IDD THERAPY® DISC CLINIC

IDD Therapy for Neck and Back Pain

New Patient Information Pack

BUXTON OSTEOPATHY CLINIC

www.buxtonosteopathy.co.uk

Contents:

7 Bridge Street, Buxton SK17 6BS **01298 214994**

BUXTON OSTEOPATHY CLINIC

WHEN IS IDD NECESSARY?

- ***Current treatment is not working***
- ***Want to stop taking painkillers***
- ***Seeking long-term pain relief***
- ***Want to return to normal daily activities***

Typical candidates for IDD Therapy are people who have back or neck pain and may have tried various other treatments without success. They may be taking pain medication and may be considering invasive treatments such as injections or in extreme cases, surgery.

"Osteopaths, like other manual therapists, help to resolve back pain issues daily. And yet there is a group of patients who just don't get to a point of making progress. Typically, we refer these patients on for pain management, which is incredibly frustrating when really, our goal is to get people out of pain.

IDD Therapy is a treatment which enables us to help patients when they don't respond to manual therapy and exercise alone. It allows us to treat targeted spinal segments in a precise, controlled manner and we use IDD Therapy within a programme of care."

Clinic Director, Phil Heler

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IDD THERAPY; THE BASICS

IDD Therapy is a treatment tool which decompresses and mobilises targeted spinal segments using computer controlled pulling forces to restore function and enable the body's natural healing mechanisms to operate more efficiently.

Patients are connected to a SPINA machine via ergonomic harnesses. A waist harness acts like a pair of hands to grip the pelvis which is connected to a strap and a motor. A pulling force is applied at a specific angle to focus the pulling force at a desired level. It does this in a very controlled manner and has been shown to be able to open the space between two vertebrae.

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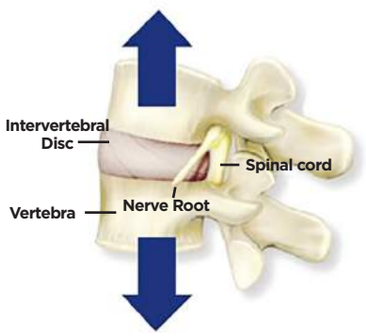
Harnessing patients for IDD

A treatment lasts for 25 to 26 minutes with 13 cycles where the joint space is opened, and this creates pressure changes to draw fluid and nutrients in the disc space. The movement and pressure change may also help to retract a bulging disc taking pressure off nerves.

There is also a mobilisation component and combined with the pulling force, soft tissues are gently stretched and worked to help free movement in the joint. A gentle stretch also relieves muscle spasm which can lock joints. So gently releasing tension can help with spinal mobility.



Controlled distraction and mobilisation to take pressure off the intervetebral disc and improve joint mobility

Patients have a course of up to 10-15 IDD Therapy sessions in a six to eight-week programme. That sounds like a lot but when discs have not responded to treatment and or when pain has been present for months or even years, it takes time to break the vicious circle and for the body to heal and adapt.

One thing that is important to remember is that it takes time for the physiology of the disc to change during treatment and for you to experience pain relief. Normally this begins to occur after 7-9 treatments. For some this may occur sooner or others slightly later. One thing that will occur quickly will be an increase in your spinal mobility. Muscles and connective tissues will also be gently stretched in your lower back anatomy and there will be a gain in your overall flexibility. At the start of treatment, at a mid-point and at the end of treatment we will record your spinal movements using cutting edge wearable movement sensor technology. Your increase in flexibility and movements charts will be shown and explained and sent to you via email and/or printed out for you.

Pulling forces are progressively increased as treatment progresses. The forces which are needed to open the space between the joints are around half a patient's body weight. The forces are far greater than can be applied with the hands which is why practitioners use IDD Therapy as a very specific tool.

Whilst the forces sound high, our bodies support our entire weight and the action of the force is distributed around the targeted area. Many patients go to sleep during treatment.

As treatment develops, practitioners incorporate simple exercises and some manual therapy as required to strengthen the movement of the joint as healing occurs.

An MRI scan is required to confirm the level to be targeted and the nature of the condition. At the same time, the MRI scan helps to rule out reasons why someone cannot have treatment, such as vertebral fractures.

IDD Therapy is a key treatment for disc-related problems when manual treatments alone are not enough to get the change required.

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FREQUENTLY ASKED QUESTIONS

How long is a treatment?

