years doctors recommended bed-rest and time. We have come to learn that while time still plays a crucial factor in healing, bed-rest is possibly the worst thing you can do. It can cause the discs to swell and muscles to tighten making the recovery longer and more painful. As hard as it is and possibly the last thing you feel like doing, the best thing you can do for your recovery is to keep the body moving.

I find walking, as slow as it might be, the best way to do this. I even recommend patients get to a pool and walk around in it. The buoyancy will make moving easier and will allow you increased movement through the lower back.

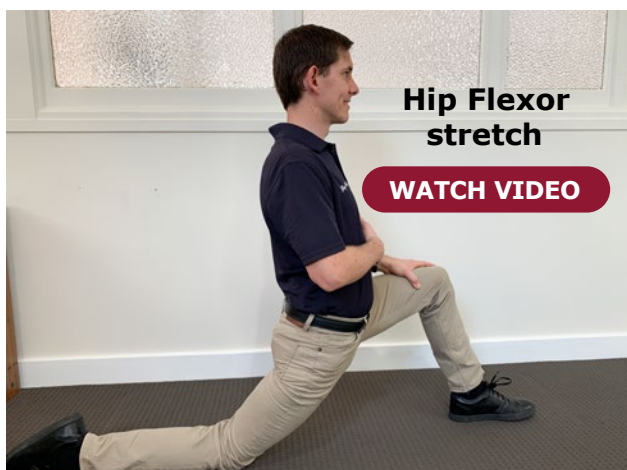
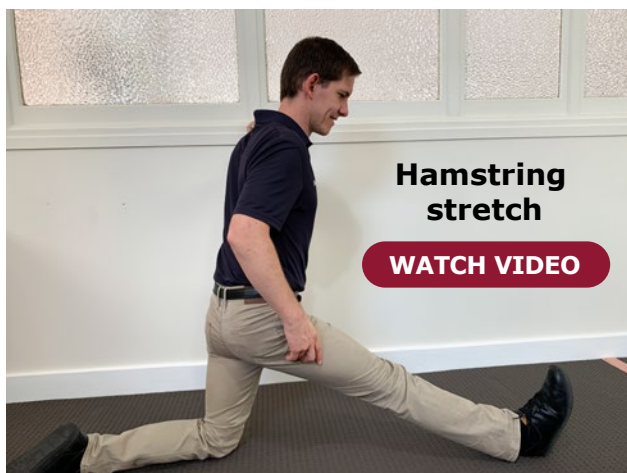
WHAT STRETCHES SHOULD YOU BE DOING?

If you watch any animal in the morning, the first thing you see them do is stand and stretch. For most of us, we rush out of bed after pressing snooze a couple of times to get ready for work. Our indicator for stretching is mostly pain driven. As such, what I see in practice everyday, particularly for anyone that comes in with lower back pain or sits most of the day is chronically tight muscles.

There are so many muscles in the lower back that allow it to move like it should. In fact, there are three layers of muscles in the lower back region alone.

Over the years I have found a common trend in tight muscles that are associated with anyone suffering sciatica – Hamstrings, Hip flexor and Piriformis. These muscles play a critical role in the movement mechanics of the lumbar spine and pelvis.

Stretching these muscles will allow for optimal movement in the lower back. You may even find they will give you a little relief from the pain.





SLIPPED DISC

HOW DO I KNOW IF IT'S A DISC?

Disc injuries of the spine (which are also referred to as "Slipped Disc", "Bulging Disc" or "Herniated Disc") are most common in the lower back.

Common statements we often hear are "my disc has slipped out" or "I need you to put my disc back in". If only it was as easy as it sounds. Growing up on a farm and working in a rural area its easy to think of the body as a machine and when something breaks down all we have to do is replace it or or "put it back in". I often find myself educating farmers that unfortunately, our bodies aren't as easy to work on as a tractor and there are so many variables and factors that play a role in recovery, especially when working on a disc.

If we have a closer look at the disc, you will notice it has two distinct parts. Firstly, there is a jelly like substance in the middle. This is encased by layers of rings around it. What can take place over months and years is that these rings can slowly deteriorate and ultimately weaken the overall structure. This can continue until that one day you move and twist and then bang! without any warning you now have excruciating pain to deal with. More often than not we don't get any warning, and the reason is there are no pain receptors on the disc itself and it's not until there is pressure and obstruction on the nerve root itself that you then feel this pain.

