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## How to Use This Book

Would you like to say about your back pain, "Been there, done that, moving on with my life"? I know I did. That's why this book has two major goals:

- 1. To fundamentally change the perception and treatment of low back pain, and
- 2. To help you leave your back pain behind.

In short, I want this book to help you unlike anything before.

To accomplish that goal, this book takes a three-prong approach.

**First**, this is an intermediate level book, meaning it assumes some basic background knowledge about back pain and related treatments so we can move beyond those topics and into new territory. That knowledge includes:

- Common back pain terms (like herniated discs and degenerative disc disease),
- Common diagnostic techniques (like MRI and CT scans), and
- Common treatments (like epidurals and discectomy or laminectomy surgery).

Fear not, there's a list of key terms in the back, and any technical terms will be defined as we go along. That said, this book is not an entry-level back pain primer. We will be jumping off at a transitional point, for those ready to question what they or their loved ones have been going through.

If this is all new to you, please start with the many good resources to learn about back pain basics. Then return to this book to learn how to treat your back pain right.

**Second**, this book will help you learn to recognize quicksand: Back pain myths and misperceptions. In this book, these are called Conspiracies.

Like Westley and Princess Buttercup in the campy 1980s movie *The Princess Bride*, we are about to navigate the Fire Swamp, and we'll encounter flame spurts, lightning sand, and R.O.U.S's (Rodents Of Unusual Size) along the way. Ignore them at your peril.

**Third**, this book will teach you to navigate the Fire Swamp, effectively watch your back, and finally lose the pain. You'll learn how to find effective medical care when you really need it, and what self-treatment techniques to focus on for long-term pain relief. When it comes to back pain, self-managed treatment is the most effective in the vast majority of cases. You'll find out why.

Are you ready? Read on.

**Note:** If you have major traumatic spine fractures, a spinal tumor, an arterial aneurism, or an infection, please consult a medical professional. The information in this book does not apply if you have these conditions. Similarly, seek medical attention if any of these statements apply to you:

Very severe back pain has been bothering you for more than six weeks, and it is either not improving or worsening.

You are experiencing groin and buttocks numbness and/or failure of bladder or bowel control.

You were in an accident severe enough to fracture your spine.

# **INTRODUCTION**

I know what you're thinking: "How can my back pain be a conspiracy? It's mine!"

Actually, you just think it's yours because you never knew you had the choice to give it up. There is a way, and I can show you how. But first you'll need to understand how you, me, and 80% of adults got (or will get) where we are – with low back pain that can consume our entire lives. And that, my friends, is a conspiracy. Consider the following:

- Over **80% of adults experience back pain** at some point in their lives.
- It most frequently occurs in people aged 30-50 years.
- Back pain is the leading cause of doctor's office visits, hospitalization, surgery, and work disability.
- A precise, anatomically based diagnosis can be given to **only 15-20% of patients.**
- 60% of patients experience pain relapse if they recover from the initial episode.
- 2% of the U.S. population is either temporarily or chronically disabled due to low back pain.
- In the United States alone, the combined cost of back pain-related care and disability is **over \$100 billion annually.**

Does something seem amiss here? Things certainly weren't this bad 100, 50, or even 30 years ago. What happened? We'll get there. First, though, I want to help you decide if this book is for you.

#### CAN THIS BOOK HELP YOU?

This book isn't for everyone. It will help the most if you or a loved one can answer "Yes" to most of the following questions:

Does back pain rule your life?

Have you tried many recommended treatments for your back pain, and nothing seems to work?

Have you had surgery for your back pain, and the surgery either didn't help or made it worse?

Are you frustrated with the limitations of mainstream healthcare in helping your back pain?

Do you really want your life back enough to explore beyond a "doctor knows best" mentality?

OR

Are you uninsured or underinsured? In that case, you have to get over any resistance to bucking the system before it bankrupts you—in short, you will need to be a bigger person than I was.

I ask these questions because, if you're like me, you've read lots of books on back pain. They almost all say the same thing. There's the paternalistic tone that emphasizes the fragility of your spine, warns you to modify and moderate your activities, reminds you to treat your back gently and not push any boundaries, and touts invasive procedures if conservative treatments fail. You're left no better off than when you started, adding wasted time and energy to all the money you've spent chasing a cure.

This book is not like that. It doesn't rely on the same flawed assumptions. We will pull back the multi-layered veils of misinformation that surround back pain and reach a real understanding of your spine. I want you to know that the answers to your pain aren't usually dependent on any external expert or miraculous procedure: They are

within you. Use this book to empower yourself, regain control of your back, and get your derailed life back on track.

Realize that a noncommittal attitude won't do. Why? Because if you decide to read on (great!), be prepared to feel denial, anger, and depression before you hopefully feel the acceptance that will empower you to banish your back pain. You may recognize that progression, as it represents most of the stages of grief. Chronic back pain is a significant life event in which we can expect to encounter grief, and so is recognizing the breach of trust that has kept you in pain's clutches.

Be prepared for the medical establishment, from pharmaceutical companies and large health systems to physician specialists—I like to call them the Medical Industrial Complex, or MIC—to fight back. With a huge amount of money and authority on the line, the MIC will try to dismiss and discredit the evidence in this book, invoking its medical judgment and medical opinion. Just let the evidence speak for itself.

Alternatively, you can show *them* the evidence. Ask yourself: Am I pain free? Am I happy? Is following my doctor's recommendations working?

Apparently not, because you're still reading! Please realize I don't intend to discredit doctors and I don't hate them; I merely accept, from a lifetime of working with and around them, what they do and don't know.

#### **CONSPIRACY THEORIES**

Still with me? Fantastic! Welcome to your first steps into a new life. Now, let's get back to conspiracy theories.

