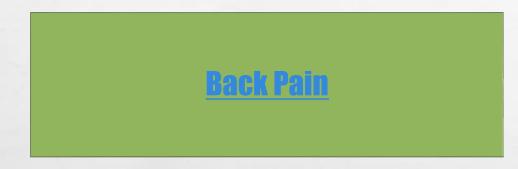


PREVIOUS SESSIONS





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From WWW.505qpwellness.ca/resources

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RESOURCES

Lancet – March 2018

Dr. Stu Mc Gill

LANCET SERIES ON LOWER BACK PAIN

Lancet is a weekly peer reviewed general medical journal. It is among the world's oldest, most prestigious, and best known medical journals. Quotes throughout presentation are from a team of 30 colleagues worldwide that looked at research and guidelines related to clinical practices for preventing and treating low back pain.

LOWER BACK PAIN IS THE LEADING CAUSE OF DISABILITY WORLDWIDE AND IS BECOMING MORE COMMON AS OUR POPULATION AGES.

FINDINGS

Most people who have an episode of low back pain recover within 6 weeks



By 12 months, pain may linger but is usually less intense

CHRONIC BACK PAIN



Most sufferers are not getting the most effective treatment



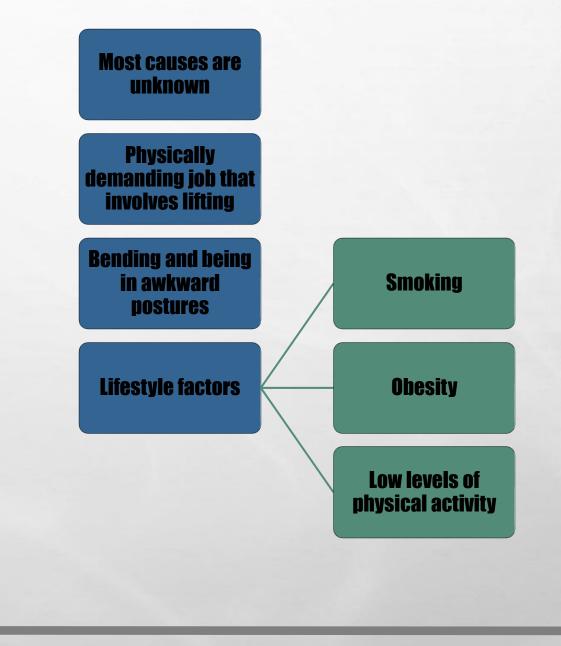
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•OFTEN USED BUT INCORRECT TREATMENT

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RISK FACTORS

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SHOULD SEE A HEALTH CARE PROFESSIONAL TO RULE OUT

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GET MOVING

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Even if it hurts

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Once cleared by Dr. or physiotherapist, you are safe to move

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PAIN AND THE BRAIN

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The brain creates pain as a mechanism to protect us With chronic pain, the pain system gets more sensitive

The brain is overly cautious

• Our body learns pain – so we feel it more acutely

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It is increased by fear of reinjury

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FEAR VS. MOVEMENT Move differently, more guarded Movement helps in recovery because it increases:

Circulation (more blood and nutrients to tissues)

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Lymphatic system, helping with healing process Synovial fluid release, nourishes the joints

PROFESSOR LORIMER MOSELEY UNIVERSITY OF SOUTH AUSTRALIA



"You can still move – and exercise – within that pain buffer zone, without causing tissue damage"



"If we can appreciate that pain is a protective device, not a measure of tissue damage, if we can communicate that to people, then we change the game" 3

"When people realise they are safe to move, they can start to get better"

WHAT TYPE OF MOVEMENT?

No strong evidence that one type of exercise is superior to another, most are beneficial

Pick the one that works best for you

If you have an acute onset of back pain, and there is no improvement over two weeks, seek advice from a physiotherapist "There's evidence that exercise reduces the rate of recurrence by 50%. That's a good reduction. Not a lot of medical treatments are that effective" Hancock

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SCANS AND X-RAYS

Overuse of imaging for back pain

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Two people can have the exact same imaging findings, but one of them will feel no pain at all

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Imaging is costing far too much, with questionable usefulness

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CORTISONE INJECTIONS

Lancet researchers pulled together all the available literature on the injections – there was little justification for cortisone injections Only 5 points reduction on a 100 point pain scale compared to placebo in the short term, with no long term benefit - Hancock

SURGERY

E. F.

"You can never consider surgery as your best option for ordinary low back pain. An intact spine is always better than a surgically altered spine" -Mr. Ramin There are exceptions – for trauma, tumour, or neurological deficit from instability or displacement of the vertebrae

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"Only 3% returning to preinjury duties and about 89% still taking major narcotics for pain relief at 24 months post-surgery" – Harris

STAY OFF THE DRUGS

Back pain is the main reason people use opioids over a long period of time

Addictive harm from opioids is well documented

Short stint of antiinflammatories may be helpful

"Important thing is not taking meds for a long period" - Hancock "With opioids we know that even very short periods of use increase the risk of dependence. Try to avoid them in almost all cases" -Hancock

RETHINK YOUR PAIN

Second States Actor

Drug advertisers urge us to fight pain, attack it, and see it an as enemy



<u>The Pain Revolution movement</u> – people should understand that pain is a friend that protects our tissues when they need to heal. But it can get over-protective – Moseley

