

Kiss That Back Pain Away!

Contributed by Dr. Durlan Castro B.S., D.C., A.R.T.
Sunday, 25 November 2007

Low back pain will affect most of us in our lifetime. It may come as a small "pinch" or a chronic problem that never seems to want to go away. At my office I see hundreds of cases of low back pain a year. I'm happy to say that we are able to resolve 94% of these cases.

Low back pain will affect most of us in our lifetime. It may come as a small "pinch" or a chronic problem that never seems to want to go away. At my office I see hundreds of cases of low back pain a year. I'm happy to say that we are able to resolve 94% of these cases.

A CASE STUDY:

A 28 year old male bodybuilder comes to the office complaining of severe low back pain, which he has now for over 3 weeks. When asked where the location of pain is, he points to both sides of his low back. He admits that the pain started on the right side, but now it's on both.

When the young bodybuilder goes to stand up from the chair in the waiting room, he finds it difficult to straighten out and gives a slight grunt.

I asked him how the injury happened and he goes on to explain how he was dead-lifting and felt some discomfort later on that night. The next morning he stated he could hardly get out of bed. The sharp pain in his low back when trying to straighten was "unbearable". He went to his regular doctor who gave him pain killers and anti-inflammatories. That "took the edge off", but he still couldn't function, normally. He told me, "Forget about going to the gym". His MRI report showed a significant disc herniation at L5-S1 and the doctor sent him for physical therapy. He came to my office because, after 3 weeks of electric stim, heat, and light massage, he was getting no relief at all.

I asked him if there was any pain radiation down either one of his legs, to which he replied, "No". After my initial exam, which included some orthopedic tests, neurological evaluation, and muscle testing, I was able to determine that his pain was not coming from the muscles themselves. However, the iliopsoas muscles were in spasm and quite weak.

THE ILLIOPSOAS MUSCLE

Of all the muscles in the lower back, the psoas muscles are the ones that are responsible for, in my opinion, 80% of all low back pain. The problem is that the anatomy of the muscle prevents us from being able to address it from the back (where it presents the pain). The muscle runs from the front of the pelvis to the back and has attachments to the 5 lumbar vertebrae and the discs. This syndrome can be easily diagnosed because of its mechanics (it aids in spinal and hip flexion). Whenever an individual bends forward and lifts a load, reaches for something that's very high above them, or tries to run, classic pain is felt. The iliopsoas can also become chronically tight in people who sit all day, and this results in weakness and causes problems later on.

If a bodybuilder comes in and says that he/she hurt their back dead lifting or "coming up" on the squat, I immediately suspect this muscle. Another tell tale sign is the way a patient gets up from a seated position- I notice a slow rise and then might even stretch backward after straightening out very slowly. If diagnosed properly, the treatment is then very important. You cannot treat this muscle from behind. In other words, rubbing the low back or putting muscle stim on this area does very little to relieve this problem.

The treatment must come from the front. By putting the person in a side-lying position, we are able to contact the muscle and therefore treat it effectively. With A.R.T. (Active Release Technique) we have quite amazing results in as little as 1-3 treatments.

OTHER MUSCLES INVOLVED

That "dull deep ache" that runs across your back and doesn't seem to respond to any stretching or heat treatments could, and probably is, coming from tightness and adhesions in the gluteus maximus muscles. Think of the typical strength athletes and their gait (walk). They usually walk with their toes pointing out in a waddle type of pattern. This is very typical of tight gluteus muscles. When these muscles stay tight for a long period, the fibers become adhered. (Imagined a healthy muscle looking like a clean paintbrush and a muscle with adhesions looking like that paintbrush with a bunch of dried up paint on some of the bristles).

At our office, we address this problem using A.R.T. with astonishing results.

NOT JUST BLACK AND WHITE

Unfortunately, today's medicine looks at low back pain as "black and white". In other words, if your MRI shows a disc herniation, then that's where your pain must be coming from. And if your MRI is negative, then they don't know what can be causing your pain. I'm sure you've all heard those famous words "it's all in your head". I can't tell you how many patients come into our office after countless weeks of physical therapy, decompression therapy, epidural injections, and endless lists of medications, and after 3-5 treatments using our technique of A.R.T., get more relief than they have in years. The patients then go through a period of happiness as well as anger.

THE NEED FOR SURGERY

In my professional opinion, there are only very specific symptoms that require surgery. These are:

1. Spinal tumors
2. Urinary or bowel incontinence
3. Progressive neurological deficits

Don't let anyone scare you into surgery. In most cases, you'll have plenty of time to try alternatives to surgery. And until you try the more conservative treatments, you'll never know that your back pain can, indeed, be "cured" without surgery!

FINALLY

...next time you mess up your lower back dead lifting or squatting, and some doctor is scratching his head trying to figure out where your pain is coming from, or telling you to "stop lifting", find yourself a muscle specialist like an A.R.T. practitioner and kiss that back problem away.