The back pain conspiracy isn't your typical conspiracy theory, one based on historical events that become easier to question as details fade with time. Did the Mafia murder JFK? Nearly 60 years later, it's hard to prove either way. For all we know, it really was *The X-Files'* iconic Smoking Man, as portrayed in one episode, though FBI agents Fox Mulder and Dr. Dana Scully were never assigned to that case during the TV series' 10-year run.

The X-Files honed conspiracy theories to a fine art. For those not familiar with the show, Mulder (the wacky psychologist obsessed with the paranormal) and Scully (the cool-headed physician who viewed all cases through the rational lens of science) investigated unusual FBI cases, known as X-Files. The Smoking Man was their mysterious and sinister nemesis responsible for many conspiracies. Think of the MIC as the Smoking Man and his henchmen. MIC members can seem helpful, but it will cost you. You and I will be Mulder and Scully, uncovering their complex motivations and methods to understand the truth.

Again, let me be clear: The back pain conspiracy is not one of the JFK Mafia murder-type conspiracy theories. In fact, it's a surprising inter-related cluster of conspiracies that have woven themselves together into a complex spider web entangling the global psyche. We need to use a combination of Mulder's open curiosity and Scully's rational science-based approach to deconstruct them and free ourselves.

#### THE BACK PAIN CONSPIRACY

Okay then, what is the back pain conspiracy? It originally grew out of well-meaning medical reasoning. Targeting obvious anatomic culprits, like disc and bone irregularities, was a seemingly logical answer to a growing epidemic of disabling back pain. The original hypotheses were then expanded upon to create more complex diagnoses, treatments, and rehabilitation protocols for things like herniated and degenerated discs and spinal stenosis.

Healthcare insurers jumped on board, covering these now generally accepted medical diagnoses and their associated diagnostic tests and treatments. Costs skyrocketed, as physicians, hospitals, pharmaceutical companies and medical device makers could now demand top dollar for back care. They developed more rigid lists of patient Dos and Don'ts. Complementary and Alternative Medicine (CAM) providers waited in the wings, offering cash-based care for patients not helped by these mainstream treatments.

Today, there seems to be a never-ending stream of back pain sufferers moving through the system. Healthcare experts are calling it an epidemic. Generations of innocent people have been transformed into chronic back pain patients. We are wrapped in straightjackets of expensive, mind-clouding medications, subjected to injections and invasive surgeries, reliant on all forms of ergonomic aids to sit and stand, and forced to walk the narrow plank of low-impact activities in medically-approved postures. You and I have become, in American healthcare parlance, a pre-existing condition; our treatment is so involved and expensive that health plans don't want us.

Here's the problem: Most back pain treatment doesn't work. It's not designed to work.

Like the ancient theory of the Four Humors (four bodily fluids that supposedly caused all illness), it's based on faulty thinking and antiquated views of the human body. But the ideas persist nonetheless; the Four Humors dominated medical thinking from ancient Greece to the middle of the nineteenth century.

The obsolete anatomical assumptions on which back pain treatment is based are so deeply engrained in healthcare culture that few question their legitimacy any more. And it's too late for the MIC to back out. Back pain is a cash cow for industry powerhouses. Meanwhile it bankrupts nations and robs us of our quality of life.

It's time to re-think back pain.

### My Perspective

You're probably wondering about my agenda. Who am I, and why do I care so much? In short, I am you. I am a recovering back pain patient, living with the severe consequences of a mistreated broken back, surgical complications, bionic body parts, and a legion of expensive, ineffective treatments. Over 25 doctors and 10 years later, I'm supposed to be in a wheelchair. I'm not.

You see, I have a secret weapon. It's one that I began to use only after I woke up to the futility of my ongoing quest for treatment, but it's a powerful one. I am an educated outsider. That means I have the insight but none of the unquestioning loyalty to professional cliques of physicians, therapists and other clinicians. Where did I come by this status? Largely thanks to unusual educational and professional credentials that make me uniquely qualified for this struggle.

An undergraduate degree in health and exercise science gives me detailed knowledge of the anatomy, physiology, and biomechanics (forces involved in posture and movement) of the human body. Graduate degrees in medical physiology and medical information science give me a scientist's insight into bodily functions gone awry and the treatments that address them. Finally, a career as a clinical healthcare consultant focusing on strategic care quality, patient safety and information technology issues for hospitals and health systems gives me an insider's view of how it all plays out in the field.

All that, yet it still took me 10 years to escape the back pain Fire Swamp and get my life back. I'm hoping to save you some time, money, and pain.

Am I an empowered patient, or e-patient for short? Not by the current definition. E-patients tend to congregate in medical areas backed by a substantial amount of evidence-based care, like cancer. Cancer patients who are still with us tend to be justifiably vocal survivors, encouraging you to team with your doctor to develop a cutting-edge treatment plan. Unfortunately, that's a futile endeavor for those with back pain.

To date, back pain patients have no evidence guideposts to navigate by and no end point to declare victory against. We have, until now, been stuck in an endless tunnel, continually seeing the light at the end and finding it to be a train. Each mainstream treatment or opportunistic huckster hawking a miracle cure turns into an expensive and draining dead end. While back pain doesn't threaten our physical existence like cancer, it can destroy our lives. To be an empowered back pain patient, you must be willing to second-guess your doctor and go around her when necessary.

I'd much rather be an active, empowered person, not a patient. Back pain and nerve damage from delayed and flawed care affect my life in profound ways as I try to leave the "patient" label behind. In short, I have skin in the game. And I want to help you win it.

What are the forces at work fueling the back pain epidemic? Who is behind how back pain is currently perceived, diagnosed, treated and perpetuated? How and why do they keep you in pain? It's time to shed some light on the back pain conspiracy.