

Pragmatic Approaches to Back Pain

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Biography – Sharon de Kadt N.D., P.A.

- ❖ Licensed as a naturopathic physician by the State of Connecticut
 - Practicing naturopathic medicine in New Haven since 1987
- ❖ A naturopathic medical degree (N.D.) from the National College of Naturopathic Medicine in Portland, Oregon in 1985.
- ❖ Physician's Associate degree from the Yale University School of Medicine Physician's Associate Program in New Haven, Connecticut in 1994
- ❖ Bachelor of Arts degree from the University of California at Santa Cruz, post-grad at the University of California, Berkeley.

What I will cover



Discernment as a medical practitioner



Back pain management – medications and tools



Anatomical highlights



Traction techniques

Introductory comments

Many of the approaches I will be describing today are best used in combination

- Each of them decreases pain by perhaps three to four percent.
- If you continue to use five or six of these, the pain gets significantly improved, the patient is more comfortable, and the body has the ability to start doing more of its own healing, decreasing inflammation, and repairing injured tissue

Often, when a patient starts to feel better, they increase their activity level to match the improvement thus returning to the previous level of pain

- However, as the patient begins to feel better, they should continue to minimize their activity
- Just because the patient is out of pain does not mean that the tissue area has healed, and it is susceptible to re-injury

Back pain is a pervasive health issue

- ⇒ ~\$90 billion is spent on the diagnosis and management of low back pain in the US per year⁽¹⁾
 - \$15 billion is attributed to economic losses in productivity per year
- ⇒ Over 44% of people over 45 years old are reported to have back pain⁽²⁾
- ⇒ On average, U.S. adults with chronic low back pain see a health care professional four times in a year⁽³⁾
- ⇒ 1 in 5 adults ages 18 to 64 report work limitations due to back pain⁽⁴⁾

It's likely that any general health practitioner will have the opportunity to be helpful to people with back pain

Discernment in the treatment of musculoskeletal patients

When should you use caution and potentially rethink what you might otherwise do with an average patient?

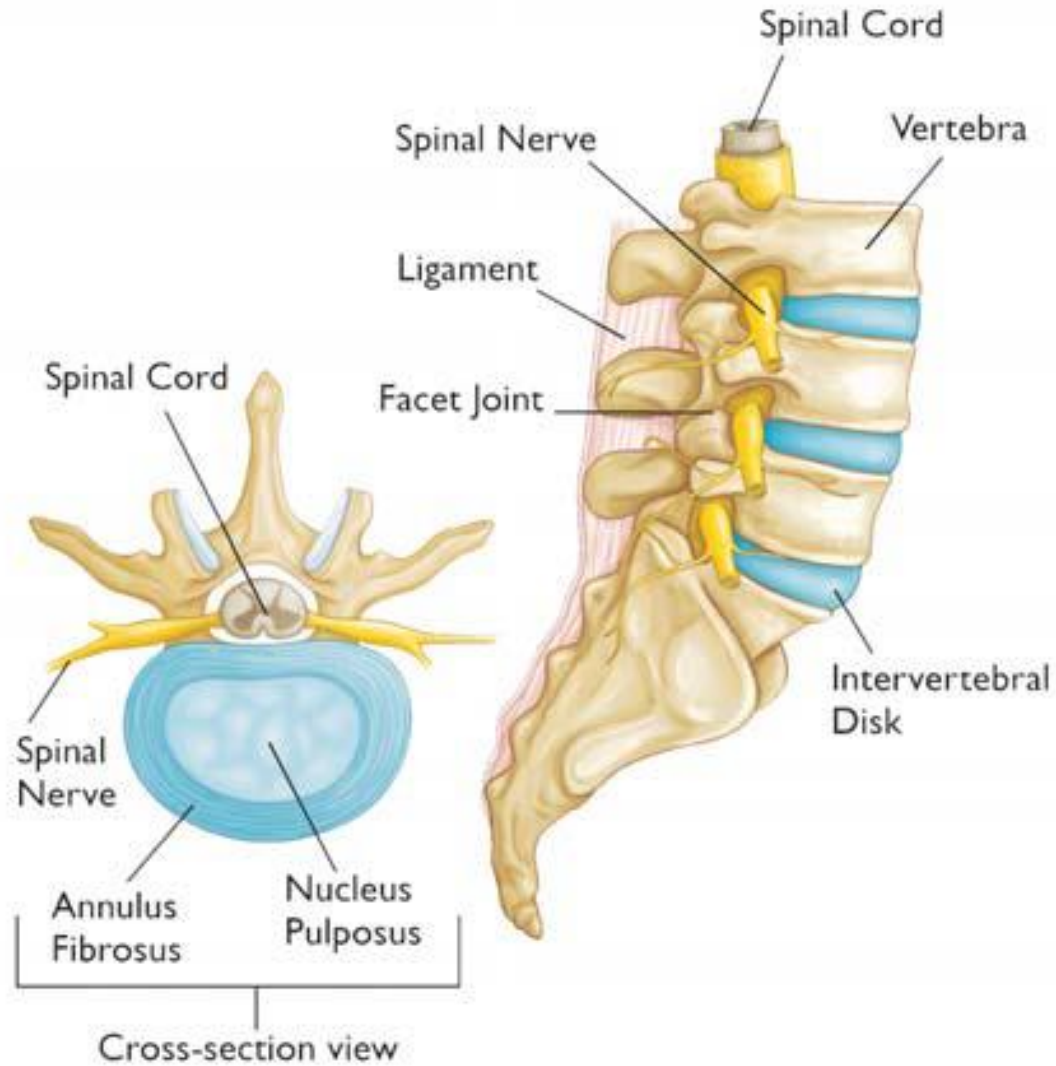
- If the patient had **recent trauma**, especially if the pain they have started in association with that trauma
- If the patient has significant **osteoarthritis or osteoporosis**
- If their pain pattern **doesn't fit a usual clinical pattern**
- If they have symptoms, and anything you do that would usually make it feel better is either not working or **making it feel worse**
- If they have **some other illness** or an acute process going on, like an infection, rash, or swelling
- If their **story doesn't add up**, it doesn't make sense

