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FIX YOUR LOW BACK PAIN

Are you an athlete who is being treated like they're 80 years old? Have your doctors told you that the only solution is surgery? Nervous you'll never get back to the same level again? Think Again.

THIS IS ME!

"But the MRI says..."

In my career as a physical therapist, the amount of times I have heard "but my MRI indicates XYZ, therefore surgery is a MUST" is too many to count. For those of you that have worked with me in the past you know how I feel about MRI. Yes, MRI can be a useful tool, however it does not tell a story. The story being told is the 28 Y.O athletic male professional soccer player, or the 41 Y.O mother of 2 who enjoys her HIIT workouts (yes if you're reading this, this is about you).

While having information like that would be extremely helpful, a lot of times it becomes a negative cloud that is always in the back of your mind. DO NOT let this hold you back. I am writing this E-book to let you know there are things you can do to fix your own back (or at least put you on the right track to fix your back).

WHY DO WE GET BACK PAIN?

Incomplete Mechanics

Refer to the faulty repeated motion that could be occurring for days, weeks, months. Decreased mobility, decreased motor control, unilateral weakness, etc.

Incidents

Minor nags and slight pains that may occur, often overlooked and able to be "pushed through". EX: "I tweaked my back deadlifting, but it feels okay today".

Injuries

This is when %&@* hits the fan. Flared up to the point of injury, "threw out my back". Can't move, next stop MD, ER, pain meds galore.

How do we fix it?

Like any other injury, things take time to heal. Rome wasn't built in a day. Especially addressing root cause issues, it may take some time before seeing a noticeable difference. This is where I typically see my clients get discouraged. At MINIMUM, it takes 2-4 weeks before seeing any neural adaptations to movements. This means it takes about 4 weeks before seeing a noticeable difference in strength. Then, it takes 6-8 weeks to see a difference in hypertrophy. If after about 10 weeks you see no difference, feel the same pain, and feel like the issue is unresolved, then it may be time for professional help.

WHERE DO WE START?

The way I break back pain down is through the ICF classification model. For this E-Book I will be breaking down the 2 most common types. Low back pain with mobility deficits and Low back pain with movement coordination impairments. I use this model with my patients because

A. It allows us to overlook the imaging and findings

B. It is better to treat the impairments, rather than the diagnosis.

LBP WITH MOBILITY DEFICITS

This refers to an issue resulting in limitations in back movements. This is someone who may be complaining of stiffness and unrelenting tightness. Typically a single spine segment that is not moving as well as the others, causing global pain and discomfort. Usually followed by muscle guarding in the low back muscles, glutes, and hip flexors.

LBP WITH MOVEMENT COORDINATION IMPAIRMENTS

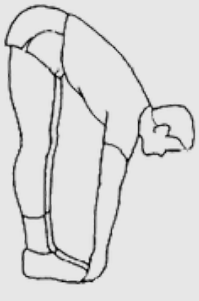
This refers to an issue resulting in “uncoordinated movement patterns” or an underlying weakness. Typically accompanied with HYPER-mobility. A lot of times this type of LBP is episodic with episodes of flare ups through out the weeks, months, years. Simple fixes can reduce the flare up, but do not fix the root issue (foam rolling, massage, cupping).

FIRST LETS SELF DIAGNOSE

Use these tools to narrow down back pain into 2 categories

PAIN *AND* RESTRICTION WITH BENDING AND EXTENDING

PAIN AND *NO* RESTRICTION WITH RANGE OF MOTION



NEXT LETS DO SOME TESTING

Use this to narrow it down further

SQUAT TESTING

NO PAIN? GREAT MOVE TO THE NEXT STEP

PAIN?
TRY "BRACING"YOUR CORE OR HOLDING A 5 LB OBJECT STRAIGHT OUT IN FRONT OF YOU AND REPEATING THE SQUAT...

FEELS EVEN SLIGHTLY BETTER? GREAT MOVE TO THE NEXT STEP

WHAT COULD IT BE?

