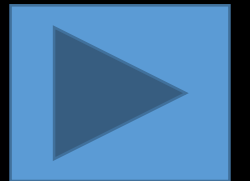




WELLPATH'S HEALTHY BACK CHALLENGE

Why is back pain often considered "Self-limiting?"

Andy Weiler
WellPath Program Supervisor





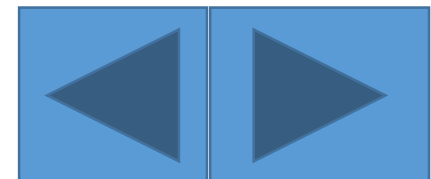
WELLPATH'S HEALTHY BACK CHALLENGE

SELF-LIMITING CONDITIONS

- BACK PAIN WILL TYPICALLY RESOLVE OVER TIME WITH LITTLE TO NO TREATMENT
 - EACH DAY A LITTLE BETTER
 - REST HELPS RELIEVE PAIN, BUT DOESN'T ACTUALLY SPEED HEALING
 - LONG-TERM BED REST (MORE THAN 2-DAYS COMMONLY) MAY MAKE THE CONDITION WORSE.

MEDICAL DICTIONARY: *SELF-LIMITING CONDITION*:

"AN ILLNESS OR CONDITION WHICH WILL EITHER RESOLVE ON ITS OWN OR, HAS NO SPECIFIC TREATMENT OR, WHICH HAS NO LONG-TERM HARMFUL EFFECT ON A PERSON'S HEALTH."



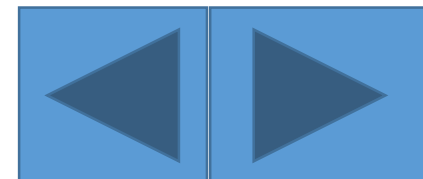


WELLPATH'S HEALTHY BACK CHALLENGE

■

SELF-LIMITING CONDITIONS

- BACK PAIN CAUSES SUFFERERS TO BE CONSERVATIVE IN THEIR ACTIVITY CHOICES THUS NOT WORSENING THE CONDITION.
 - THE UNDERLYING CAUSE OR CONDITION IS TYPICALLY NOT MADE WORSE BY ANYTHING YOU WILL DO.



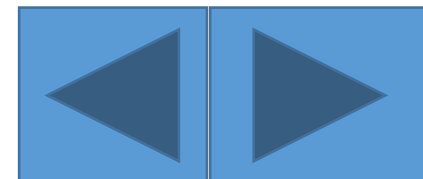


WELLPATH'S HEALTHY BACK CHALLENGE

■

SELF-LIMITING CONDITIONS

- SUFFERERS OF BACK PAIN USUALLY LEARN WHAT AGGRAVATES THEIR BACK CONDITION.
 - TYPICALLY LEARN WHAT MAKES IT BETTER.
 - CAN DEVELOP A *ACUTE TREATMENT PROTOCOL* THAT WHEN IMPLEMENTED EARLY HELPS TO SPEED RECOVERY AND RELIEVE SYMPTOMS.



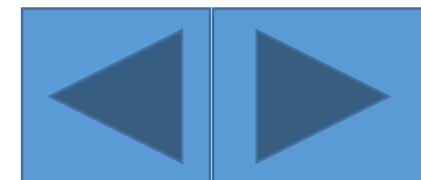
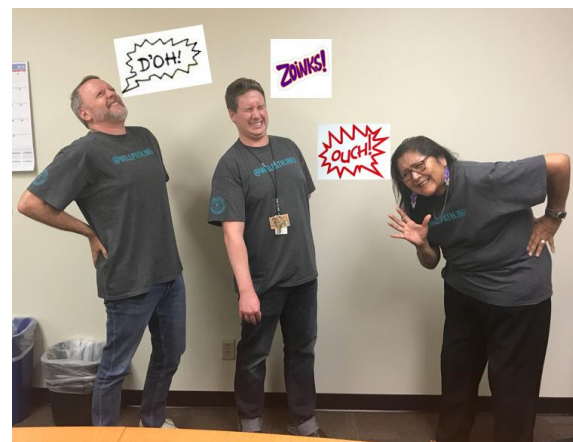


WELLPATH'S HEALTHY BACK CHALLENGE

WHAT CAN YOU DO ABOUT IT?

ACUTE TREATMENT PROTOCOL

- WHAT "SETS YOUR BACK OFF" – "HIGH-RISK ACTIVITIES?"
- WHAT ARE YOUR COMMON SYMPTOMS?
- WHAT IS YOUR TREATMENT PROTOCOL?
 - WORK PROTOCOL OUT WITH ANY HEALTHCARE TEAMMATES
 - ANALGESICS
 - ANTI-INFLAMMATORIES
 - ICE
 - MOVEMENTS/EXERCISES
 - REST (WHAT KIND, HOW MUCH?)