Each IDD treatment lasts for one hour. It takes about ten minutes to prepare you for treatment. You then have IDD Therapy, which lasts for 26 minutes, on the SPINA machine. During treatment you also ear a far-infrared heat belt which helps relax soft tissue structures in the lower back. Afterwards we give you 10 minutes of cold therapy. This is just to calm the treated area before you go home. You remain comfortable throughout.

How much does treatment cost?

Each session lasts for one hour and is billed as a one-hour osteopathy treatment. The price is £65 which is in line with standard treatment charges.

Why do I need a course of treatments?

When patients have had back pain or neck pain for some time, their spinal segments become stiff and immobile. The discs in the spine rely on movement for their hydration and nutrition. To undo the compression and immobility of an injured disc, IDD Therapy uses computer-controlled pulling forces to open the spinal segment and then mobilise it. To do this we have to use comparatively higher forces than can be achieved with manual therapy. And we need to progressively increase the pulling forces to achieve the goals.

So, rather in the way that exercising requires more than one session for the body to adapt and become fitter/stronger, addressing the causes of back pain means that the body must gently adapt to treatment. This simply cannot be achieved overnight or in just a couple of sessions, hence the requirement for a course of treatment.

We would all like a simple solution, but the reality is that improving chronic back pain takes time.

How many treatments will I need?

This is an important question and one which the team will discuss with you. It really does depend on the duration and severity of your condition. People with mild back pain may experience symptomatic relief within a few sessions, but for long term problems, most patients will need a course of treatment.

A typical course will be 15 sessions over a 5-6-week period. Everyone's condition varies according to their level of degeneration and extent of involvement. For patients with serious spine issues who are facing surgery, the original protocol is based around an intensive course of 20 treatments. There is no such thing as a cure all for back pain, of course. If for any reason you are not responding to the treatment in the way that we would like, then we will advise you accordingly and stop the treatment.

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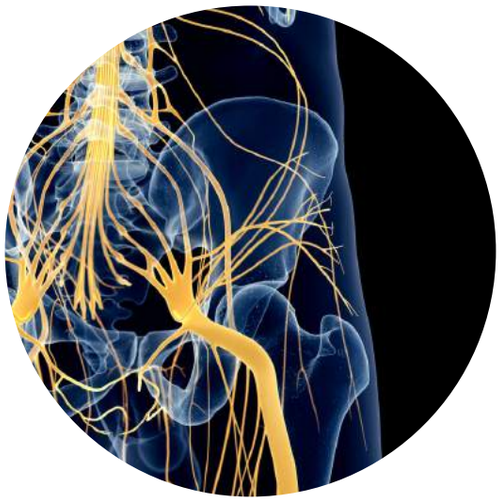
FREQUENTLY ASKED QUESTIONS



Is IDD Therapy painful?

No. The treatment is intended to be comfortable. Whilst considerable pulling forces are used, they are delivered in such a way that the body is comfortable. Many patients go to sleep because the treatment is so relaxing. A by-product of treatment is the release of endorphins, so treatment feels good.

Is the treatment safe?

Yes. The treatment is safe, with many patients going to sleep during their session. The treatment progresses gently with the added reassurance that if at any time a patient does feel uncomfortable, they can press a treatment stop button. In such a case, the treatment stops smoothly.

Why does the bed tilt upright?

When IDD Therapy was developed, part of the design was to resolve problems associated with traditional traction (a mechanical treatment). The patient steps on to the bed in an upright position without having to twist (and put pressure on the disc). However, the main purpose of the bed tilt is for when patients have finished treatment. After the controlled treatment, the patient is brought upright slowly and gently so that they return to weight bearing progressively, without any twisting movements.

Do I need to get undressed?

No, you remain fully clothed throughout. You can wear normal clothes, so long as they are comfortable. Ladies should wear trousers, leggings or a loose-fitting tracksuit.

What about exercise?

We will give you guidance as to what exercise is suitable. Initially, we don't want you to exercise because the body is getting used to the treatment, then there will be some simple exercises. Nothing too strenuous – and we don't just send you on your way with a sheet of exercises!

Will a spinal injection help my pain?

Spinal injections are given to help ease inflammation, which is a cause of pain. They are intended to create a window for rehabilitation. An injection is not intended to address the problems of compression of discs or stiffness in the spine. Spinal injections are not a long-term solution for most patients.

