

Please find below comments in support of the M4H Campaign by national and international experts.

"No painful complaint is more saddled with unhelpful myths than back pain and the persistence of these myths can impair recovery and promote unnecessary suffering and disability. The Move4Health campaign by the ISCP is attacking some of these myths head-on and is a crucial step towards empowering people with back pain to make better decisions."

Neil O'Connell, Physiotherapy Lecturer, Brunel University (UK).

"Back problems are one of the most common illnesses that plague us. It is therefore important to clarify the many misunderstandings that currently exist in this area. This booklet is a very good step in the right direction."

Professor Edzard Ernst, Complementary Medicine, Peninsula Medical School, Exeter, England.

"Back pain is part of everyday life but is rarely serious. Most people are able to do a lot to help themselves. An educational campaign that helps everyone, including those with back pain and the health professionals involved in helping them, think differently about back pain is a great initiative!"

Professor Nadine Foster, Professor of Musculoskeletal Health in Primary Care, Keele University, UK.

"This is a very sensible initiative."

Professor Chris Maher, Director, Musculoskeletal Division, The George Institute for Global Health, University of Sydney.

"This is a very important message to get out to the public about back pain."

Professor Peter O'Sullivan, Professor of Musculoskeletal Physiotherapy, Curtin University of Technology, Perth, Australia.

"It is clear that how a back problem affects you is largely determined by how you perceive the problem. Many of the commonly held beliefs about back pain are significant barriers to recovery and this initiative is an important way of tackling some of these barriers."

Dr. Benedict Wand, Associate Professor, School of Physiotherapy, The University of Notre Dame, Fremantle, Western Australia.

"This educational intervention designed to target unhelpful beliefs will no doubt be a help to its readers."

Dr. Jamie Bell, Senior Lecturer in Physiotherapy, Leeds Metropolitan University.

"Back pain can be a significant burden for patients, their families and society. Myths regarding back pain can be unhelpful. We need to acknowledge the difficulties of back pain and look for positive solutions. Correcting unhelpful myths is a progressive step."

Professor Dominic Harmon, Consultant in Pain Medicine, Mid-Western Regional Hospital, Limerick.

"By challenging some common myths about LBP, this campaign will be 'one small step' for mankind, and 'one giant leap' for the general public, the individual, and all involved with managing LBP."

Professor Wim Dankaerts, Professor of Musculoskeletal Physiotherapy, University of Leuven, Belgium.

"The problem of spinal pain requires significant conceptual change in patients and those who treat them. The myths of low back pain must be scuttled."

Dr. David Butler, Neuro Orthopaedic Institute, Adelaide, South Australia.



Challenging back pain myths



The ISCP Move4Health Campaign will host a series of public talks nationwide, where these and other myths will be discussed in greater detail.

For further information on these talks, or to download a more detailed back pain myths booklet, log on to www.move4health.ie



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Working together for a healthier world™

www.move4health.ie



Some of the most common **back pain** myths



Low Back Pain (LBP) is a very common condition, affecting a large amount of the population. The best approaches to managing LBP often contrast with the beliefs of the general public. In addition, international research has shown that educating people about LBP can be very effective in reducing LBP and the related costs on society. As a result, the Irish Society of Chartered Physiotherapists (ISCP) Move4Health campaign will focus on challenging some common myths about LBP. The aim of this campaign is to give the public a greater understanding of how to manage LBP.

*Kieran O'Sullivan SMISCP
Chairperson
2011 Move4Health Committee*

For further details on the campaign and to download additional information, please see www.move4health.ie or www.iscp.ie



- **I hurt my back, so I will probably have bad back pain from now on**

While LBP can be very painful, most people make a very good recovery, with no significant changes to their quality of life. It is common for people with LBP to have occasional episodes of LBP in their lifetime, but these are rarely disabling. Only a very small number of people develop long-standing, disabling problems. Research shows that when you first experience LBP, some simple advice can help reduce it and reduce the risk of it happening again.

- **I have back pain, so I should stay in bed and rest**

In the first few days after the initial injury, avoiding aggravating activities may help to relieve pain, similar to pain in any other part of the body, such as a sprained ankle. However, there is good evidence that exercise and returning to all usual activities, including work and hobbies, is important in aiding recovery. In contrast, prolonged rest is unhelpful. This increase in exercise and return to activity can be done gradually, and has been shown to reduce the risk of future pain and disability.

- **The more back pain I have, the more my spine is damaged**

More pain does not always mean more damage. People with similar back problems can feel very different levels of pain. The degree of pain felt can vary according to a number of factors, including the situation in which the pain occurs, previous pain experiences, your mood, fears, fitness, stress levels and coping style. If you have LBP it might be that the nerves involved in sending and processing pain are relatively more 'active' compared to other people. This can mean you feel more pain when you move or try to do something, even though you are not damaging your spine. In such cases a number of strategies, including exercise, can be used to help lessen the pain and disability experienced.

- **My back pain is due to something being 'out of place'**

There is no evidence that LBP is caused by a bone or joint in your back being out of place, or your pelvis being out of alignment. For most people with back pain, X-rays and scans do not show any evidence of bones or joints being 'out of place'. In the small number of people with some change in their spinal alignment, this does not increase the risk of LBP. Even if you feel a little better in the short-term after having your back manipulated, nothing has been put back in place – there was never anything 'out of place'!

- **I need a scan or X-ray for my back pain**

In most cases of LBP, X-rays and scans are not needed. Every year very large sums of money are spent on unnecessary X-rays and scans for LBP. In addition, many of these scans involve exposure to radiation. Only a small number of these tests actually contribute to better management of the problem. In fact, even adults with no LBP will have evidence of normal 'wear and tear' on these scans. A simple clinical examination is usually enough to identify the minority of people for whom scans are required.

- **I need an operation to cure my back pain**

Only a tiny proportion of people with LBP require surgery. Long-term outcomes after surgery and Physiotherapy are generally similar. Surgery is a higher risk treatment and so is only used if there is no other option. The vast majority of people with LBP can manage their problem by staying active and developing a better understanding of what pain means, and what factors are involved in their pain. This should help them continue their usual daily tasks, without having to resort to surgery.