

NON-OPERATIVE TREATMENT OF BACKACHE AND NECK PAIN

Back- or neck pain is rarely due to a serious disease. When the pain is intensive it does not necessarily mean that there is serious damage to the spine. Bed rest is usually a poor solution, except in the very acute phase and then only for a few days. Regular exercise, staying fit and active improves not only the patient's health but also back and neck symptoms.

Evidence points to the effectiveness of exercise therapy for lower back pain in conjunction with multidisciplinary bio psychosocial rehabilitation for neck and back problems.



The modern approach to neck and back problems would be the following:

1. Careful history taking and physical examination.
2. Neurological screening.
3. Consideration of psychosocial factors.
4. Continuous follow-up and maintenance exercise (as for any chronic disease).



Not more than eight to ten percent of patients will need spinal surgery. In a multidisciplinary situation with careful evaluation of the patient, both by means of history, clinical examination as well as special investigations, the so-called red flags can be identified. This would include:

1. Instability of the spine, e.g. fractures, malignancy, etc.
2. Neurological problems, e.g. loss of motor power or bladder function.
3. Severe osteoporosis.
4. Recent fracture.
5. Severe metabolic disease.
6. Recent major surgical operations.
7. Severe debilitating cardiovascular disease.
8. Acute infections.
9. Severe psychological disturbance.

These patients will probably need medical and / or surgical intervention or psychological treatment before active rehabilitation can be initiated.



Back and neck pain is part and parcel of mankind's burden. More than half of patients who has had an acute back- or neck pain episode will experience a recurrence within two years. This does not necessarily imply a serious problem in the spine. The recurrence of back and neck pain supports ongoing active exercising and rehabilitation to keep the spine "fit".

The best results worldwide were obtained with the following:

1. Active rehabilitation in a multidisciplinary setting, using target specific exercise programs, intensive physiotherapy as well as exercising in a safe environment with specific target designed treatment stations.
2. This should be combined with active psycho-social and behavioral reconditioning and would for instance also involve an occupational therapist with specific reference to a patient's workstation.
3. A cognitive behavioral approach to pain must aim at helping patients change the way they think about, and act towards their spine problems, as well as addressing false beliefs about their specific pathology, modifying pain avoidance behavior and learning new coping strategies.
4. Treatment should be evidence based (based on previous research and confirmed by ongoing monitoring of patients) as well as outcome based i.e. constant monitoring of the efficacy of treatments protocols regarding patients presently being treated.



Consensus opinion worldwide continues to demonstrate the superiority of active care versus a traditional passive care approach. It is imperative to realize that only a small percentage of patients suffering from neck or back problems will in fact need surgery. Furthermore, after surgery, it is also imperative that effective rehabilitation be initiated to protect the various levels of the spine adjacent to the operation area.

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