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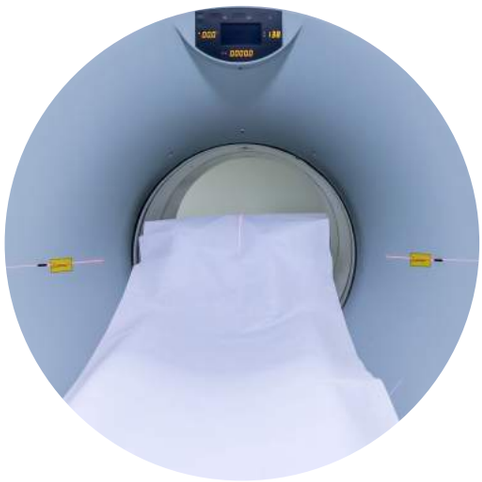
FREQUENTLY ASKED QUESTIONS



I have had surgery; can I still have IDD Therapy?

Patients who have had surgery can opt for IDD Therapy. The two criteria are that the surgery was carried out six months ago and that there are no implants in the spine. Talk to the team if you would like to discuss your spinal history.

How may treatments have been carried out in the UK?

In the past 5 years over 37,000 treatments have been carried out in the UK alone and IDD Therapy is the first-choice non-invasive disc treatment when manual therapy is not working, in areas where it is available. There are over 1,000 clinics internationally providing IDD Therapy, including surgeons, physiotherapists, osteopaths and chiropractors.

Should I bring an MRI?

If you have an MRI, bring it with you. The MRI helps us to confirm the spinal level that we wish to treat and the nature of the disc problem. This will help us to get a picture of the protocol that will give us the best chance for success.

If you don't have an MRI, we can discuss this with you and arrange one where appropriate. I can refer you directly to Stepping Hill in Stockport. MRI's are currently £199 and must be done outside of a two-week window for this price. They are therefore usually done in the third week and I receive the radiologists report 2-3 days after the scan.

What does ann MRI Scan do?

The MRI scanner however uses magnetic and radio waves to create pictures of tissues, organs and other structures within the body, which can then be viewed on a computer. There is no exposure to damaging forms of radiation. The images produced by an MRI scan, when compared to other imaging modalities, are much more detailed and therefore are of higher diagnostic quality.

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FREQUENTLY ASKED QUESTIONS

How does an MRI work?

An MRI machine contains two very large magnets that produce a magnetic field. Basically, MRI scans produce images because our body contains water molecules. As we all know water is made of hydrogen and oxygen molecules (H2O). These molecules are made of atoms which are in turn comprise of protons and neutrons and electrons.

Hydrogen is especially rich in protons. In fact, hydrogen, along with oxygen and carbon, make up 99% of the average human body. In a natural state the protons in hydrogen are all randomly arranged but when you turn on a magnetic field these protons align themselves with the direction of the field.

An MRI scanner has two magnets. The first magnet which is turned on during your scan aligns all the protons in the water molecules in one direction. A second magnetic field is then quickly turned on and off and this causes the protons to suddenly align and then return to their previous state when the field is turned off. The scanner picks up these signals and a computer turns them into a picture. These pictures are based on the location and strength of the incoming signals.

Different protons send out different signals, depending on which tissue the proton can be found in. For example, a proton found in bone will emit a very different signal when compared to a proton found in blood. Unlike X-Rays however MRIs are very at diagnosing and imaging soft tissue related problems. The brain, spinal cord and nerves, as well as muscles, ligaments, and tendons are seen much more clearly with MRI

