

THE BACK PAIN SOURCE BOOK

FOREWORD

Back pain and its treatment is a complicated field, and an honest and comprehensive book that is useful to most back sufferers is a daunting task. As you will read, there is nothing more common than back pain in humans. Unfortunately, we, the potential and current victims, do not understand the disease process. This is a tragedy, since it is such a common ailment and mostly preventable. The author has adroitly gathered together the facts that we do have and the treatments that have proven themselves in terms of availability and effectiveness. There is a useful mix of anecdotal and objective factual material to make the book readable and practical. Anyone with first- or secondhand experience with spinal problems will find this comprehensive sourcebook fascinating as well as full of vital "what you can do" information.

In order to put this topic in perspective and understand why there are so many types of treatment to choose from, one has to appreciate the nature of painful spinal disease. Most episodes of spinal pain will resolve, no matter what is done, within six to twelve weeks of symptom onset. So whether you see your chiropractor, your general practitioner, your Feldenkrais practitioner, your acupuncturist, or your neighbor, chances are you're going to get well within a couple of months. This makes all of us back-health-care practitioners look good if we see patients soon enough after symptoms start.

Well-meaning expectations of healers are powerful. We all want our treatments to work, and we want to take credit for them when they do seem to work. So it's not surprising that once we believe that our treatment works, we selectively remember the facts that support that and tend to forget the instances when the treatment failed. Thus, we remain convinced that we are effective. With most of the patients responding so well early on in the clinical course of back disease, regardless of treatment, you can see how all the back-care practitioners feel that their type of treatment is usually

successful. How many of our treatments for back pain appear to work because of our own and our patients' perceptual biases?

Understandably, the so-called placebo response, a normal human reaction, has powerful effects on a sufferer's symptoms. Medication has up to a 40-percent placebo response rate, meaning that four out of ten people who take a pill for a symptom will have improvement in the symptom even when the pill has nothing in it but sugar. The decision to go to a professional and get your back treated involves expectations and changes in your thinking and life patterns that may tend to induce an apparent healing, no matter what happens! Undergoing a frightening and painful procedure may carry a 60-percent placebo reaction rate.

Ultimately, the common denominator is pain. But pain is poorly understood and an unwieldy topic. One person's intolerable agony is another's mild discomfort. Sorting out objectively, then, which treatments are really most effective in relieving pain becomes complicated.

Doesn't medical research give us answers? Yes and no. Many aspects of disease are better understood than ever before. In fact, the last decade has seen a revolution in understanding the nature of back pain and how best to treat it. But there is still much more to learn, such as which physical therapy, chiropractic treatment, osteopathic manipulations, medication or spinal injections, and so on are most effective for a particular set of symptoms at a particular time.

We don't know specifically why the spinal tissue deteriorates with age, why some people have severe pain with a minor structural aberration and why another with severe abnormalities of the spinal structure may not have much in the way of symptoms. We can't tell with great accuracy in some situations whether surgery would be helpful or not. We don't have good ways to completely control chronic long-term pain, although we can make it better. The list continues, but every year significant pieces to the puzzle keep appearing, thanks to the very active research teams across the country.

During thirteen years on the staff at St. Mary's Spine Center and more recent seven years as the medical director of the St. Mary's Spine Center in San Francisco, we have had whirlwinds of change in management and understanding of back care. Originally, with Dr. Arthur White, the standard treatment for back and leg pain changed from bed rest and traction to dynamic stabilization training on an outpatient basis, thus allowing patients to remain as active as possible while keeping the back at rest.

Physical therapy segued from passive treatment with hot packs and ultrasound to educational "back" school and body-mechanic training, progressing individuals to their own independent gym or home exercise programs. The psychology of complex back problems was given its due attention, and specialists in chronic pain were recruited. Osteopathic physicians brought their manual skills to the treatment armamentarium. The therapeutic and diagnostic usefulness of fluoroscopically controlled spinal injects, established first at the St. Mary's Spine Center, soon made St. Mary's the foremost effective multidisciplinary spine center in the country. My staff and I developed improved instrumentation techniques for fusion to increase the success rate in those operations. Most recently, we developed the first laparoscopic instrumented fusion technique, which is now in FDA clinical trials.

On the horizon we have artificial disks, bone morphogenic protein, cartilage transplantation, and the expanding knowledge base of the etiology of pain and how we may be able to control it. New surgical techniques are emerging, as is treatment of osteoporosis to slow the degenerative disease process in many elderly people.

Having stated the difficulties in finding the truth in the back-care field, the reader, with the solid, commonsense information this book provides, can make his or her own judgments and act accordingly. After all, as a spine physician and surgeon, my first and primary goal is to restore the perception of health and normalcy to individuals by the safest means available. I am ultimately most concerned with the outcome rather than the complex and subtle mechanism of a particular treatment. My own experience has borne out that many treatments work for many conditions as one single treatment seldom does. The job of the practitioner delivering spine care today is to remain as flexible and objective as possible in regard to treatment techniques. We must realize that no one particular treatment will appropriately serve all patients, and no individual practitioner can possess the skills to administer all treatments expertly. We must be triage experts so that referrals can enable levels of care to match the level of complexity of a particular problem and to assure that each treatment is most successful with a particular problem. Finally, as with other areas in health care, sorely little attention is given to prevention, which in my opinion could reduce the financial, psychological, and physical toll from back disease to a third of its present level.

—JAMES F. ZUCHERMAN, M.D.