Clinical options

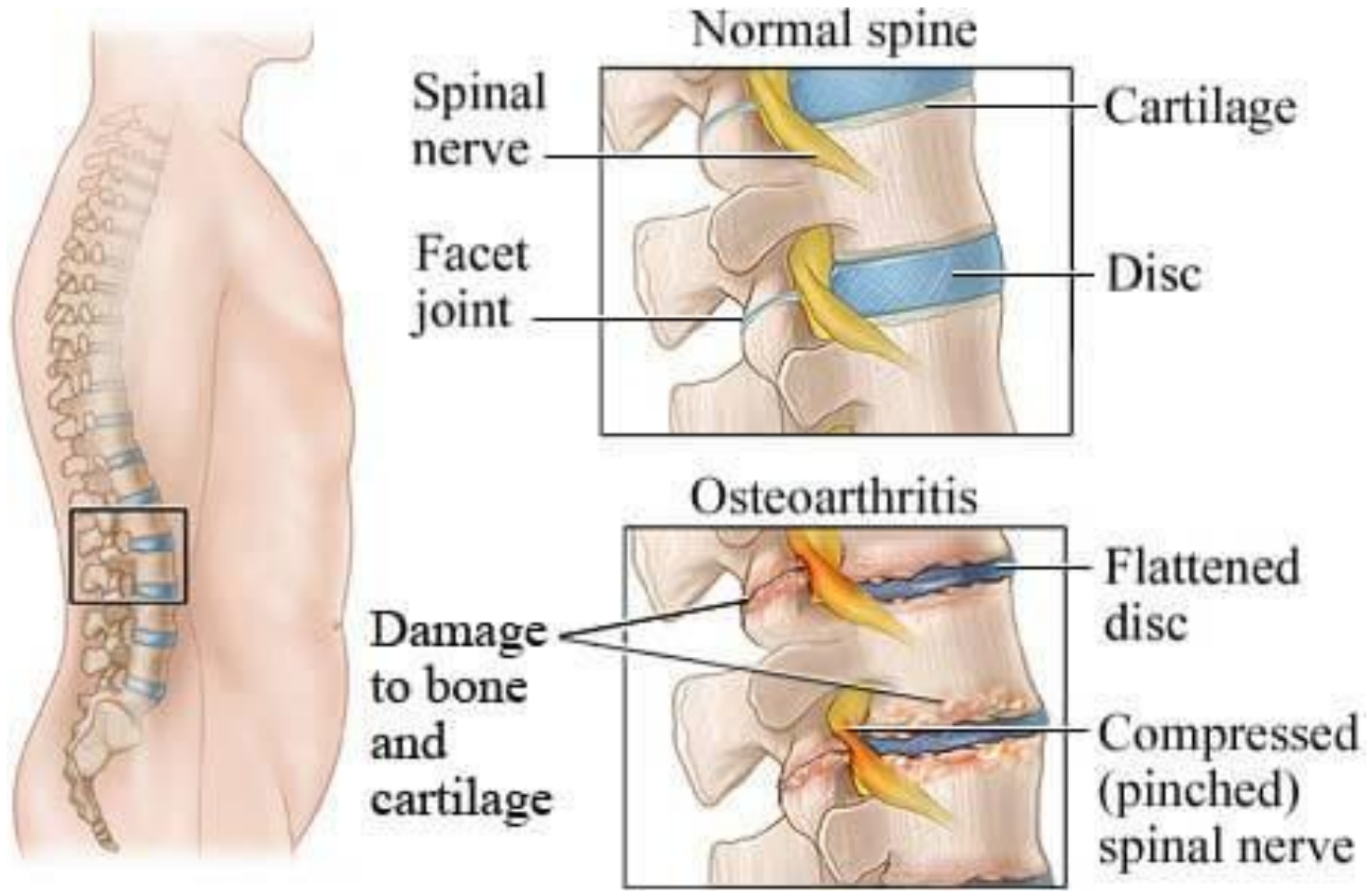
If you observe any of the conditions on the prior page, consider:

- Send the person to the **emergency department**
- **Help the patient** to make a choice to **see another practitioner** who can possibly address their situation more effectively
- **Go slow**—do one part of a treatment plan and get feedback on how the treatment is affecting them
- **Ask for feedback** from the patient, listen, and make subsequent treatment choices based on what you hear
- **Follow up with the patient** if you've directed them to another medical resource

Healthy lumbar spine

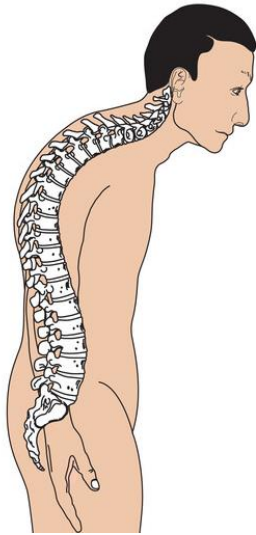


Arthritic lumbar spine

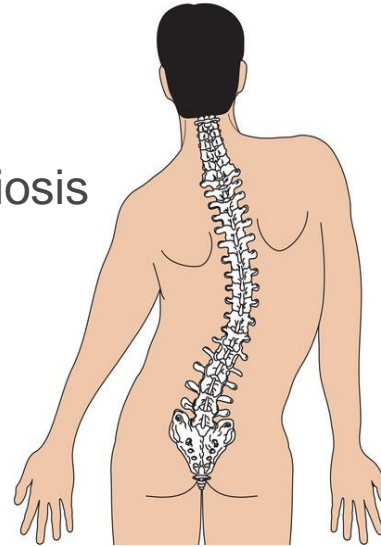


Examples of common spinal abnormalities

Kyphosis



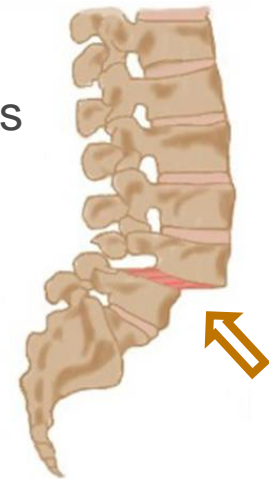
Scoliosis



Spondylosis
(Degenerative
joint disease,
Osteoarthritis)