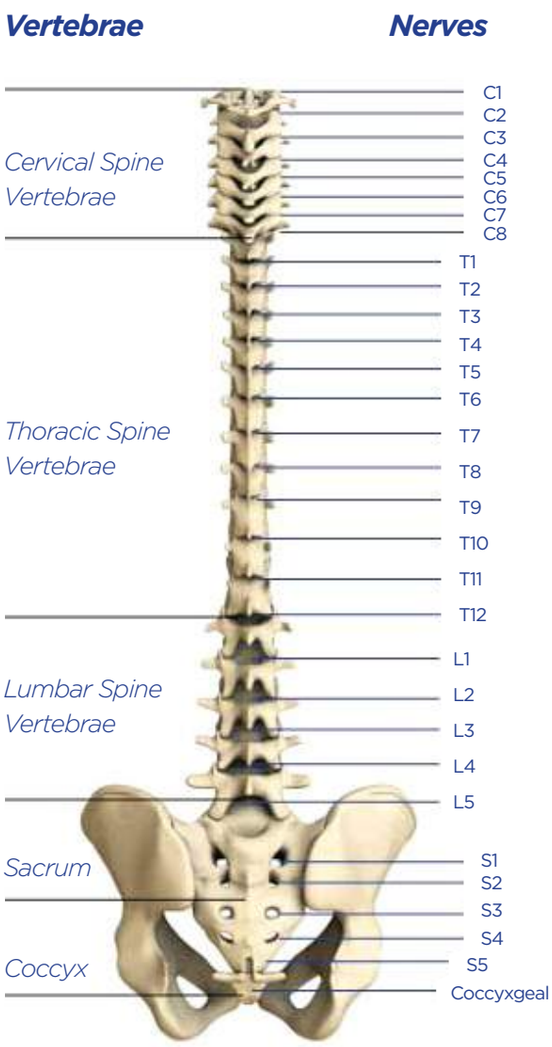
We send people for scans on the lower back or neck to help diagnose people who have trapped nerves. From the images we identify exactly what is happening and what is required. For many of these people we can treat them using our IDD Therapy protocol. This is a non-invasive alternative to surgery.

FREQUENTLY ASKED QUESTIONS

What is a trapped nerve?

Each vertebra in the spine has numbers as you can see in the diagram. In the lower back or "lumbar spine", the vertebrae are numbered L1 to L5. The chest or "thoracic spine" uses the letter T and is numbered T1-T12 and the "cervical spine" uses a C and is numbered C1-C7. Slipped, herniated or disc bulges or protrusions usually occur at the bottom your lower back at L3, L4 or L5 (and at C4/C5 or C5/C6 or C6/C7 at the bottom of the neck). There are also five rudimentary levels in the sacrum (although these are fused vertebra) where nerves exit, and these are numbered S1-S5.

Relation of Spinal Nerves to Vertebrae



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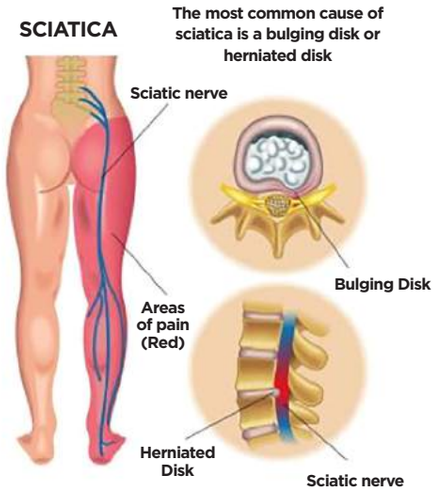
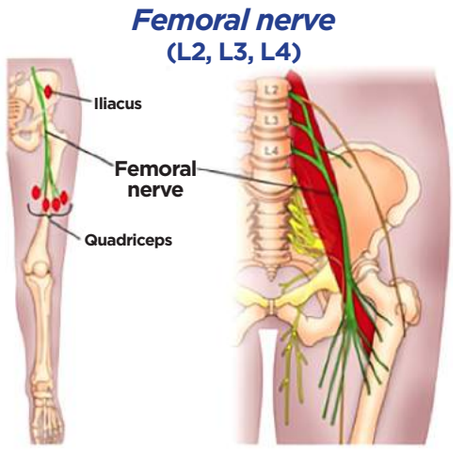




Trapped nerves in the lower back explained

The discs at the bottom of your lower back (L3/L4, L4/L5 and L5/S1) are the levels most likely to suffer from trapped nerves because these areas help support most of the weight of your upper body (two thirds of your total body weight). When nerves become trapped at these levels the result is usually either femoral nerve impingement (if the nerve trapped is L3 or L3 or L4 as in the diagram below) or sciatica (if the nerve being impinged is from L3, L4, L5 to S3).

