

THE THERAPY CORNER

Plain and Simple

Last time out we discussed some new thinking on the advisability of using of ice as the first line of treatment when faced with an acute injury. We saw that one of drivers behind this 180° turnabout is the belief that the ***inflammatory response*** to injury is, in fact, a natural reaction that has evolved over millions of years in human beings; this could imply that our attempts to reduce or eliminate this phenomenon may actually be impeding the healing process.

This somewhat newfound respect for the efficiency of evolutionary forces can be found in other examples as well. For instance, some medical authorities have, in recent years, questioned the wisdom in taking common medications (Tylenol, Ibuprofen, aspirin) to reduce a mild fever that one might experience with a cold or sore throat, theorizing that elevating the body's temperature is nature's way of killing the organisms (e.g., viruses) that are causing the illness. Accordingly, lowering the fever may in reality be prolonging the resolution of the infection. (Of course, these medications make the patient more comfortable, making it difficult to convince someone to forego the treatment.)

I have long found this line of reasoning fascinating, so I was very interested to read a recent paper¹ that considered the topic of low back pain prevention. As you may have heard in the past (since it the most commonly cited statistic on the subject), 80% of us will suffer a disruptive episode of low back pain sometime in our lives. Perhaps even more disconcerting is the fact that of those who do, 75% will experience a recurrence of the pain within the following year.

Investigators looked at 23 high-quality studies (collectively including 30,000 patients) that examined which interventions were most effective in preventing repeat episodes of low back pain within one year. The techniques they compared were: patient education programs on back pain prevention; shoe orthotic inserts; back belts; exercise, and; exercise combined with patient education.

The results were quite clear: education alone, the inserts, and the back belts had very little, if any, success in preventing repeat episodes of back pain. It was exercise, with or without the education component, which was most effective in averting such recurrences. (Interestingly, there was no one specific type of exercise that was identified as most effective.)

So how does this information bring us back to the relationship between injuries and evolution? Well, I would argue that this is a good example of how a large proportion of the population of Western societies (though not necessarily you, the Charger member, reading this) has adopted a behavior – a sedentary lifestyle – that directly counters what we as a species have evolved to do: *move!* The great majority of people in “advanced” societies now spend upwards of 90% of our waking hours sitting. Compare this to our ancestors (and we only need go back a couple of centuries) who were on their feet, in many cases performing hard labor in fields or on farms, practically all day.

Contrary to what some might assume – that such physical labor makes one more likely to suffer low back pain – the fact is that even today people in rural, less developed societies have a lower incidence of

such injuries. Clearly, there is a correlation between activity and back health. Perhaps modern society's "advances" – cars, industrialization, remote controls – that have made life easier for us in many ways, have in other ways made life more difficult. Anyone who has suffered a serious back injury, or who has chronic back pain, just might agree with that assessment.

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ⁱ **Prevention of Low Back Pain: A Systematic Review and Meta-analysis.** [JAMA Intern Med.](#) 2016 Feb 1;176(2)