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Spine Care Companion

Guiding you along your path with spine pain

Welcome to Spine Care Companion

This is an educational program that partners with you and guides you along your path with spine pain. You will find helpful information and answers to common questions that you may have. There are 6 educational modules meant to be read every 2 weeks, starting with your first visit with our spine care specialist.

As most people will not require surgery for spine pain, the focus of this program is on non-surgical treatments. However, one of the modules will review and discuss surgery for spine pain.

We encourage you to read one module every 2 weeks, but all the modules can be revisited as many times as you wish. We know that sometimes it can be difficult to absorb all the information in one sitting, so viewing the modules more than once can continue to give you greater insight into your condition.

Finally, everyone's journey is different. Certain aspects of this education may not exactly match where you are in your own recovery. But, we believe that information provides knowledge. Regardless of your stage of recovery, this knowledge will help you understand your condition and, we hope, encourage you to be a dedicated partner in your spine care treatment plan.

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Spine Care Companion

Questions?

Your questions are important. Talk with your doctor, nurse, or other member of your spine care team if you have questions or concerns.

Provider name/specialty: _____

Number: _____

Provider name/specialty: _____

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Spine Care Companion: Module 1

I just met my provider for my spine condition, what should I expect next?

This handout explains what to expect during recovery, treatment options, and stress management.

How quickly will I recover, and should I rest in recovery?

Spinal pain can be overwhelming, but it is important to know that most people do get better with time and treatment. However, there is not a set timeframe, as each person recovers differently. Recovery may be gradual, and there can be ups and downs. Many people report feeling better within the first few weeks.

Balancing Rest and Activity

At first, moving after an injury may be very painful. For this reason, you may want to spend time in a resting position that reduces the pain. This could be lying down, sitting, or standing. In the beginning, it is wise to avoid lifting heavy items.

But, the longer you are inactive, the more stiff you will feel. Continue to stay active despite your pain to help avoid unnecessary stiffness. Regular activity is an important part of recovery and rehabilitation. Talk to your provider or physical therapist (PT) about setting daily activity goals. Go slow, do small amounts of activity, and take breaks. Set a goal for the day and see if you can do a little more each day.

Pacing yourself is important. It is important to understand that moving is not likely to cause permanent damage as long as you follow your PT's or provider's guidelines. You may feel more pain and soreness at first, but this does not mean you have injured yourself further, in most cases.

Keeping good posture, body mechanics, and desk ergonomics will decrease stress on your spine. Being active early in recovery will help you regain function as soon as possible.
If you have not started to improve in the first few weeks, you should contact your spine care provider.

What are my treatment options?

There are many different options for treating spine pain. Not everyone responds equally to each treatment. You will most likely change treatment methods as you start recovering.

Passive Treatments

Passive treatments can help you be more comfortable and active, but these usually have temporary benefit. Examples of passive treatment include medication, massage, cold and heat therapy, acupuncture, electrical stimulation (TENS unit), and back braces. Another option is spinal manipulation provided by a chiropractor, physical therapist (PT), or osteopathic physician (DO). Passive treatments tend to be most effective when combined with some of the activities below.

- Placing ice on the areas of pain is usually recommended during the first few days after pain begins. After 4 to 5 days, start using heat. To avoid burning your skin, never place ice or heat directly on your skin. Place a towel between the ice or heat and your skin. Do not use ice packs or heat for more than 20 minutes.
- You may be able to take over-the-counter pain medicines such as acetaminophen or ibuprofen. People often find these helpful for reducing their symptoms. Check with your provider first if you know you have kidney, liver, or stomach problems.
- If your provider prescribes medicines, they will usually recommend trying non-opioids first as they are safer and often just as effective.
- Never take more than the recommended dose of over-the-counter or prescription medicines without the advice of a medical professional. If you are unsure, please talk to a pharmacist or contact your provider's office.

Active Treatments

One of your first goals is to gradually transition from passive to *active treatments*. A few days after your pain starts, start active treatments such as light walking, stationary biking, or stretching. You may be referred to a PT who will provide you with exercises for your specific condition.

Exercise

Self-guided exercise is great once you become more mobile and comfortable. Many patients try yoga, Pilates, walking, aerobics, and swimming. Go slow, be gentle at first, and build up your activity. It is OK to feel a little discomfort or stretching when doing exercise. It is normal to feel sore after exercising when beginning an exercise routine.

What if I feel pain in recovery?

Back or neck pain may flare up in the early stages of recovery. If this happens, you can return to using passive treatments until your pain is under control.

Red Flags

It is best to avoid going to the Emergency Department unless you have specific symptoms known as "red flags." These "red flags" are very uncommon but do require immediate medical attention. If you experience any of the following, immediately contact your provider, go to the Emergency Department, or call 911:

- Sudden change in bowel or bladder function – either unable to control or empty your bladder or have a bowel movement.
- Sudden loss of strength such as losing strength in your arm or tripping because you are not fully picking up your foot.
- Sudden loss of feeling, numbness, or pins and needles in your arm or leg.
- Fever along with back or neck pain.

Who is on my spine team and how do I reach them?

Your UW spine team may grow over time to include your primary care provider (PCP), a physiatrist, a PT, and other specialty providers based on your individual needs.

Receiving all your care within UW Medicine means that your spine team can access your electronic record and the most up-to-date information from your other UW care providers.

Understandably, it is not always possible to receive all your care within UW Medicine. If this is the case, make sure your team knows which healthcare providers you are working with outside of UW.

Your UW spine care team will guide you on your care journey and help you determine the best treatment options for your condition.

You can contact your care team through the MyChart app on your phone or computer. You can always call the clinic if you have an urgent concern.