To understand what this looks like please watch the following video that explains what a slipped disc is.

What is a slipped disc [WATCH VIDEO](#)

Disc injuries in the lower back will result in one or more of the following:

- *Pain that worsens when you bend forward or backwards.*
- *Numbness or weakness in your foot and/or toes.*
- *Pain that is sharp and/or grabs when coughing or sneezing.*
- *When looking in the mirror you see yourself bent forward or to one side.*

DO'S & DON'TS

Do

- Seek a Chiropractor or Physiotherapist for assessment as soon as possible.
- Use Ice to control localised inflammation.
- Maintain mobility with short walks.
- Use chairs with arm rests.
- When sitting up from a chair shuffle to the front and drive up with your heels.
- Hold your nose if you can feel a sneeze coming on.
- Squeeze and engage your core if you are forced to cough.
- Sleep side on with pillow in between knees or on your back with a pillow under knees.
- Go to the hospital if you start to lose control of going to the bathroom.

Don't

- Don't try and "crack" your own back.
- Don't bend from the waist to lift anything.
- Don't sit in a really soft couch that has no support.
- Don't lie in bed or sit down all day.
- Don't try and "stretch it out" by bending forward to touch your toes.
- Drive a car particularly if the road is going to be bumpy.

STRETCHES TO DO

McKenzie

This exercise requires you to lie on your stomach, gently propping your body up using your elbows and arms. Keeping the waist/pelvis on the floor at all times and slowly lowering your body back to the ground. When you're doing this exercise it's easy to think it's not doing anything but this movement done regularly can have a profound effect on the recovery of the disc during the initial phase of healing.

[WATCH VIDEO](#)



Knee to Chest

This position can help reduce the intensity of the pain by opening up the area around the spinal nerve roots and alleviating the obstruction. While this position may not give long term relief it can assist in providing some short-term respite until the inflammation starts to regress.



SACROILIAC JOINT DYSFUNCTION/PAIN



WHAT IS IT?

When you look at the spine from behind you will notice two large bones either side at the lower back. This structure is referred to as our pelvis. At the centre of these two is a structure known as the sacrum. The sacrum articulates with the pelvis either side and this is known as the sacroiliac joint.

The role of this joint is to create additional movement in the lower back and to transfer weight from your lower body and upper body.

WHAT CAUSES IT?

- *Occupations that require repetitive lifting.*
- *During all three phases of pregnancy.*
- *Many hours of sitting and/or driving.*
- *Blunt force injuries from contact sports.*

While there is varying research into the extent of movement in this joint, studies have found that it can be a common source of lower back pain.

WHAT DOES IT FEEL LIKE?

There are patterns of symptoms and pain that a sacroiliac joint problem will cause. These may include:

- *Dull, aching or sharp pain into lower back and/or one buttock region.*
- *Pain that becomes more intense when going from sitting to standing position.*
- *Pain that radiates from the lower back into mid hamstring region.*
- *Pain that radiates into the groin.*
- *Feeling like one leg is longer than the other.*

WHAT CAN I DO ABOUT IT?

I advise scheduling a consultation with either a Chiropractor or Physiotherapist who are both well equipped to manage problems that originate from the sacroiliac joint. Secondary to this, and something that can be done at home, is making sure the muscles that attach to the bones of the sacrum and pelvis are as flexible as they can be.

There are three muscles that have a significant influence on the mobility of this joint and they are Hamstring, Hip Flexor and the piriformis muscles.

I would recommend doing these stretches 2-3 times per day and holding each position for 45-60 seconds. While you may only have pain in one side of the lower back be sure to stretch the muscles on each side equally.