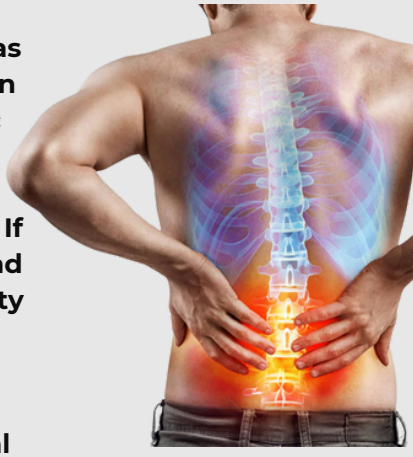
Disclaimer: this is not a formal diagnosis — this is meant to be a helpful guide

MOBILITY DEFICITS

Now even though we only performed 2 small screens, typically with a mobility deficit you will be able to see a difference nearly immediately. By working slowly through different ranges of motion up TO (not through) the point of pain, we are able to accustom the body to increasing ROM.

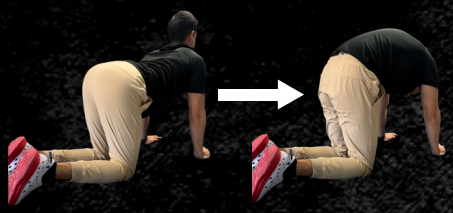
MOVEMENT COORDINATION IMP.

With movement coordination impairments, as long as there has been no pain down the leg (sciatic nerve pain), we are usually able to begin addressing the issues. If core bracing (relief) and low back hyper mobility are accompanied together, by strengthening and working on functional core bracing, relief from the pain is in the future.



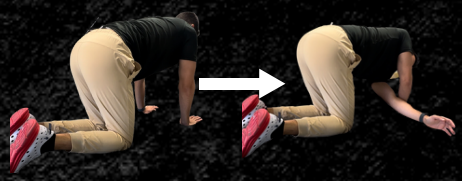
TREAT YOURSELF!

MOBILITY DEFICITS



EXERCISE 1

Utilizing the Cat-Camel exercise allows the low back to work through difficult ranges of motion without having the compressive forces of gravity bearing down. This is meant to slowly work through a full range of motion to increase tolerance to painful movements. Imagine bringing your low back as high as possible and dropping your stomach to the floor.



EXERCISE 2

The thread the needle exercise allows the mid and low back to begin rotation exercise without gravity. Typically this movement is performed through a full range of motion with emphasis on the impaired side (you'll feel the difference). Start on hands and knees and "thread" your arm through the open space and rotate from the back

EXERCISE 3

Happy hips = Happy back. In my experience, clients with tight lower back musculature also have extremely limited rotation in the hips, typically by muscle guarding, compensations, etc. The KB weight shift is great for beginning to load the body, while continuing to increase mobility. Shift your weight over the outstretched leg until you feel a good stretch.

DO NOT ICE!

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4 SETS — 10 REPS EACH

These exercises are only a starting point when addressing mobility issues in the lumbar spine. This EBOOK is meant to be a helpful place to start and is supposed to get you some relief. If your issue is chronic, there is a good chance that there are more complicating factors at play and may require further testing / full physical therapy evalaution. Be consistent with these exercises, do them twice per day (once in the morning and once at night) for a month straight and retest (ALWAYS RETEST).

TREAT YOURSELF!

MOVEMENT COORDINATION IMPAIRMENTS

EXERCISE 1

Pallof press is the single most utilized exercise for back pain in my opinion. That also does not mean it is a bad exercise. Focus on keeping your core tight and think about not letting the band rotate you. Once you feel like this is easy there are tons of progressions!

EXERCISE 2

Side plank clamshells are a great variation to add with both core and glute activation. More functional movement that involves a core isometric exercise and a glute isometric exercise. May be very fatiguing.

EXERCISE 3

Bridge with banded abduction is a great exercise to promote hip extension without stressing the lumbar spine. Utilizing a band reinforces glute and lateral glute activation as well.

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3 SETS — 10 REPS EACH

These exercises are a great starting point if you are experiencing a classic movement coordination problem. Typically with movements coordination impairments, there are other problems which compound the issue. These 3 exercises I chose are the ones that I feel like work the best for *most* of the issues I see. If you feel like the problem is not getting any better or even getting worse, please stop and seek help from a medical professional.