Spondylolisthesis



Multiple methods can be used

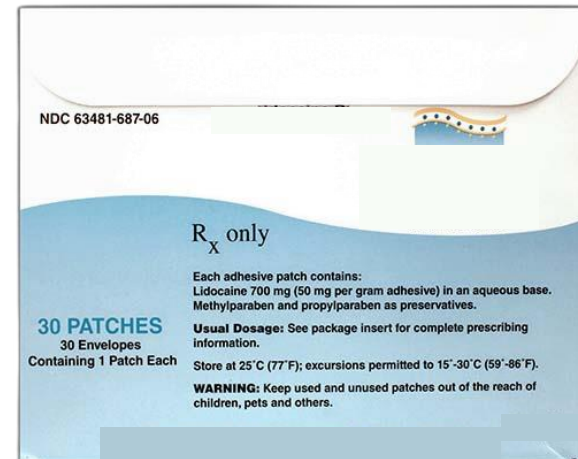
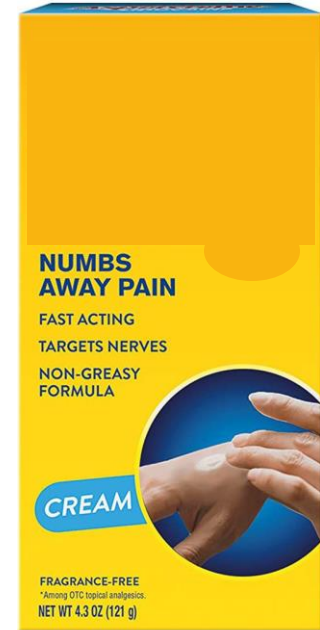
- ❖ Ice packs
- ❖ Over-the-counter topical medications
- ❖ Prescription topical medications
- ❖ Over-the-counter anti-inflammatories
- ❖ Prescription anti-inflammatories
- ❖ Herbal anti-inflammatories
- ❖ Over-the-counter antispasmodic muscle relaxants
- ❖ Prescription antispasmodics
- ❖ Prescription corticosteroid medications
- ❖ Prescription nerve-mitigating medications
- ❖ Prescription pain medications (opioids)
- ❖ Interventional pain management

The next pages give more details on each of these

Ice packs



Topical treatments



Oral anti-inflammatories



Herbal anti-inflammatories



CORNFLOWERS



FIGWORT



IMMORTELE



TAMANU TREE



ANDIROBA OIL



CHAMOMILE



BOSWELLIA



TURMERIC



BILBERRY



YARROW



DEVILS CLAW



SARSAPARILLA



WHITE WILLOW



CALENDULA



BARLEY GRASS



BALM OF GILEAD



OATS



CILANTRO



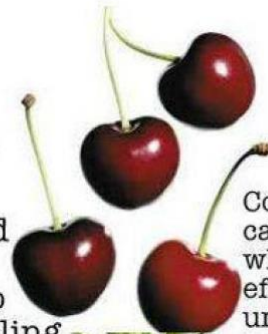
SEA BUCKTHORN

Herbal anti-inflammatories



Turmeric

Circumin, the active compound in this spice, is what makes it so powerful for healing.



Cherries

Contain substances called anthocyanoside which are very effective at lowering uric acid levels.



Ginger

Prepare by making a tea from the roots.



Pineapple

Contains the anti-inflammatory bromelain



Omega-3 Foods

Try freshly ground flax seeds, chia seeds (unground), and hemp seeds.



Raw Apple Cider Vinegar

Pour a tablespoon or two into four to eight ounces of purified water.