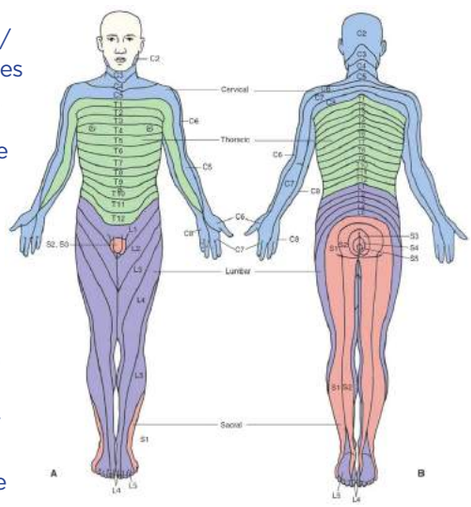
These conditions cause a characteristic pain distribution down the leg. The areas of skin a single nerve innervates in the leg is called a dermatome. Each specific nerve will be responsible for sensory perception in a very specific area of skin (sensory perception being temperature, touch, vibration, pressure and pain). Therefore, if a nerve is impinged in the lower back, pain and pins and needles (or paraesthesia) will refer to any given dermatome. So sciatic pain will potentially refer to any of those areas innervated by L3 to S3 (these levels innervate the back of the leg) and femoral nerve impingement to L2-L4 (these levels innervate the front of the thigh)

Things to be aware of that are clinically significant and indicate that you need to take further action when you have sciatica are;

- Severe impingement can weakness in the ankle when walking (known as foot drop)
- Progressive leg weakness
- In extreme cases loss of bowel or bladder control and tingling/ numbness in groin area indicates a possible medical emergency.

For the femoral nerve. This nerve generally provides both feeling and power to the front of the thigh (it innervates what we call the hip flexors and knee extensors). Movements such as climbing stairs (the knee may unstable and prone to buckling) will be difficult as your thigh muscles will feel weak. Pain may also be felt on the side of the buttock, groin, inside of the knee and lower leg.

It is also worth mentioning that all the muscles in the legs are also innervated by nerves from different levels in the spine as well. These are called myotomes. The sciatic nerve for example will carry nerves for both sensory and motor innervation (motor as in 'motor power'). The information you give us in clinic and our clinical testing will help establish at which level in your spine you have a trapped nerve.



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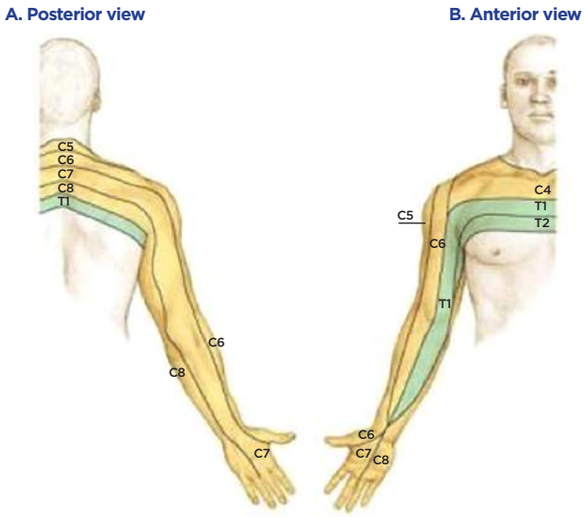
The most common causes of trapped nerves are herniated and bulging discs, spinal stenosis, facet joint arthropathy and degenerative discs.

