

Back Pain: Myths versus Reality

Introduction

One in five people are living with back pain and many of them are also living in fear because of misinformation that has been passed on to them [1]. Fear leads to stress and anxiety, which in turn can lead to increased pain levels.

If patients can be taught that pain does not necessarily mean that there is tissue damage [2], then it becomes easier for them to embrace pain self-management and learn how they can still live life as they wish to, alongside their pain.

Myths and Reality

Myth 1: Low back pain (LBP) is usually a serious medical condition [1,2]

Reality: LBP is almost never serious or life threatening. If there are red flags present, then a thorough investigation is warranted, otherwise most episodes of LBP resolve in a few weeks [1,4].

Myth 2: If you have episodes of LBP, they will get worse over time and your back will be “stuffed” before you are 50. You will end up in a wheelchair [3].

Reality: People’s negative beliefs about LBP, often based on the myths shared here, can predict worse outcomes. Many beliefs are detrimental to recovery; such as the lady who was told that she would end up in a wheelchair, so she bought one in case she couldn’t afford it when the time came. It was there as a constant reminder – every day [Adelaide Pain Support Network, personal communication 2020, 14].

Myth 3: Scans will show the cause of LBP [1,4].

Reality: Scans rarely show the cause of LBP. What they do show is the normal degeneration that everyone has. They don’t predict further episodes of LBP [1]. Despite the evidence and education campaigns, the rate of complex imaging has increased over the last 21 years [8].

Many people are asymptomatic, but their scans still show the same degeneration as those who are symptomatic [9].

Myth 4: LBP is caused by standing, lifting or sitting incorrectly [1].

Reality: Research shows poor correlations, and often no correlation, between posture and LBP [10].

Myth 5: LBP is caused by weak core muscles [1].

Reality: There is no evidence to support the assertion that LBP is caused by weak core muscles [1,11].

Myth 6: If you have an LBP flare up, you need to rest to recover because you have “damaged” something [1,2].

Reality: LBP flare ups are more likely to occur if there have been changes in activity and/or extra stress. Supervised exercise is the best approach, along with supported self-management. [4,5,6,7]

Myth 7: Effective treatments for LBP include injections, strong medications and surgery [1].

Reality: “Education that is patient-centered and fosters a positive mindset, and coaching people to optimize their physical and mental health (such as engaging in physical activity and exercise, social activities, healthy sleep habits and body weight and remaining in employment” [1].

Myth 8: If no specific back problem is found, my pain must be psychological.

Reality: All pain is real. Psychological factors such as stress, anxiety and fear avoidance can exacerbate episodes of LBP. Psychological interventions can often help with recovery [12].

Myth 9: Back Pain that persists is always related to tissue damage.

Reality: Back Pain is more complex than just an “issue in the tissues”. Many things contribute to LBP, including emotions, coping skills and sociocultural factors. Factors such as fear avoidance, negative mindset and poor pain coping are likely to drive LBP than tissue damage [1,2].

Myth 10: The back is a delicate and weak structure.

Reality: The back is a very strong and robust structure [1].

The language that health professionals use to talk about back pain with patients is vitally important. So many patients are told about their backs in very unhelpful, language, often with no evidence base.

“You have nerve root impingement”

“You have a disc prolapse”

“You have a ligament tear

“You have cartilage loss”

“There is bone on bone”

“You have a slipped disc”

“You have the back of an 80 year old”

These statements and others like them do nothing to help patients recover from a LBP episode, or to manage ongoing persistent pain.

Some more helpful statements could include:

“You have the degree of degeneration that would be expected for a person your age” [14].

“Backs are very strong and discs cannot “slip” or move [1].

“Most back pain will resolve in a few weeks [1,4].

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AUTHOR

Mary Wing, Grad. Dip. CCM
Adelaide Pain Support Network
Painaustralia Community Advisory Group
Global Alliance of Partners for Pain Advocacy (GAPPA) Task Force

REVIEWER

Joletta Belton, MSc
Global Alliance of Partners for Pain Advocacy (GAPPA) Task Force
The Endless Possibilities Initiative and Retrain Pain Foundation, USA