How do I deal with the stress of having a spine problem?

It is understandable that pain can add more stress to your life. Pain often makes everyday activities more difficult. But, it is important that you manage your stress and take care of yourself so that you do not get overwhelmed by the pain.

Talk to your provider about your spine condition. A better understanding of your condition, including knowing that you may not have any serious problems, should help ease your anxiety.

Your usual stress management strategies may include exercises that now make your pain worse. If this is the case, try something new or modify your exercises. For example, can you walk instead of run? Can you temporarily reduce your distance? Try to find activities you enjoy that will help distract you from the pain.

If you need more help in managing your stress or pain, talk to your provider about a referral to a specialist, like a mental health therapist or clinical psychologist. They will understand the connection between pain and stress, and they can guide you with self-help strategies as you recover.

Questions?

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Spine Care Companion: Module 2

My family keeps asking about my diagnosis. What should I tell them?

This handout explains what to expect during the diagnostic process, what slipped discs are, and when to ask for magnetic resonance imaging (MRI).

How long may it take to reach a diagnosis?

It is normal to want a clear diagnosis, and it can be frustrating when you do not have one. There are several facts to consider when it comes to diagnosing spinal conditions:

- Most back and neck problems do not include serious *structural damage* (damage to the bones and discs).
- Most spine problems improve with time. A clear diagnosis usually does not change natural recovery.
- Special testing, such as an MRI, does not always lead to a clear diagnosis. These tests may show findings that are not related to your pain. Sometimes, people recover quickly enough that an MRI is not necessary.

Your provider will do a careful medical history and physical exam. This is often the best way to learn how to guide you on the path to recovery. Your provider will determine if anything may delay your natural recovery.

However, if your pain does not improve enough after several weeks, your provider can work with you to reach a clearer diagnosis and treatment plan.

How can you tell if I have a "slipped disc"?

Discs are like cushions between each vertebra of the spine. Discs are connected to the vertebrae around them. They do not "slip" out of place when injured. The back edge of the disc may bulge or protrude depending on how severely it was injured.

If a disc is injured, pain may *radiate* (travel) down through your leg or arm due to pressure on the nerve root. This is called *radiculopathy* (sometimes known as *sciatica*).

Radiculopathy usually requires medical treatment, but can often be managed without surgery. In some cases, a surgical evaluation will need to be done if your symptoms do not improve.

Spinal Cord Injuries

It is not common to become paralyzed from a low back injury. Unless there is extreme traumatic force, it is very rare to have a spinal cord injury or paralysis.

Signs of a spinal cord injury usually include:

- Weakness or loss of ability to move the arms and/or legs
- Large areas of numbness or lack of sensation throughout the body
- Difficulty with coordination or balance
- Loss of control of bladder and/or bowel function

If you experience any of these symptoms, call 911 immediately.

When should I ask for imaging such as an MRI?

The physical examination and medical history are key parts of diagnosing spinal problems, especially when done by a specialist. Your provider will use the results of your exam to determine the source of your pain. In most cases, you will not need an imaging test.

You and your provider can discuss imaging if:

- Your spine pain goes down into your arm or leg and is not getting better after 4 to 6 weeks.
- You have had a major accident or injury.
- You have spine pain along with a fever or weight loss.
- You have a history of osteoporosis, cancer, or regular steroid use.
- You develop any other "red flags" described in Module 1, such as changes in bowel and bladder function, fever, or sudden loss of strength or sensation.

Your provider will probably not order an MRI in the first few weeks unless you have red flag symptoms. People often improve quickly enough that an MRI is not necessary.

When ordered too early, an MRI can lead to invasive procedures that are not necessary. This is because it is common to get abnormal MRI results that are not related to your pain. Ordering an MRI too early can lead to confusion and anxiety for both providers and patients. It may also interfere with the rehabilitation process.

Questions?

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Workstation Ergonomics

Safety and comfort at your desk

Ergonomics is a way of arranging a workplace for the unique needs of the person using it. This handout reviews good computer workstation posture and how to set up your workstation using ergonomics.

An Ergonomic Workstation

The goal is to have a neutral posture while sitting in a chair and using the computer. The image below shows how to arrange your desk for neutral posture. See page 8 for instructions for each body part.