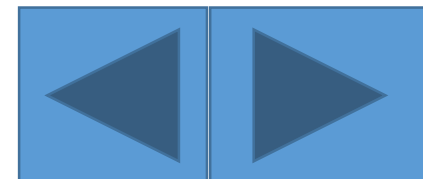
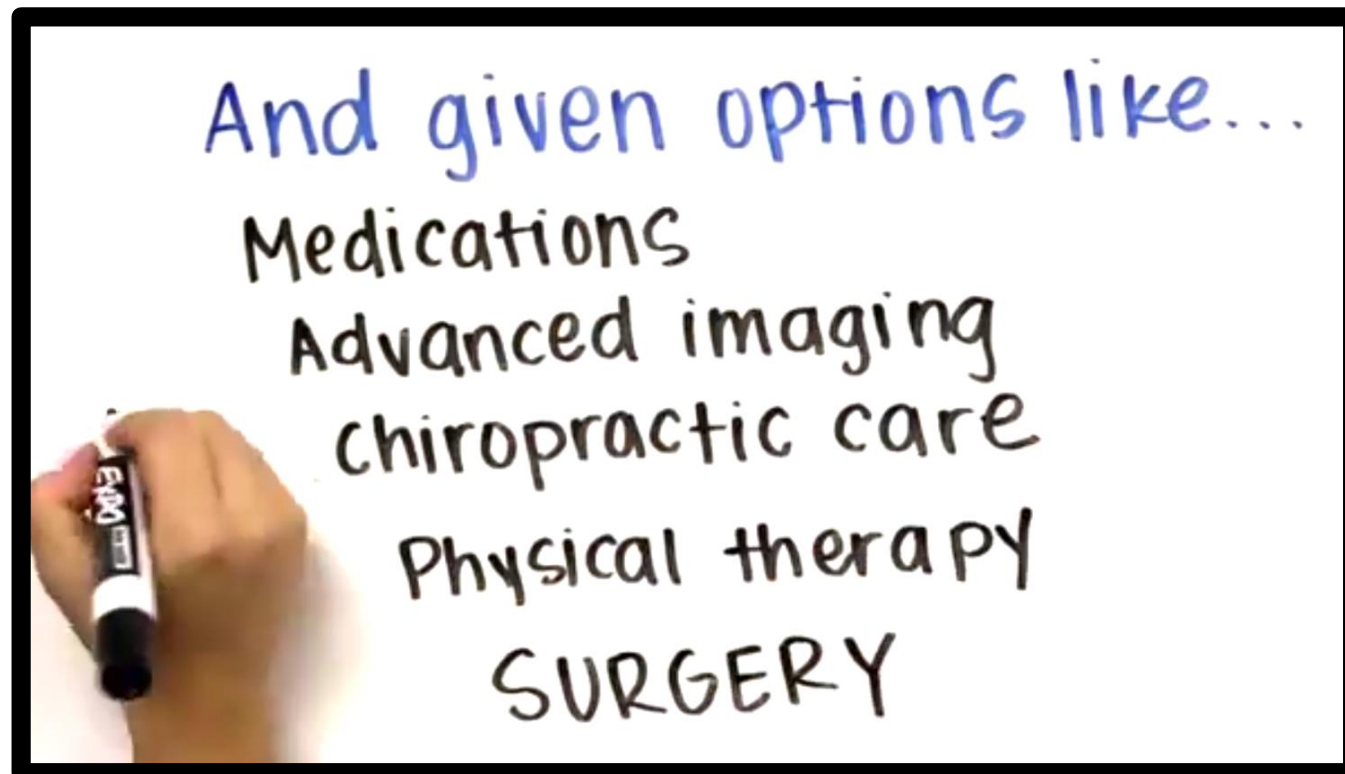


WELLPATH'S HEALTHY BACK CHALLENGE

BACK PAIN IS OFTEN REFERRED TO AS A
SELF-LIMITING CONDITION

TREATMENTS OFTEN DON'T MAKE US BETTER.

[CLICK TO
WATCH
SHORT
VIDEO](#)



Patient Resources

The materials listed below were developed in partnership with medical specialty societies.

Your search returned 7 results

Resources

Sort By: **Newest** | [Topic](#)

Imaging Tests for Lower-Back Pain

Neck and Back Pain

Whole-Body Scans to Screen for Cancer

Tests and Treatments Your Employees May Not Need

Low Back Pain

Painkiller Choices with Kidney or Heart Problems

Imaging Tests for Lower-Back Pain

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I Imaging Tests for Lower-Back Pain

You probably don't need an X-ray, CT scan, or MRI

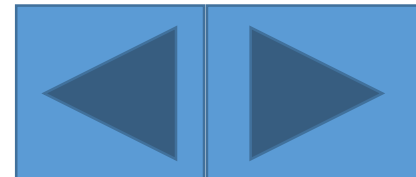
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X-rays, CT scans, and MRIs are called imaging tests because they take pictures, or images, of the inside of the body. You may think you need one of these tests to find out what is causing your back pain. But these tests usually don't help. Here's why:



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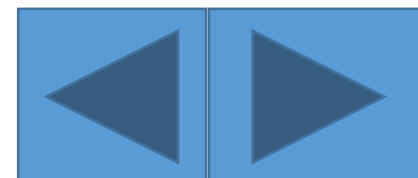
Neck and Back Pain

When you need tests for your nerves and muscles—and when you don't

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Low Back Pain

How much bed rest is too much?