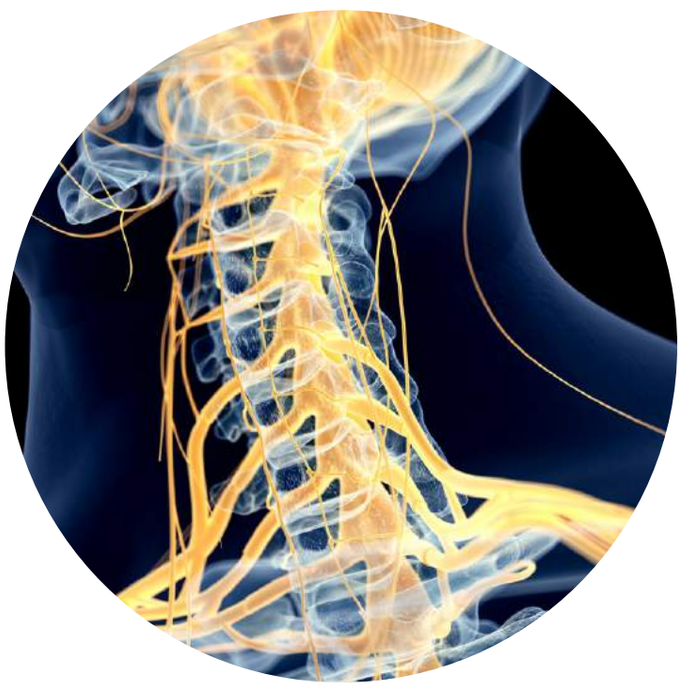


Trapped nerves in the neck explained

The discs at the bottom of your neck at C4/C5 or C5/C6 or C6/C7 are the levels most likely to suffer from disc bulges or herniations as they help support most of the weight of your head. When these discs bulge or herniate, they can press on nerves which innervate your shoulder and arm. There are also other conditions that can trap nerves in the neck apart from disc bulges and herniations which I will also outline (spinal stenosis, facet joint arthropathy and degenerative disc disease).

The diagram below shows the nerves in the nerves in the neck and just how complex they are. Any pressure on any of these will most likely cause shoulder and arm pain with pins and needles into the elbow, forearm or hand with varying intensity depending on the cause.

These nerves can become trapped for several different reasons and refer to the arm and shoulder. The areas a single nerve innervates in the arm and shoulder is called a dermatome and each specific nerve will be responsible for sensory perception in different areas (temperature, touch, vibration, pressure and pain). Therefore, if a nerve is impinged in the neck, pain and pins and needles (or paraesthesia) will refer to any given dermatome.



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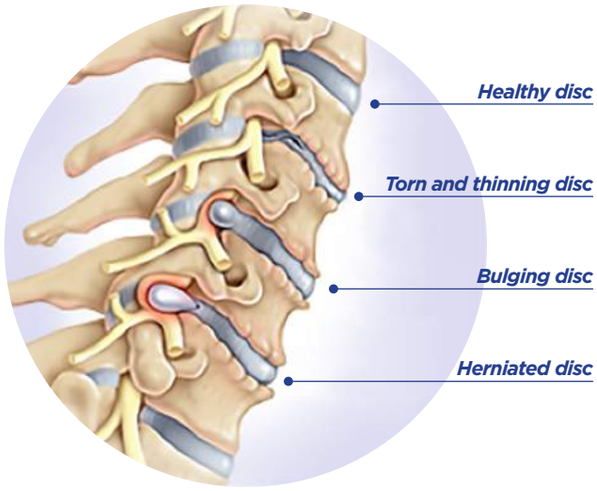
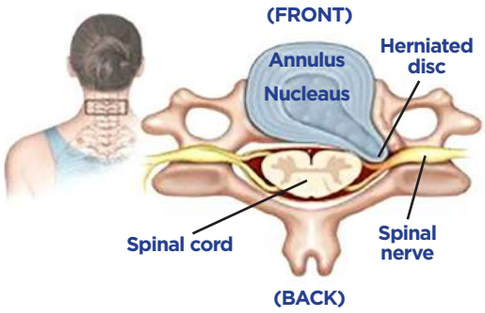




What causes Trapped Nerves?

1. Herniated or bulging discs

There are a few terms commonly used when describing discs which we can quickly clarify.

A disc bulge is where the outer wall of the disc bulges out from its normal position. The disc wall is not broken, and the nucleus material is contained inside the disc. As the disc bulges, it may press against nerves directly. Often a bulge can be associated with a loss of disc height and this may lead to impingement of a nerve as it exits the spinal canal via a gap (called a foramen) between two vertebrae.

A herniated disc is the same as a prolapsed disc. This is where the nucleus of the disc breaks through the outer disc wall. There will be a loss of disc height as the disc loses pressure and the nucleus material can press directly on to the spinal nerves causing pain. Or, the material of the disc nucleus may act as a biochemical irritation to the nerve in which case the result is the same... pain!

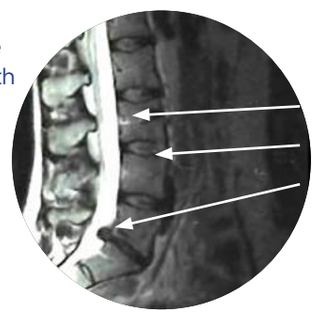
A "slipped disc" is an everyday expression which doesn't have a true medical definition. It can imply a disc bulge or a herniation, usually a herniation.

This MRI below demonstrates a herniated disc pressing on nerves. The nerves are demonstrated by the broad white descending line seen in the scan. This is the spinal cord and departing spinal nerves. If you look carefully you can see the herniation contacting these delicate structures.