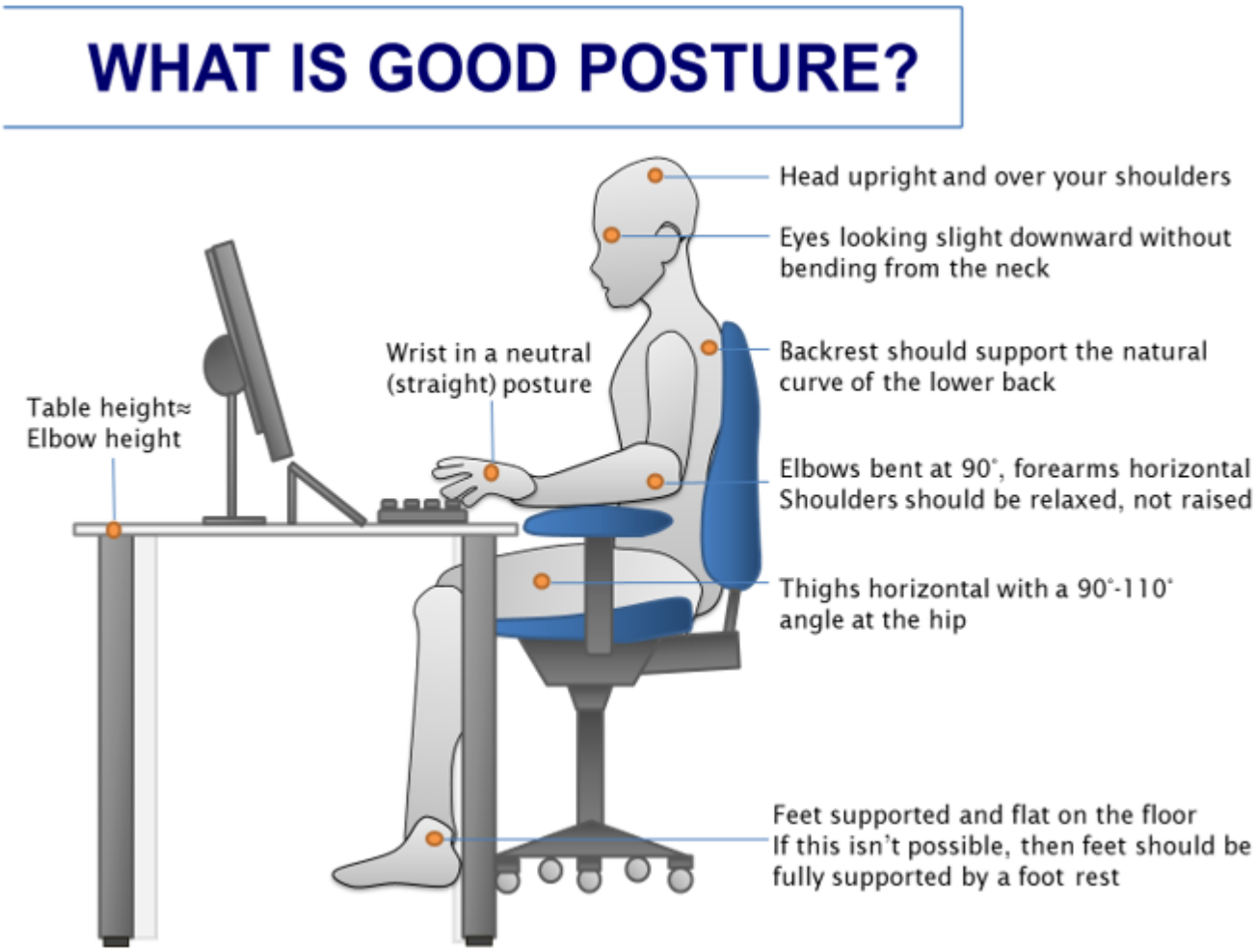


Image used with permission from UC Davis Occupational Health Services

Positioning Each Part of Your Body

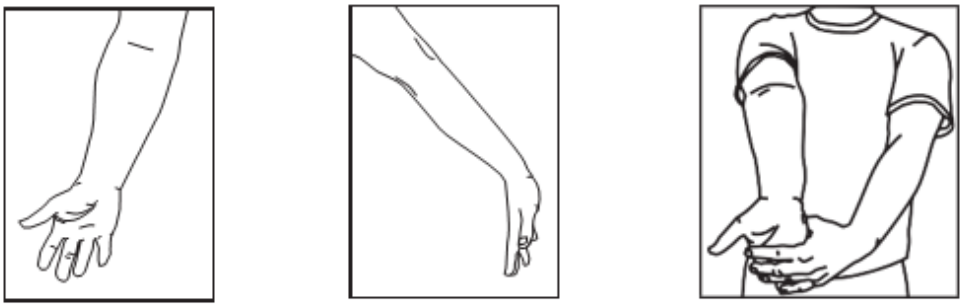
Head	Position your head directly above your shoulders and hips.
Back	Keep your back straight up and down (*vertical*). Do not lean forward or back at the waist. Your upper and lower lumbar curve should be supported by the back of the chair.
Neck	Keep your neck relaxed. Keep your chin level. The top of the monitor should be about eye height so that you do not need to lift your chin to view the monitor.
Shoulders	Keep your shoulders relaxed and not lifted upward toward the neck.
Upper arms	Keep your upper arms relaxed beside your upper body.
Elbows	Keep your elbows relaxed beside your upper body and bent at a right angle (90° to 110°). Do not lift your elbows upward or outward away from your upper body.
Forearms	Do not extend your forearms. Keep your upper arms relaxed beside your upper body.
Wrists	Keep your wrists relaxed and straight or flexed slightly downward.
Knees	When sitting, keep your knees at the same height as or slightly lower than your hips.
Feet	Rest your feet comfortably on the floor. If your feet do not reach the floor, support them with a foot rest.

Ergonomics Break

It is important to take regular breaks from sitting at your workstation to stretch and move. The stretches below will help you release tension and keep your spine healthy.

Finger and Wrist Flexor Stretch

1. Straighten your elbow with your palm up.
2. Point your fingers toward the floor.
3. Use your other hand to gently pull down on your palm and fingers.
4. Hold for 10 to 15 seconds. You should feel a mild pulling sensation. If you feel discomfort, do the stretch more gently or go back to the previous step.

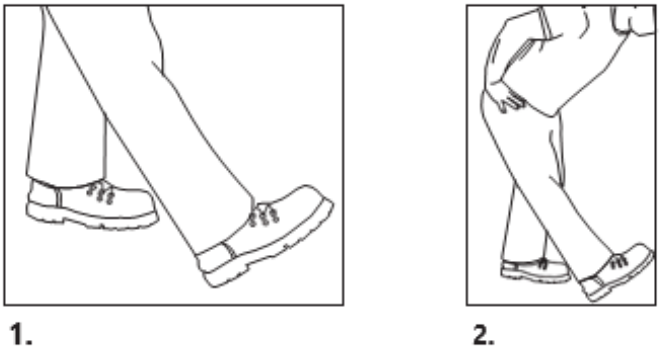


Steps 1 through 3 of the Finger and Wrist Flexor Stretch.