The change of outlook by letting go of fear, allows people to gradually increase what movements they can do. We need to retrain our pain System – Moseley

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FINDING THE RIGHT CLINICIAN - HANCOCK

"If a clinician is recommending MRIs, investigations and injections, that should be a red flag to you"

"If a clinician says see me three to four times a week for hot packs and massage, that's also not good evidence-based care. It's passive. You're not taking responsibility"

Rest Title Rose in 1988

"The focus should be on you being given the skills and knowledge to selfmanage in safe and simple ways"

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KEY POINTS

Exercise, and view pain as a protective mechanism, not a measure of tissue damage

Some exceptions, but too many people are having back surgery needlessly

Scans, x-rays, cortisone injections and longterm opioid use are often unhelpful

DR. STU MCGILL

Should be able to find out what causes the pain

Use the appropriate exercises for that type of pain

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Book "Back Mechanics – the secrets to a healthy spine your doctor is not telling you"

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DR. STU MC GILL

Abs stop motion, they do not create motion

His book has self tests which lead you to an appropriate starting level of exercises that will conserve the spine while progressively developing you athletically

SELF ASSESSMENTS - CHAIR

Sit in chair, neutral spine – hands under sides of chair and pull up - Pain?

Slouch – Pain?

Neck up – Pain?

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SELF ASSESSMENTS - STANDING

Go up onto toes and drop down onto heels – Pain? Fingers on hips and toward mid line slightly – suck belly button to spine

Feel muscle pulling away from fingers?

Brace like someone is about to punch stomach – do you feel pressure on fingers?

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If pain when dropping on heels, try bracing and see if the pain is lessened or gone

DR. STU MC GILL

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One of the world's leading researchers on spinal mechanics and low back health. In his decades of research, he's developed three exercises which are famously known as the McGill "Big 3" to relieve, prevent and fix your back pain.



After measuring a lot of different exercises, it was these 3 that best train muscles while minimizing stress on the spine

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MC GILL "BIG 3"

Everyone is different, but these 3 exercises can be done by majority of the population

Modifications of each exercise is available

They work the entire core (all sides)

If it does not help, it should not hurt

MODIFIED CURL UP

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• <u>HTTPS://WWW.LIVESTRONG.COM/ARTICLE/392341-STUART-MCGILLS-BIG-THREE-BACK-EXERCISES/</u>

MODIFIED CURL UP

This exercise trains the abs without moving your lumbar (lower) spine or cervical (upper) spine.

Step 1

 Lie down on your back with your legs out straight.
 Bend your right leg and plant that foot on the floor next to your left knee.

Step 2

 Put your hands under your lower back. They will prop your lower back up, which allows you to keep a natural curve in your spine.

MODIFIED CURL UP

Step 3

 Lift your head, neck, and shoulders off of the ground. Try to keep your neck as still as possible while you lift your head up. Don't tuck your chin or let your head fall back.

E. F.

Step 4

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• Try to hold yourself up at the top for 7 or 8 seconds.

Step 5

• Lower yourself down. Do half of the repetitions with your right leg bent and half with your left leg bent.

Weight

THE SIDE BRIDGE

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THE SIDE BRIDGE

This core endurance exercise strengthens the muscles on the side of your torso.

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Step 1

Lie on your side, with your elbow underneath your shoulder. Curl your feet back so that your knees are at a 90-degree angle. To make this exercise harder, straighten out your legs instead of bending them. Step 2

Lift your hips off of the ground, putting your weight on your elbow and knees.

THE SIDE BRIDGE

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• Hold that position for as long as you can. Try to maintain a straight line from your head down to your feet. Make sure that your hips are in line with the rest of your body.

• When you can no longer hold that position, drop and switch to the other side, once again holding for as long as you can.

Step 4

BIRD DOG

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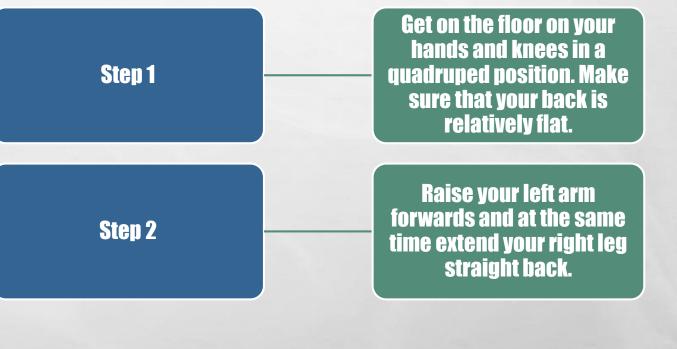
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BIRD DOG

Step 3

Raise your arm and leg until they are in line with your torso. To increase activation of your back muscles even more during this exercise, you can clench the fist of the arm you're raising, according to an <u>article</u> by Dr. McGill on the National Strength and Conditioning Association's website.

Step 4 Lower your arm and leg. Once you complete the desired amount of repetitions on that side, switch to the other side and repeat.

RESOURCES

- ANN ARNOLD. "TREATING LOWER BACK ACHES WITHOUT DRUGS AND SURGERY BY 'RETHINKING PAIN'". <u>http://www.abc.net.au/news/health/2018-06-11/treating-lower-back-pain-without-</u> <u>Drugs-and-surgery/9850798</u>
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- HENRY HALSE. "STUART MCGILL'S BIG THREE BACK EXERCISES".
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