

The Sighs of Back Pain

By

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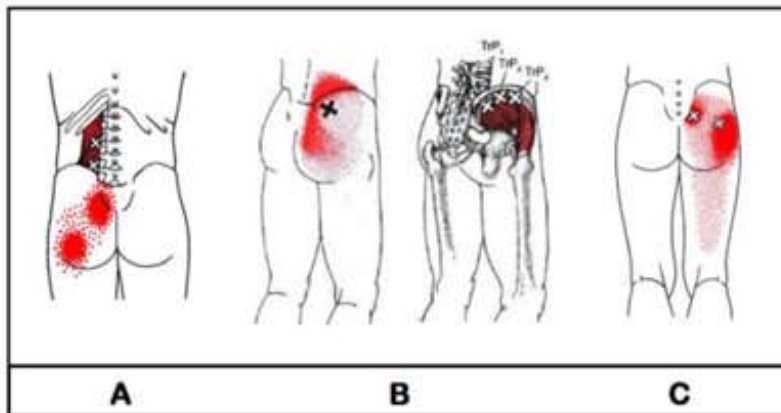
When Sean was a bit younger, he was quite the daredevil. Today, at age fifty eight and having suffered for two years with low back pain, rock climbing, skydiving and backpacking are not currently at the top of his list of things to do. Making it through a day at work without the brain fog often associated with pain medication and muscle relaxers would be welcomed at this point.

Sean said he never suffered a serious sports injury. Even after numerous falls and a few work related injuries, Sean was convinced repainting the living room caused all his current back pain.

A back injury is rarely attributable to a single event. Most back pain is the result of several incidents of muscle trauma "accumulating" over a period of time ranging from a few months to decades. In Sean's case, the unaccustomed overload placed on his back while painting may have been the final trauma.

When we reviewed Sean's pain patterns, we suspected several muscles of harboring Myofascial Trigger Points. A Myofascial Trigger Point (TrP) is a hypersensitive spot in a muscle that when stimulated, often produces pain referred in a predictable pattern away from the Trigger Point. Trigger Points develop in muscle as the result of direct trauma, overload or overuse.

Sean's pain seemed to "radiate" into the low back and buttocks. Since X-rays ordered by his doctor ruled out degenerative disk disease or arthritis, Myofascial Pain was suspected. Following a review of the patient's history, the pain patterns and range of motion tests pointed to active Trigger Points in at least two muscles.



The quadratus lumborum (Illustration A) is frequently overloaded when we work stooped forward for long periods of time. As the computer guru for a large company, Sean spends much of his day standing stooped forward in front of several computers.

We also observed that as the result of a right knee injury from a skiing accident, Sean habitually

shifts most of his body weight to his right side. Walking and/or standing with more than fifty percent of our body weight carried on one side will produce Trigger Points in the gluteus medius (Illustration B) on the overloaded side.

The gluteus medius is one of the muscles that keep our hip from collapsing when we put weight on it. A sprained ankle or knee injury on one side is usually the cause of this imbalance. Even after the pain of the sprain or knee injury is gone, the habit of shifting the weight can persist for years.

Fortunately for Sean, it wasn't long before he began to see positive results from treatment. Hands on therapy combined with a very specific home exercise program made up most of the treatment plan. Learning new behavior made up the rest. Sean said he won't work on a computer unless he is seated directly in front of the monitor.

Treatment of the muscles of the right knee enabled Sean to distribute his weight more evenly. As treatment of his knee progressed however, pain began to develop in the right buttock. Restoring full function and normal knee mechanics uncovered a muscle that wasn't ready to "go with the flow".

It seems that the right piriformis (Illustration C) was complaining about having to stretch to its normal resting length and allow Sean's foot to point in a more forward direction instead of

being turned outward. He also had to discontinue sitting with his right ankle over his left knee as this would "train" the right piriformis to remain in the shortened position.

Sean was able to incorporate the changes we recommended in order to eliminate the factors that would otherwise perpetuate or reestablish his pain. Very often, overlooking these Perpetuating Factors is the difference between being out of pain for a week at a time, for months on end and getting out of pain and staying pain free.

Are your 'daredevil days' numbered? Have you measured the loss of opportunities in your life due to the 'sighs' of your low back pain? We may be able to help you. Give us a call.