Image used with permission by The Back School, www.thebackschool.net.

Hamstring Stretch

1. Place your heel on the ground in front of you with your knee straight. You may stand next to something for balance.
2. Keep your back straight, look up at the ceiling, and bend forward at your hips.
3. Hold for 10 to 15 seconds. You should feel a mild pulling sensation. If you feel discomfort, do the stretch more gently or with your foot planted on the floor.

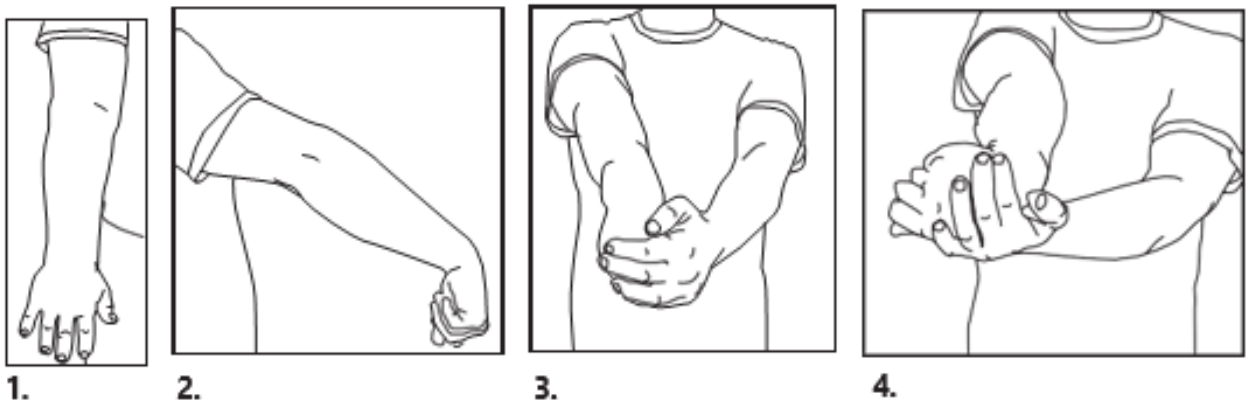


Steps 1 and 2 of the Hamstring Stretch.

Image used with permission by The Back School, www.thebackschool.net.

Finger and Wrist Extensor Stretch

1. Straighten your elbow with your palm down.
2. Bend your wrist down and make a gentle fist. If you feel discomfort in the back of your hand, then relax your fingers.
3. Gently pull down on the back of your hand.
4. Rotate your arm so that your knuckles are pointing out.
5. Hold for 10 to 15 seconds. You should feel a mild pulling sensation.
6. If you feel discomfort, then do the stretch more gently or go back to the previous step.

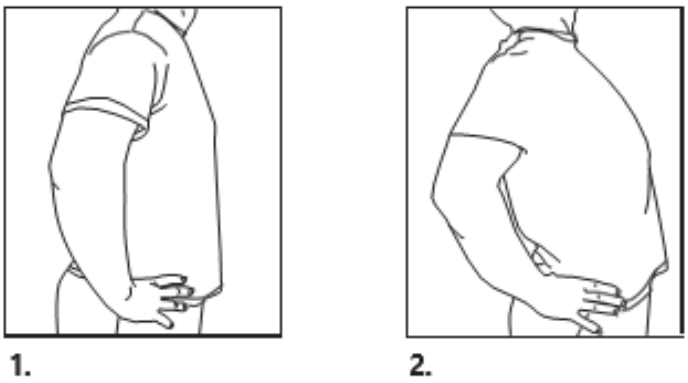


Steps 1 through 4 of the Finger and Wrist Extensor Stretch..

Image used with permission by The Back School, www.thebackschool.net.

Low Back Flexor Stretch

1. Place your hands on your hips.
2. Gently lean back.
3. Hold for 10 to 15 seconds. You should feel a mild pulling sensation. If you feel discomfort, do the stretch more gently or go back to the previous step.



Steps 1 and 2 of the Low Back Flexor Stretch.

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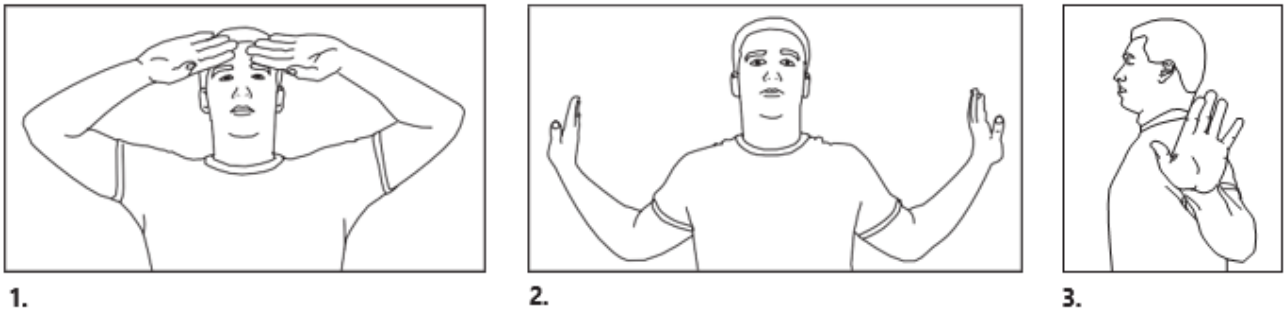
Neck Shoulder Stretch

1. Place your hands in front of your forehead with palms facing out. Take a deep breath in.
2. Pull your elbows back while rotating your palms out.
3. Slowly exhale while you squeeze your shoulder blades together and draw your head back.
4. Exhale fully and hold this position for 10 to 15 seconds. Repeat 2 times. If you feel discomfort, then do the stretch more gently or go back to the previous step.



