

Back in Control

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With statistics stating that 8-9 out of every 10 people will suffer low back pain in their adult life and that 20 percent of them will never get better, it is no wonder that our nation has spent close to 200 billion dollars per year on low back care alone. Back pain is the second most common reason for going to the doctor, second only to the common cold.

Low back pain is thought to be a multi-factorial problem. This means that in addition to bones, ligaments and muscles, that fatigue, poor movement strategies, bad postural habits and depression can all contribute to low back pain.

How does one go about getting "Back in Control"?

Currently we treat low back pain with allopathic (Western) medicine consisting of radiology, medication, physical therapy and surgery. Often when allopathic care doesn't work, alternative or complimentary interventions are used (acupuncture, manual therapies, Pilates, GYROTONIC®, yoga etc.) Every year more people are choosing alternative care first. Both allopathic and alternative methods have a place in the treatment of low back pain, what is most important is when the intervention takes place. There is literature to support that low back pain resolves faster when the intervention includes movement therapies. So, why not try moving first, rather than surgery?

Pilates has gained popularity with low back care. It can be gentle and challenging at the same time, without harmful or destructive forces. Pilates can be a very useful intervention for acute low back pain when it follows a systematic progression of exercise selection based on the injury.

Stage One: Pain management and biomechanical counselling

In the early stage of spine care it is necessary to disassociate the hip from spine movement to prevent faulty strategies of movement from continuing to perturb

the lesion. A basic progression might consist of the following exercises:

Footwork on the Reformer, Quadruped on the Reformer (modified knee stretch in neutral spine), Seated footwork on the Chair, Single leg press on the Chair, Spring assisted squats with springs off of the Trapeze table.

Stage Two: Introduction of movement with non destructive forces

In this stage we can begin moving the spine at the site of the lesion but without harmful forces that cause pain. A basic progression of spine mobility exercises with the purpose of waking up the local and deep stabilization muscles might consist of the following sequence:

Bridging on the Reformer or mat, Spring assisted partial roll ups and roll downs on Trapeze table, Pre-swan on the mat or chair, Hamstring III on the Chair and Mermaid on the Reformer or Chair.

Stage Three: Challenge stability, mobility and proprioception

In this stage the exercises and their sequencing can look more traditional. It should consist of a well balanced movement program and should still include exercises that can prepare the patient for return to all of their functional activities.

By having our bodies in better shape with a heightened awareness of our movement strategies and movement possibilities we become healthier and more active beings, just the way Joe wanted us to be. Stay tuned.

Future topics will include: Arthritis, Stenosis, Back surgeries, Scoliosis, Spondylolisthesis and Osteoporosis. Also check out the Polestar PodCasts at www.PolestarPilates.co.uk.

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