Hamstring stretch

[WATCH VIDEO](#)

Hip Flexor stretch

[WATCH VIDEO](#)

Piriformis stretch

[WATCH VIDEO](#)



STRENGTHENING EXERCISES FOR THE LOWER BACK

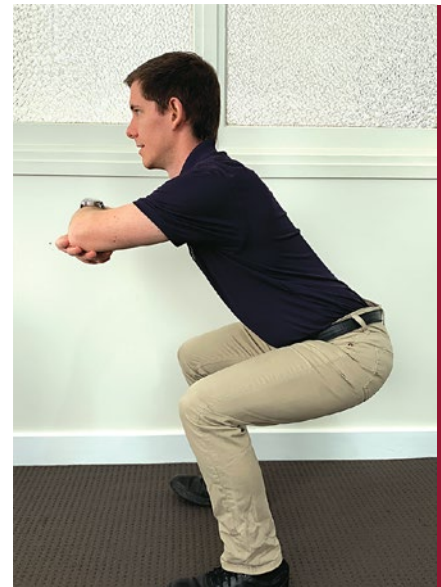
Getting out of pain is the primary focus for our patients when they first walk into our office. We let everyone know upon arrival this is our focus, however a big part of what we do is not just trying to get temporary relief but rather teaching and leaving our patients with a plan that will enable stability to prevent relapses. Being in pain is hard enough, having the same problem come back after having relief is even harder. These exercises below are by no means a replacement for treatment that you should seek with any of the problems we covered above, but rather information and advice to support and aid your recovery. We find utilising these exercises will enable you get more out of your current and future treatment.

LOWER BACK STRENGTH

Fortifying the structure is a great first step to stabilising the lower back however we first must understand the mechanics of how we move our lower back. If you look at any young child playing with toys you will notice they have this perfect squat position. They can spend literally hours in this position playing.

SQUATS

The reason being this is how our body is designed. As normalised and comfortable as it may be, our bodies were never designed to sit in a chair for 6-8-10hrs a day. As we grow up, we start spending more and more time in seated positions. Perhaps we give up the gym sessions and social sport and find our "middle area" changing over time. What we have now is a recipe for lower back pain. Muscles that are required to be strong are weak, muscles that should be flexible and mobile are now chronically tight. Our lifting positions have to change because "you can't bend at the knees" anymore. Then that fateful day comes when you move the wrong way and we have a serious case of lower back pain. The most important lower back strengthening exercise by far is the squat movement. When you first start this exercise don't worry about increasing weight just make sure you get the movement patterns correct. Body squats will do more than enough to start the stabilisation of the lower back region.



To understand the fundamental movement patterns please watch this video.

Squatting

[WATCH VIDEO](#)

Other exercises that we recommend are lunges and bridges. These are great for the activation of the gluteal and hamstring muscles. There are so many variations of these that you won't need a gym membership. Personally, I've found when I incorporated the lunges into my exercise routine, it had a huge impact on my lower back strength. The key with both of these exercises is start slow, make sure your form is correct and do them in a smooth and controlled movement. Even now, after doing lunges for years I only use a bar for weight.

Please see the videos below for further insight into these two exercises.

Lunges

[WATCH VIDEO](#)

Bridges

[WATCH VIDEO](#)



CORE STRENGTH

When we have lower back pain it's hard to comprehend how strengthening a muscle at the front has anything to do with the strength at the back. The core can often be mistaken for our "six pack". This is certainly one part; the other parts of the "core" involve muscles as known as the transverse abdominis and the internal and external obliques. Together these muscles act as support and stabilisation for the entire lower spine region by attaching from the spine at the back and coming all the way around the front. When we sit these muscles disengage and stop firing. As a result, what we see is a gradually weakening of these muscles.

From taking care of thousands of patients we've come to understand that we all have varying levels of strength in the core. In light of this, we've put together an exercise program for the core that progresses in difficulty. As you become more comfortable with one phase you can progress to the next.

Phase 1 Core stabilisation

[WATCH VIDEO](#)

Phase 2 Core stabilisation

[WATCH VIDEO](#)

Phase 3 Core stabilisation

[WATCH VIDEO](#)

Phase 4 Core stabilisation

[WATCH VIDEO](#)

In closing, I want you to know we understand how much lower back pain can affect you. You are not alone in this. Your pain is real, its not in your head. Be a part of your solution and find out exactly what's causing your pain and how you can get control again.

If you would like help or just want to learn more about what you're going through, please just reach out. I reply to every email – greg@gwydirchiro.com.au

In health,

Greg Bell.