Steps 1 through 3 of the Neck Shoulder Stretch.

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Staying Active with Back or Neck Pain

Self-care at home

This handout gives exercises to help improve movement and lessen pain in your back and neck.

How will exercise help my low back pain?

The exercises in this handout will retrain your muscles to help ease stress on your back and neck, lessen pain, and improve movement.

Following a home exercise program can help lessen pain and improve recovery.

What do I need to do?

Work with your provider to create a home exercise program that includes doing the exercises in this handout. While doing your exercises, please note that:

- These exercises should **not** cause pain. If you have sharp pain when you do an exercise, **stop** doing it. Wait until the next day and try again.
- If you have more soreness or swelling a few hours after your exercises or the next morning, it may mean that you overdid it. If this happens, you can:
  - Do the exercise fewer times a day.
  - Do fewer repetitions (reps) of the exercise. For instance, if it says to do the exercise 20 times, just do 10 reps instead and see how you feel.

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Sitting like this will increase your lower back pain.

Sitting like this may help ease your lower back pain.

Posture

A lot of back and neck pain can be eased by changing the way you sit during the day. For best posture when sitting:

- Keep your lower back in a neutral position. To do this, hold your belly button in and sit up straight.
- Keep your shoulder blades **gently** drawn down and back, as if you were trying to reach them down to your buttocks.
- Hold your head up straight, in line with your shoulders (see the bottom photo on the left).
- Sit with your back against the back rest of your chair whenever possible.

Your goal is to be in this position throughout the day, as your muscle strength improves.

If you cannot sit with good posture at your desk, move your computer screen, keyboard, or other devices to support your posture. Do **not** change your good posture to do your work. See the handout, "Workstation Ergonomics" for instructions.

Exercises

Abdominal Brace

- Lie on your back on a table or the floor. Bend your knees so that your feet are flat on the surface.
- Place your fingers just inside the bones on the front of your pelvis (see photo below). As you breathe out, gently pull in the muscles under your fingers in as if tightening a belt. This should be a small movement. Make sure to pull your belly in. Do not push it up.
- Hold for 3 seconds, then release.
- Repeat 3 sets of 10 reps. If you get tired before doing all the reps, stop.

Gently pull your muscles in as you breathe out in this exercise.

Glute Sets

"Glute" is short for *gluteal* muscles. These are the muscles in your buttocks.

- Lie on your back on a table or the floor. Rest your arms and hands at your sides.
- Tighten your buttock muscles.
- Hold for 5 seconds, then release.
- Do not hold your breath or arch your back when you tighten your muscles.
- Repeat 3 sets of 10 reps. If you get tired before doing all the reps, stop.

Cat/Cow

- Kneel on the floor or a table, with your hands on the surface in front of you. Make sure your hands are right under your shoulders and your knees are under your hips.
- First, slowly round your back to the ceiling (see top photo).
- Then, slowly let your back sag toward the ground (see bottom photo).
- Focus on moving your lower back. Move only as far as you can without pain.
- Repeat this movement 20 times. If you get tired before doing all the reps, stop.

Chin Tuck Exercise

- Stand or sit with your shoulders relaxed (see top photo). You may find it easier to start with your shoulders and head against a wall.
- Tuck your chin down slightly so that your ear moves back over your shoulder (see bottom photo).
- Repeat this movement 20 times. If you get tired before doing all the reps, then stop.

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

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Spine Care Companion: Module 3

How can I be active without injuring myself further?

This handout is for patients with ongoing neck or back pain and explains how to safely bend and lift objects, how physical therapy can help with pain, and how to return to regular exercise.

How do I start to safely bend and lift objects?

At this stage, it is okay to do common daily activities with proper posture and technique. Your physical therapist (PT) or other rehabilitation professional can teach you proper posture and technique for bending and lifting.

When you start lifting objects again, do not lift more than 10 to 15 pounds. Remember that the "smarter" you lift, the safer you will be.

You will develop proper posture and lifting techniques over time. This will take commitment to focus on how you are moving and bending.

General tips:

- If you must lift something heavy, keep your back straight and bend with your knees.
- When reaching for a low object, bend with wide legs and keep your back as straight as possible. This will cause less strain on your spine.

Can physical therapy help with my pain?

Absolutely. PTs will safely guide you through the early stages of recovery. PTs can also treat tight and sore muscles, teach you to strengthen weak muscles, and help you resume your usual activities.

Muscles that are spasming and tight may feel more sore after starting exercise. This soreness should be much better by the next day. However, if your soreness lasts more than 48 hours after therapy, talk to your PT about adjusting your treatment. Soreness usually does not mean you have been injured further. It is very unlikely that physical therapy will cause you more harm.

My muscles feel weaker, so how do I begin a strengthening program?

Building strength is a key part of recovery. If you have tight or weak muscles, other muscles may make up for the weak ones. This can cause abnormal strain on your back, hips, or shoulders. Muscle strengthening will support your spine, help you keep proper posture, and protect your spine during activities.

Your spine is supported by several layers of muscle that wrap around your abdomen. This is known as your *core*. Activating your core creates a natural brace that protects your spine.

Physical therapy can provide you with safe and effective exercises for your spine. You will usually start with core strengthening exercises. Your strengthening program will advance as you build strength and confidence with your movements.

