Unraveling the Mystery of Low Back Pain #2:

Client History & Treatment Options

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Webinar Goals

- Learn to take a thorough low back history and understand the significance of the client’s answers
- Learn about the most effective treatment options for the majority of low back injuries
Logistics

• Time: 1 hour
• Schedule:
  • Presentation 30–40 min
  • Questions 15–20 min
• Ongoing questions: Use Question box. If I don’t get to your question, ask me on my Dr Ben Benjamin Facebook page after the webinar.
• Get a pen and paper please

Client History
Why Focus on the History?

- More important for the low back than for other areas of the body
- Important for making an accurate assessment
- Helps ensure you’re providing the appropriate treatment

Building a Therapeutic Relationship

- Listening
- Questions
- Empathy & compassion
- Eye contact
- Paraphrasing
Building a Therapeutic Relationship

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Why are you here?

- One pain problem or several
- What specific problem led the person to come see you?
Are there any other areas of pain in your body?

- Other problems may or may not be related
- Often low back pain co-occurs with pain in the neck, thorax, and/or hip
- More details may emerge later in the history

Have you seen a physician about this problem?

- Serious medical issues need to be ruled out
- Stay within your scope of practice
- Offer referrals to a trusted physician
If yes, was there a diagnosis?

• Only a doctor can legally give a diagnosis
• Most common injuries will not appear on radiological tests (CT scan or MRI)

Conditions observable on X-ray or MRI

• Disc erosion
• Fractures of the vertebrae
• Osteophyte (bone spur)
• Abnormal curve of the spine
• Misalignment of vertebral joints
How old are you?

- Different back conditions are associated with different age groups

What do you do for a living?

- Possible causes of pain
- Reasons the pain has not diminished
What is your diet like?

- What do you have for breakfast, lunch, and dinner?
- What do you snack on?
- Do you drink coffee or eat sweets on a daily basis?

How much water do you drink each day?

- Average need is 6 to 8 glasses
- Other liquids don’t count
- Those who drink caffeine need even more water
Do you exercise regularly?  
If yes, how frequently?  
What types of exercise do you do?

Common problems:
- Exercise has become painful
- No history of exercise
- Ongoing injuries during exercise

Do you exercise regularly?  
If yes, how frequently?  
What types of exercise do you do?

Helpful options:
- IMAP or AIS exercise program
- Water therapy
When did your low back pain first occur?

Different types of injuries are associated with different time lines:

- **Disc**: consistent pain, often for a year or two
- **Muscle**: short-lived pain
- **Ligament**: pain may come and go for many years

Was your pain precipitated by an accident?

In car accidents:

- Nature of the impact may help explain the injuries
- Find out whether the person used a seatbelt
Did the pain come on slowly or suddenly?

- Slow: gradual wear and tear, poor alignment, movement habits, misuse of the body
- Sudden: often a specific incident
Where is your pain?

- Have the person point
- Pain may be referred

Is the pain there all the time?

- All the time: injury is quite severe
- Comes and goes: less serious injury
Is the pain sharp and intense or dull and achy?

**Sharp pain** indicates severe inflammation.

- Work slowly and gently
- Disc injury — client will test positive for nerve root compression
  
  Ligament injury — injury is likely to be close to the surface (easy to access)

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Is the pain sharp and intense or dull and achy?

**Annoying, dull, or achy pain**: less severe.

- Mild, multiple injuries
- Common to injure low back ligaments and one of the gluteus muscles
  
  Pain may diminish for days, weeks, or months, and then reappear
What brings on your pain?

Sleeping positions

• Prone: forces the back into extension
• On the side: easier on the back
• Supine: easier on the back, but can hurt the neck

A pillow under the abdomen eases the pressure in a prone position

What brings on your pain?

• Sitting: sustained flexion
• Standing: mild extension
What brings on your pain?

• Take care to avoid any type of treatment that has made the pain worse, or that has consistently failed to help

What makes your pain better?

• Rest/lying down: lying on the table probably won’t be painful
• Sitting: flexion does not irritate the injury
• Standing: extension is more comfortable than flexion
• Exercise: can help the client participate in the treatment process
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Is your pain getting better, getting worse, or staying the same?

- Getting better: help accelerate the healing
- Staying the same: restart the healing process
- Getting worse: find out what’s happening and encourage the client to change it
Does a cough make it worse?

- Suggests a fairly severe ligament injury, nerve root compression, or both

Does the pain spread up your back or down your hip or leg?

- Most low back pain is felt across the base of the low back
- Pain does not refer from the low back to the thorax
- Pain often refers down to the hip or leg
Different injuries cause different pain patterns

• Into the groin: iliolumbar ligament
• Down the back thigh and calf into the heel: sacrotuberous ligament
• Both right and left sides: multiple ligament injuries (not a disc)

Does the pain go around to your abdomen or into your groin?