 [DOWNLOAD PDF](#)

Back pain is one of the most common reasons why people visit the doctor. The good news is that the pain often goes away on its own, and people usually recover in a week or two.

Many people want to stay in bed when their back hurts. For many years, getting bed rest was the normal advice. But studies show that staying in bed longer than 48 hours won't help. Here's why:

Staying in bed won't help you get better faster.

If you're in terrible pain, lying down for a day or two can help ease pain and reduce the load on your spine. But research suggests that if you find comfortable positions and move around sometimes, you may not need bed rest at all.

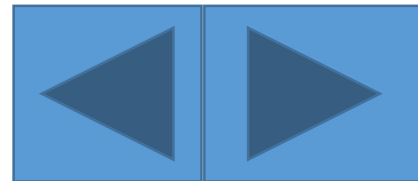
Research shows that:

- Lying down longer than two days doesn't help.
- Many people recover just as quickly without any bed rest.
- The sooner you start physical therapy or return to activities such as walking, the faster you are likely to recover.

Longer bed rest can lead to slower recovery.

This report is for you to use when talking with your health-care provider. It is not a substitute for medical advice and treatment. Use of this report is at your own risk.

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<https://www.ninds.nih.gov/Disorders/Patient-Caregiver-Education/Fact-Sheets/Low-Back-Pain-Fact-Sheet>



DISORDERS

Low Back Pain Fact Sheet

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[What structures make up the back?](#)

[What causes lower back pain?](#)

[What are the risk factors for developing low back pain?](#)

[How is low back pain diagnosed?](#)

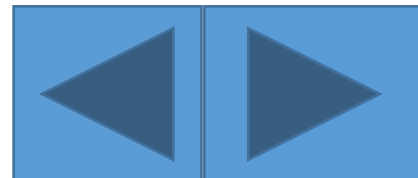
[How is back pain treated?](#)

[Can back pain be prevented?](#)

[Recommendations for keeping one's back healthy.](#)

[What research is being done?](#)

[Where can I get more information?](#)



GREAT RESOURCE FOR INFORMATION ABOUT TREATMENT OF BACK PAIN

KNOW YOUR **BACK**.ORG

CONDITIONS

TREATMENTS

PREVENTION

RESOURCES

BLOG

FIND A SPECIALIST

Conditions

Acute Low Back Pain

Patient Education Commi

How should acute low back pain be managed?

Some of the best advice for treatment for acute low back pain is to continue to remain active "as tolerated". Continuing to perform everyday activities may seem counterintuitive, and the natural inclination may be to stay in bed or "freeze", to guard and avoid activity. Yet, activity keeps blood and nutrients flowing to the affected area, inhibiting inflammation and reducing muscular tension. Many individuals with low back pain find that they can perform their usual but more controlled cardiovascular activities, such as walking, in spite of the pain and of

Related Treatments

[Activity Modification](#)

[Chiropractic Manipulation](#)

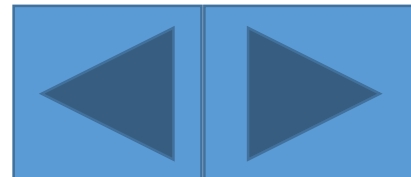
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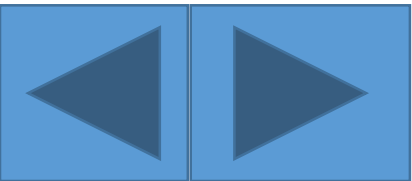


Imaging for low-back pain

Michael M Kochen  • Eva Blozik • Martin Scherer • Jean-François Chenot

DOI: [https://doi.org/10.1016/S0140-6736\(09\)60149-5](https://doi.org/10.1016/S0140-6736(09)60149-5)

Over the past decade there has been a broad consensus between different scientific organisations worldwide on the benign self-limiting nature of (unspecific) low-back pain and hence the need for education of patients—to reassure patients and encourage them to continue with normal activities.¹ Although most patients with back pain never receive any radiological diagnostics because they do not seek medical attention,² there remains a large group who seek the dubious promise of imaging procedures despite contrary recommendations in evidence-based guidelines.³ These guidelines reveal that a focused history and physical examination can separate patients with non-specific low-back pain from those with radiculopathy, spinal stenosis, or other specific causes, and that clinicians should not routinely obtain imaging in patients with non-specific low-back pain.^{4, 5}





WELLPATH'S HEALTHY BACK CHALLENGE

Why is back pain often considered "Self-limiting?"

End

Questions? wellness@srpmic-nsn.gov

www.wellpath.info/challenges