How hard should I push myself?

"No pain, no gain" is an old saying that does not apply to people who are recovering from pain episodes. Do not ignore pain in the early stages of your injury and recovery.

A general tip is to avoid activities or positions that cause sharp pain or cause the pain to radiate to the leg or arm.

Follow the "slow and steady" approach. Do smaller amounts of activity as you start your recovery and gradually increase. Remember to take breaks. There is no need to "conquer" your pain.

Mild soreness and discomfort are expected when resuming movements and exercise. However, these symptoms should improve within 24 to 48 hours.

How quickly can I get back to regular exercise?

This will depend on several factors including how severe your pain is, if nerve pain is involved, and how quickly you respond to treatment.

With minor pain, you might be able to resume regular activities within a few days to 2 weeks. With more severe injuries, or if discs or nerves are involved, you might not resume normal exercise for several weeks or more.

Recovery varies from person to person. It is best to discuss your goals with your provider(s) so that your treatment plan is made in partnership with your care team.

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Spine Care Companion: Module 4

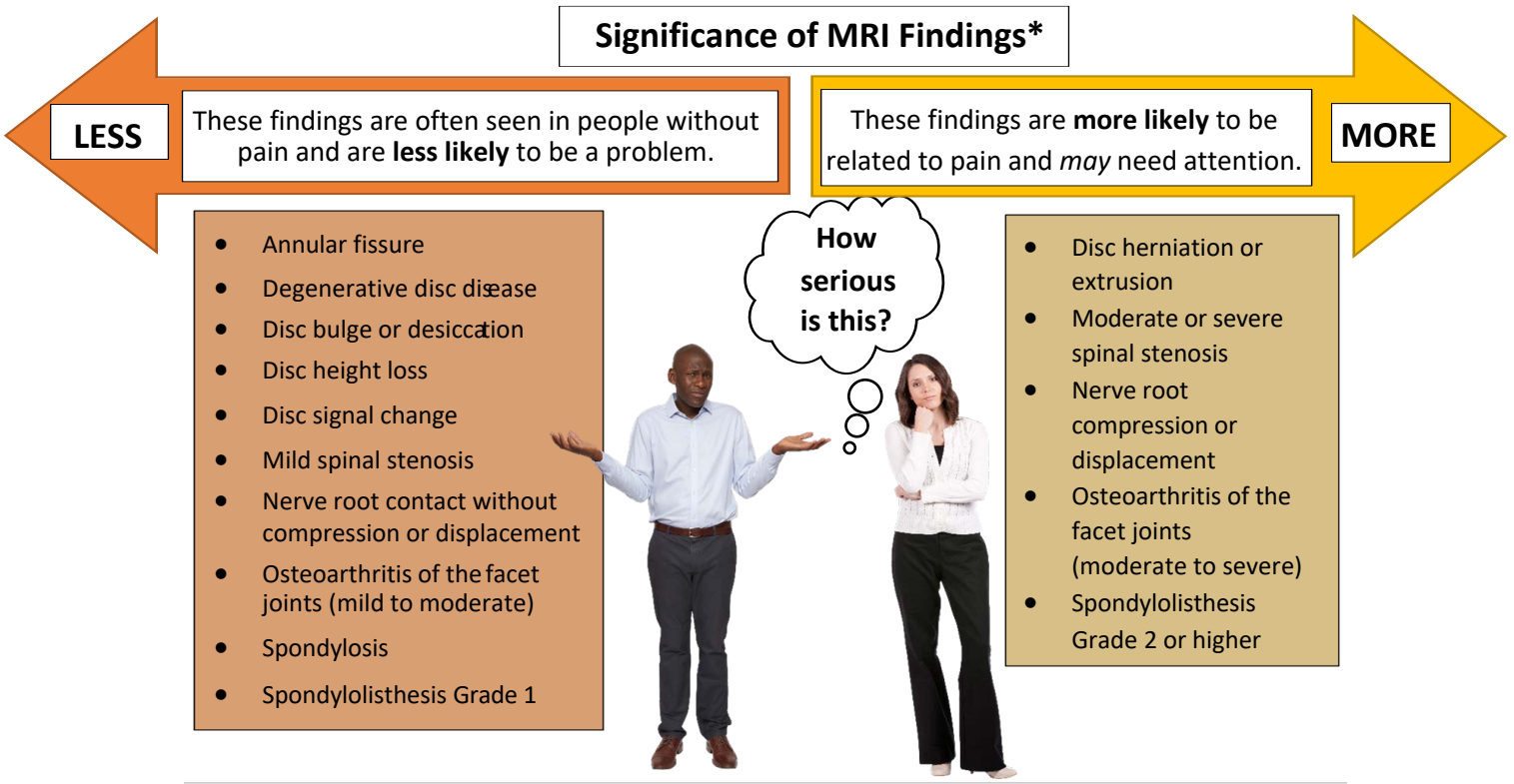
Is it time to discuss surgery?

This handout is for patients with back and neck pain. It explains spine surgery referrals, types of spine surgery, surgery outcomes, and insurance authorization.

Should I be referred to a spine surgeon?

You may be referred to a spine surgeon if:

- You have *radiculopathy* (injury to the nerve root). Symptoms of this are severe radiating pain, numbness, and/or weakness in your leg or arm.
- You have tried non-surgical treatments recommended by your provider for several weeks but have not improved.
- An MRI shows an abnormal result that clearly matches your condition. Remember from Module 2, page 6: Imaging results that are **not** related to your pain are common. These do not need to be treated with surgery. The image below lists some terms you may see on your MRI report or medical notes. Conditions that are **more** likely to cause pain are on the **right**. Conditions that are **less** likely to cause pain are on the **left**.