• Lower abdomen, groin, or genitals: probably iliolumbar ligament
• Deep in the abdomen (without internal organ involvement): probably psoas muscle
Have you had any treatment for your pain? If so, what? Did it help you?

- Use this information to adapt your treatment plan
- If appropriate, coordinate with other practitioner(s)
- Clarify how the client hopes to benefit from your particular treatment
Do you have any numbness or numb-like sensations? If so, where?

- Actual numbness: usually a nerve root compression
- Numb-like sensations: usually ligaments or other soft-tissue injuries

Do you experience any pins and needles, tingling, or other unusual sensations? If so, where?
Do you have any aches and pains anywhere else in your body?

Clients may not give this information earlier:

• Other injuries may not seem relevant
• They may have given up trying to get help
• They may have acclimated to the condition
Possible explanations for multiple injuries that do not heal

- Compensation following the original injury
- Poor general health — poor nutrition, lack of exercise, high stress, poor work environment, unhappy relationships, depression, serious accidents, emotional trauma

Do you smoke?

- Smoking interferes with healing
- Usually people smoke for a compelling reason
- You may be able to help the client adopt a healthier lifestyle
- If the client isn’t open, do not press the issue
Are you allergic to anything?

Are there any other medical conditions I should be aware of?

Are you taking any medications?

If the client is on pain medication:

• Use minimal force in testing
• Proceed slowly and carefully in treatment
• With successful treatment, the client may slowly lower the dose (under a physician’s guidance)
Are you taking any medications?

- You may also learn about other conditions that the client neglected to mention

Is there anything else you think I should know?
Effective Treatment Options for the Low Back

• Massage therapy
• Nucca chiropractic
  (for atlas misalignment)
• Cranial osteopathy
Effective Treatment Options

- Myofascial therapy
- Muscle energy techniques
- Active isolated stretching

Effective Treatment Options

- IMAP programs
- Alexander technique
- Friction therapy
Friction Therapy of the Low Back

• Very precise and effective for most spinal ligament injuries
• Developed by Dr. James Cyriax for the extremities
• Adapted for the neck and back by Ben Benjamin
**How Friction Therapy Works**

- Breaks down poorly formed scar tissue and prevents its return
- Promotes formation of new, healthy tissue
- Increases collagen production and circulation
Don’t Overtreat

• It is easy to overtreat when using these techniques
• Err on the side of caution
• Some discomfort is normal, but should not last more than 48 hours
• Wait to see how the client responds, then adapt your duration and pressure accordingly
Guidelines for Frictioning the Lumbar Spine

Use no lubricants.

- Friction requires staying in one place without sliding.
Keep your friction strokes perpendicular to the fibers of the injured tissue.

- Iliolumbar ligament: 70–80 degree angle

Apply pressure in one direction only.

- Easier on your hands
- More comfortable for the client
Work on one side at a time.

- Do not treat bilateral injuries simultaneously.
- After a few minutes, walk to the other side of the table.

Use varied finger positions.

- Fingertips, thumbs, reinforced fingertips, reinforced thumbs
Keep your fingernails very short.

- Avoid scratching your clients!

Alternate hands often.
Move your whole hand.
Make sure the skin moves with you.

Practice:
- Back of your wrist
- Palm
- Neck

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Practice:
- Back of your wrist
- Palm
- Neck
Press the structure against a bone.

- Sacroiliac friction: pressing against the sacrum

Be sure the client is comfortable.

Positioning options:
- Pillow under abdomen
- Side-lying
- Massage chair
Friction Treatment Protocols

Frequency

- Best for clients to come twice a week
- Consistency aids in healing
- As recovery proceeds, lessen frequency
Duration of healing process

- Recent injury: about 4–6 weeks
- Long-standing injury: about 8–12 weeks
- Contributing factors:
  - Age of the injury
  - Repeated re-injury
  - Client’s general health

Duration of each friction treatment

- Ideal (starting 72 hours after a traumatic injury): 30–40 seconds
- Typical: 5–10 minutes, then 20–30 minutes per session
- Dependent on the details of the injuries and the client’s body
Pacing

• Often multiple structures are injured
• After a few minutes of frictioning, move on to another structure
• Over time, gradually work more deeply

Pacing

• Discomfort should be no more than annoying
• Check in frequently with the client
• Watch for nonverbal cues
Pacing

- Be aware of your own comfort level
- Friction for short periods at first
- Exercise your hands and fingers

Post-friction Guidelines

- Fully massage the thorax, hips, low back, and thighs
- Mention that the area may be sore for up to 48 hours
- Check in later on the level of discomfort
Questions

Facebook.com/DrBenBenjamin