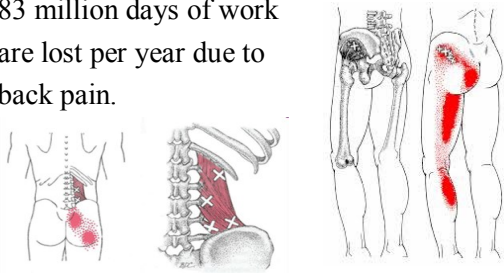


Fact of the matter is...

- 75% of all Americans will experience at least one episode of back pain in their lifetime.
- Americans spend at least \$50 billion each year on back pain.
- 83 million days of work are lost per year due to back pain.



...this is a Huge Problem

Back pain, with or without sciatica (pain into the leg *presumably* arising from the sciatic nerve), is one of the most common complaints behind people seeking health care or missing work. Interventions and “cures” abound: braces, magnets, medications, ointments, devices, exercises, injections, treatments, and ultimately surgery when all else fails. Yet in spite of all these options, an alarming number of people do not find lasting relief, and many worsen in spite of them. Statistics vary, but the failure of back surgery to provide individuals with significant and lasting relief is so rampant that it even has its own name: *Failed Back Surgery Syndrome*. Medications typically have side effects, even if minor, and warrant caution with extended use. While all these may temporarily alter symptoms, they share one characteristic: none of them really serve to address the root cause.

What is the Root Cause of Back Pain?

Commonly joints and discs are blamed as the primary issue, as seen on imaging (X-ray, MRI). But what is often overlooked is the fact that **many people who have positive disc and joint findings on imaging do not have back pain.** Sometimes the reverse is true: imaging is negative yet the pain is very real. Or the imaging indicates one side is a problem, yet the other side hurts, such as with sciatica. Even structural anomalies such as scoliosis or leg length are not consistently associated with back pain. Multiple research reports conclude that imaging is not a reliable tool for determining the cause of the problem or the best approach in management. Some studies show that awareness of such joint and disc problems can actually adversely affect the course of care.

“..imaging is not a reliable tool for determining the cause of the problem or the best approach in management.”

Research *does* support the high incidence of soft tissue involvement in back pain, which does not even appear on X-ray. While MRI does display soft tissues, it does not reveal anything about **movement** of those tissues. After all, you have to lie still for an MRI. Yet altered mobility is a **huge** factor in back pain. Abnormal movement is what causes joints and discs to wear out! Research also supports a multi-modal approach including resolution of movement dysfunctions, non-surgical and non-pharmacological pain reduction measures, education, exercise, and lifestyle changes. This completely lines up with our experience and our approach.

Where to start.....

Resolving back pain and sciatica begins with an intense evaluation that includes:

- ♦ **HISTORY:** Past episodes of back and leg symptoms; Old problems in other areas (ankle sprains, etc.) that can be influencing the current problem; Surgeries; Fractures; Internal dysfunction (constipation, urinary incontinence, IBS, etc.) all play into the whole back and leg story.
- ♦ **INSPECTION:** Bunions, hammer toes, flat or high-arched feet; Enlarged joints such as the knees; Shifts or rotations in the trunk; *These all tell a story of a body that is being pulled into dysfunction.*
- ♦ **MOVEMENT ASSESSMENT:** Gait abnormalities; Tri-planar trunk movement forward, backward, sideways, and rotating; Extremity mobility (squat, hip rotation, arm reaching, etc.); Strength and endurance testing; *Quantity* of movement (too little, too much); *Quality* of movement (speed, ease, compensations, crepitus, pain); *These simple tests reveal much about the status of the myofascial, nervous, and skeletal systems.*
- ♦ **PALPATION:** Tissues tell a story and guide treatment. A skilled pair of hands can identify dysfunction in the muscles, fascia, tendons, bursa, ligaments, and joints.