*NOTE: A provider must determine the significance of the MRI findings in combination with the person's symptoms and signs. MRI findings without this context do not provide a definite diagnosis.

If I need surgery, which type is right for my condition?

There are 2 main categories of spine surgery: decompression and fusion.

Decompression

- Decompression is usually for treating *herniated discs* (bulging or protruding discs) with symptoms such as pain or numbness.
- Decompression can also treat *spinal stenosis* (when the space inside the backbone is too small).
- The goal of decompression is to relieve pressure from the injured nerve root. Decompressions are less *invasive* and recovery is faster.

Fusion

- A fusion is sometimes done in addition to decompression. Fusion may be needed when the spine is unstable or at risk of becoming unstable.
- Fusion surgeries are more complex. Recovery from fusion is longer and more restricted.

Risks and Alternatives

Some decompression and fusion surgeries can be done in a way that is *minimally invasive*. This means there is less risk and healing may take less time. However, minimally invasive methods are not best in all cases.

Surgery is always an invasive procedure. It is important that you and your spine surgeon discuss all the risks and alternatives before moving forward with surgery.

Alternatives include less common procedures such as disc replacement surgery. But, the reasons for these types of surgeries are much more limited. These procedures are not standard approaches to treating spine pain.

How likely will spine surgery "fix" my problem?

The main goal of surgery is to resolve what is causing the nerves to cause pain. A successful surgery eliminates radiating nerve pain and allows numbness or weakness to gradually recover.

When a surgical procedure is carefully chosen for a specific problem, the results are usually very positive. Unfortunately, surgery does not

restore the spine to a "normal" state. The condition that may have led to the original pain will remain.

For example, fusion surgeries do not usually re-align your spine. *Discectomy* (the removal of a disc) does not replace disc material. This is why rehabilitation is very important, even if you have spine surgery.

Spine surgery sounds scary. Will my team help me make this decision?

Absolutely! Your care team is here to help you understand your options. Your care team may include your primary care provider (PCP), a physiatrist, spine surgeon, and physical therapist (PT). These team members will communicate with each other so that everyone knows the details of your care plan. You will be able to ask all the questions you need to help you make decisions about your care.

Why are some insurance companies hesitant to authorize spinal fusion?

Your care team will decide what type of treatment is best for your condition. That said, sometimes insurance carriers will have requirements or questions that could delay the authorization process.

The two factors below are part of what an insurance company considers when deciding whether to authorize a spinal fusion surgery:

1. Trying Non-surgical Treatment Options First

Patients should try a variety of non-surgical treatments **before** deciding on a spinal fusion.

Non-surgical treatments include:

- Physical therapy or chiropractic care
- Non-narcotic medicines
- Injection therapy or pain management
- Complementary and alternative treatments such as acupuncture

In many cases, these treatments will be successful enough that you will not need surgery. Insurance companies may determine you need to try more non-surgical options before authorizing a fusion. We understand this may be frustrating. However, unless your care team determines you need a spinal fusion, starting with non-surgical treatment may be in your best interest.

2. Risks and Complications

Fusion surgery is a complex procedure. There is greater risk of complications and failure (meaning the fusion did not work as planned).

Your care team knows about these risks. Both your care team and your insurance company want to maximize your chances of a successful outcome. In some cases, insurance companies will ask your care team to clarify some medical facts before authorizing the fusion surgery.

If the treatment your care team recommends has good evidence that it will improve your condition, it will usually be approved.

Task

Learn about resources in your community for exercise:

https://thesportsinstitute.com/exercise-anywhere

Questions?

Your questions are important. Contact your doctor or healthcare provider if you have questions or concerns.

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Spine Care Companion: Module 5

How can I help myself with the challenges of ongoing pain?

This handout is for patients with ongoing back or neck pain. It explains the link between stress and pain, coping strategies, and cognitive-behavioral therapy to manage pain. If your pain has eased, this may not apply to you.

Is it strange that my pain is such a big source of stress?

Certainly not. Back or neck pain is a common source of stress for many people. The effect of pain on daily activities and potential delays in recovery can lead to uncertainty and stress. People tend to imagine the worst-case scenario about their condition, even sometimes believing they will never recover. People often think this way when their pain lasts longer than they or their care team expected.

Stress can also reduce your coping abilities, including the ability to deal with long-lasting spine pain. To help with this, try to find at least one positive thing to look forward to each day.

Schedule times during the day to dedicate to relaxation. For example, listen to soothing music or nature sounds to help reduce both physical and emotional tension.

I am beginning to wonder if the pain is in my head.

It is best not to blame yourself. Feeling stress and anxiety does not mean that the pain is in your imagination. Stress and pain are linked. Thinking about negative scenarios or outcomes can make your pain worse and interrupt your physical recovery.

The way we think affects the experience of pain, and there are things you can do to help reduce negative thinking. Finding ways to not focus on the pain can reduce its impact in your day-to-day life.

I am really hurting and I feel like nobody is listening to me. What should I do?

Your spine care team is committed to partnering with you on your journey. It is important that you do not feel alone or abandoned as you manage your spine problem. That is why it is important that you are

an engaged member of your spine care team. Please reach out with any concerns or questions.

Your spine care team may include a *clinical psychologist* or *mental health provider* (such as a therapist or counselor). This specialist is trained to understand the link between pain and stress. They can learn about your unique situation and determine what type of approach or counseling may help you. This is often called *cognitive behavioral therapy* (CBT). CBT supports the other parts of the rehabilitation program.

Someone suggested CBT, but how can that help with physical pain?