Muscle relaxants

Herbal muscle relaxants include:

- Valerian root
- Passionflower
- Hops flower extract
- Skullcap leaf
- All of these influence the activity of gamma aminobutyric acid (GABA), an inhibitory neurotransmitter, with resulting muscle relaxant, anxiolytic and sedative effects
- There are supplements with combinations of these herbs that are useful

Pharmaceutical muscle relaxants

- Diazepam (Influences GABA activity)
- Clonazepam (Influences GABA activity)
- Cyclobenzaprine (reduces tonic somatic motor activity in the brain)
- Methocarbamol (works as a central nervous system depressant)
- Tizanidine (works on the alpha-2 adrenergic system to reduce muscle spasm)
- (These are NOT to be used in combination with each other)

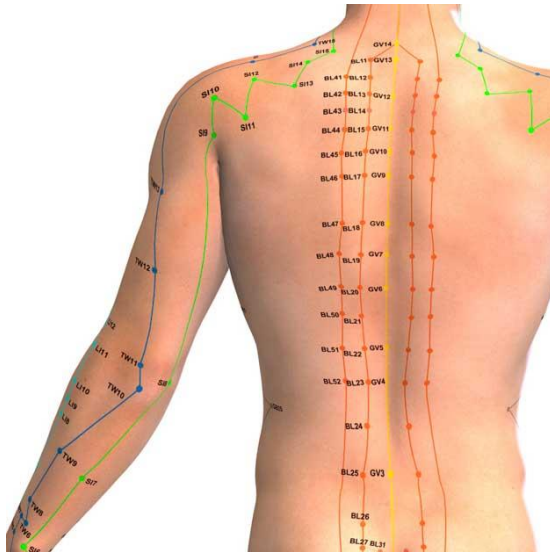
Multiple methods can be used

- ❖ Therapeutic tools used by a professional
- ❖ Back or neck braces
- ❖ Traction devices and manual traction
- ❖ Tens unit and other home devices

Therapeutic tools used by a professional



Electric muscle stimulation



Acupuncture



Therapeutic ultrasound

Home tools

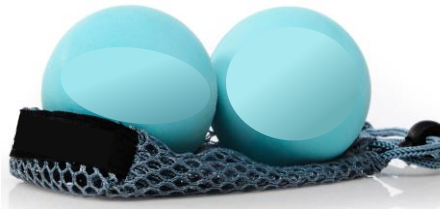
- ❖ Travel pillows
- ❖ Rolled-up sheet for cervical support
- ❖ Body back buddy
- ❖ Lumbar support belt and lumbar chair support
- ❖ Squash ball
- ❖ Reflexology foot stone
- ❖ Stretching tools like a block, a strap, or pillow
- ❖ A Tens unit
- ❖ An electric massager
- ❖ Over-the-door traction device
- ❖ Traction neck collars that are inflatable
- ❖ Cervical Traction Device
(maximum of 18-20 lbs pressure, 10 minutes per day)

Precautions: If the patient experiences any increase in pain, weakness, or numbness while using these home tools they should discontinue their use and contact their practitioner

Home tools – examples



TENS unit



Lumbar support, cervical brace



Cervical traction devices



Forms of assisted lumbar traction



Anatomical thoughts

Throughout my practice what I've come to learn is that when we were taught musculoskeletal techniques, we were taught on younger student patients. Now, many of our patients are older. By 45 everyone has some osteoarthritis, and by 65 or 70 most people have a lot. This changes what the best manipulative tools are best to use on people. Gravity is such a pervasive influence on our bodies, as well as the changing structure of our spine associated discs and nerves, that it's much safer to try to create spaces in those joint spaces rather than adjust them. Their joints are not the same as when the person was 25.

Traction can often relieve nerve pressure and its associated pain. To that end, I'd like to show you some traction techniques that I think would be helpful.

Cervical traction techniques

- Facilitated traction techniques
 - Cervical occipital traction
 - Face up cervical traction with distraction of the clavicular area
 - Face down cervical traction
 - Face down cervical traction with hand distraction, thigh distraction, and calf distraction
- Self-tractioning techniques
 - Neck flexion technique
 - Towel technique
 - Leaning the head over a bed technique
- Self-exercise traction
 - Child's pose
 - Head hanging
 - ITY stretch

Lumbar traction techniques

- Facilitated traction techniques
 - Leg/thigh pulling technique
 - Fetal pose technique
 - Hip pull technique
- Self-tractioning technique
 - Sink stretch technique
 - Happy baby
 - Child's pose
 - Figure 4 stretch

Thank you!