Cognitive behavioral therapy (CBT) is best known as a treatment for anxiety and depression. However, CBT strategies have been shown to also be useful for improving how people manage the stress, worry, and frustration that can come from living with pain. Learning CBT strategies has been shown to improve functioning and quality of life in people living with pain.

Nothing has worked for me. I feel like I am never going to improve.

Pain is not only a physical experience but also impacts other areas of your life. Fortunately, even if you continue to have pain, there are many ways to adapt your life so that you can still enjoy the things that are important to you. Keep your focus on how you can still do and enjoy activities. This will pay off with a higher quality of life for the long term.

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

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Spine Care Companion: Module 6

Once I start feeling better, can I avoid spine problems in the future?

This handout is for patients with ongoing neck or back pain. It reviews how to know when it is safe to resume regular activities, what activities to avoid, spine strengthening, and maintenance care.

Is it safe to resume my normal activities now?

The goal of all rehabilitation (rehab) programs is to help you stay active. Most people can return to their normal day-to-day activities relatively soon with guidance from their rehab team.

There are steps you can take to reduce your chances of experiencing severe or incapacitating episodes of pain in the future.

Planning

It is important to remember the phrase, "stop and plan." To limit risk, pause and plan how you will move or do a task before doing it. This could be anything from using proper form to do a single bend-and-lift to considering your mobility when planning a home project.

Think about what movements or activities led to your original injury and plan how you could do these differently. As you recover, do not be afraid to be physically active. However, you need to make responsible choices when it comes to physical activity.

Breaking up Activities

Break your activities into shorter periods of time and smaller loads. Be willing to carry less and make more frequent trips. Ask for help whenever possible, especially for heavy or awkward jobs. If possible, do not sit for more than 30 minutes at a time. Do frequent self-checks of your posture.

Staying committed to your long-term exercise program will increase your chances of returning to normal activities.

Are there activities I should avoid?

It is reasonable to have the goal of returning to your normal activities. If your life involves doing heavy and vigorous activities for work or recreation, you will need a plan to stay strong and flexible. Talk with

your rehab team to develop a plan to do your activities safely.

Once you have recovered, you do not need to be fearful of starting your normal activities again. Fear tends to make the body tight and unsteady, which puts you at risk for injury. Be sure your rehab plan included "test runs" of the activities you wish to resume.

You may have physical limitations due to your condition. You may also have concerns about your safety. Because each situation is unique, please discuss your goals and concerns with your care team. Making decisions with your care team ensures your plan is specific to your individual needs and long-term wellbeing.

What are some good spine strengthening programs?

Spine strengthening exercises are an important part of the path to overall good health. Core exercises are a key part of strengthening the spine and helping to prevent pain.

Your *core* includes the muscles of your entire torso from your upper back to pelvic region. Many muscles make up the core. The key is having those muscles work together. This will maximize your strength and make your movements efficient. Your core acts as a natural brace when you exert yourself.

As many athletes are aware, a strong core not only helps prevent injury, it also improves performance. In addition to preventing injury, your stronger core will allow you to enjoy activities and perform better.

Through your rehab program, your PT or chiropractor will teach you how to activate the different muscles of your core. Your strengthening program will include a mix of exercises to train these different muscles.

When starting any exercise routine, start slow and build as you become stronger. Remember, recovery is not a race. Recovery is a journey.

Should I continue with maintenance care?

Most people participate in an active exercise program to maintain and even improve their strength. Regular exercise can even reduce the risk of future pain. Activities like yoga, tai chi, and Pilates can be very effective in managing pain. Guidance on starting many of these activities is available for free online. If any exercises cause pain, talk to your PT or chiropractor about modifications.

Walking is free and is good for your body and mental health. However, walking may be difficult if you have *spinal stenosis* (narrowing of the nerve canal). A stationary bicycle may be an alternative exercise option as long as your back can stay in a neutral posture.

Biking is a great form of *low-impact exercise*, meaning it does not put too much force on your joints or muscles.

Make decisions about continuing passive treatments such as chiropractic, massage, or acupuncture based on whether they continue to benefit you. You may want to continue these treatments if they are helping you work toward specific activity goals. Discuss your desires and goals with your spine care team.

It has been difficult handling the ups and downs after recovery. Is it time to go back to my provider?

During your recovery and even after you are mostly recovered, your spinal pain can fluctuate. Sometimes increased pain is a sign that your muscles are *fatigued* (tired). Regardless of what is triggering your symptoms, remember that each flare-up will not be permanent. It is very likely that you will continue to improve.

After a flare-up, most of your pain will usually improve in a few days to a couple of weeks. Although you have tools to manage pain, always reach out to your spine care team if you have questions or need help.

If you experience new or recurring pain or numbness in your arm or leg, talk to your care team about those symptoms.

Managing Stress

You may find that your symptoms worsen during times of stress. It is common for pain to increase when life is more stressful. Typically, this is because stress causes increased tension and fatigue. Stress can cause people to stop their exercise, stretching, and relaxation routines and can cause muscle tension.

When experiencing life stress, consider what can help you during difficult times. Mindfulness activities, meditation, and relaxation techniques may all help. If these are not working, consider seeking out a clinical psychologist or other mental health provider who can help you find coping strategies that may work better for you.

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

Task

Review resources in your community for exercise:

https://thesportsinstitute.com/exercise-anywhere

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Conclusion

We hope you have enjoyed these education modules and learned skills to manage your pain. As mentioned in the introduction, everyone's experience with back or neck pain is different. You may find that going back to read previous education modules is helpful as you progress. Remember that your spine team at UW Medicine is here to support you at all stages of your recovery.

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