The resulting pain from a herniated disc will often refer (hence the term radicular pain) down the pathway of a nerve and into the limb it innervates causing either sciatica (in the case of the lower back) or pain into the neck, shoulder and arm (if in the neck). This can often be accompanied with pins and needles in the foot or hand depending on this location.

Disc issues usually occur in the same areas of the spine time after time because no matter who we are we are made the same way.

These complaints don't always resolve overnight, and you may have experienced symptoms for some time. Often the options to treat these conditions may be limited. Pain killers and manual therapy can sometimes offer only limited relief. Many people may wish to avoid surgery because of its related risks. By contrast IDD is safe, non-invasive and effective. Research shows for instance that patients with a herniated disc in the lumbar spine and accompanying ***sciatica*** showed a good to excellent improvement with this mode of treatment in ***86%*** of cases.



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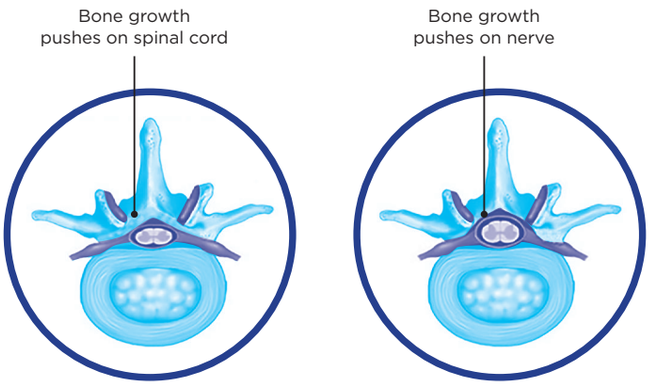


Central stenosis **Lateral stenosis**

What causes Trapped Nerves?

2. Spinal Stenosis

Spinal stenosis refers to a build-up of bony deposits in the vertebrae. It is typically associated with the ageing process. As we get older, in the same way that our skin ages, so too do our discs. Everyone will have degenerative discs to some degree, it goes with the territory unfortunately.

In some cases, the loss of disc height as we lose water leads to more load pressure being exerted on the vertebrae.

The body reacts to the increased load by laying down more bone to reinforce the vertebrae. In some cases, the extra bone can narrow and exert pressure on the spinal chord (central stenosis) or exiting nerve roots (lateral stenosis)

3. Facet Joint Arthropathy

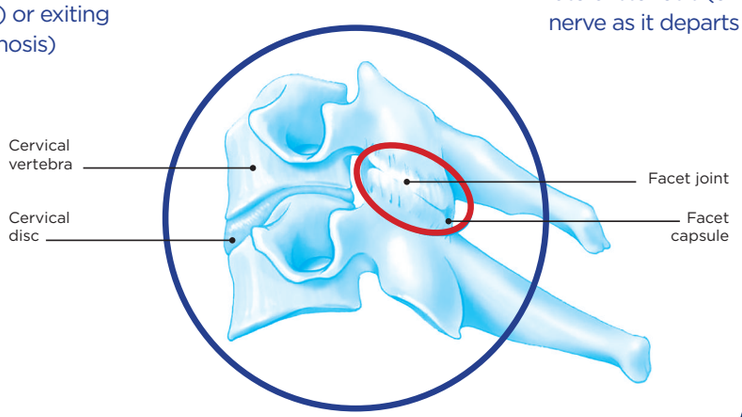
In the spine, facet joints link the vertebrae and are important for preventing excessive rotational and twisting forces which would damage the discs. They also share some of the load bearing of the spine.

When there is a loss of mobility in the spine, the facet joints bear a greater load than normal. This is particularly the case if there is some imbalance in the body and one side of the spine takes more strain than the other.

Imbalance in weight distribution not only adds to the stress borne by the facets but effectively deteriorates bone and cartilage.

Constant movement on these worn structures activates an inflammatory reaction to the joint which is full of nerve endings. The result is chronic pain as the body continuously sends pain signals to the brain.

Just like the vertebra the body reacts to the increased load on the facet joints by laying down more bone in the joint margins (this is called facet joint arthropathy). In some cases, the extra bone can narrow the gap where the nerves exit the spine and if the bone pinches against the bone, it can cause nerve root irritation (or a trapped nerve) causing lateral stenosis (or pressure on the nerve as it departs the spinal cord)



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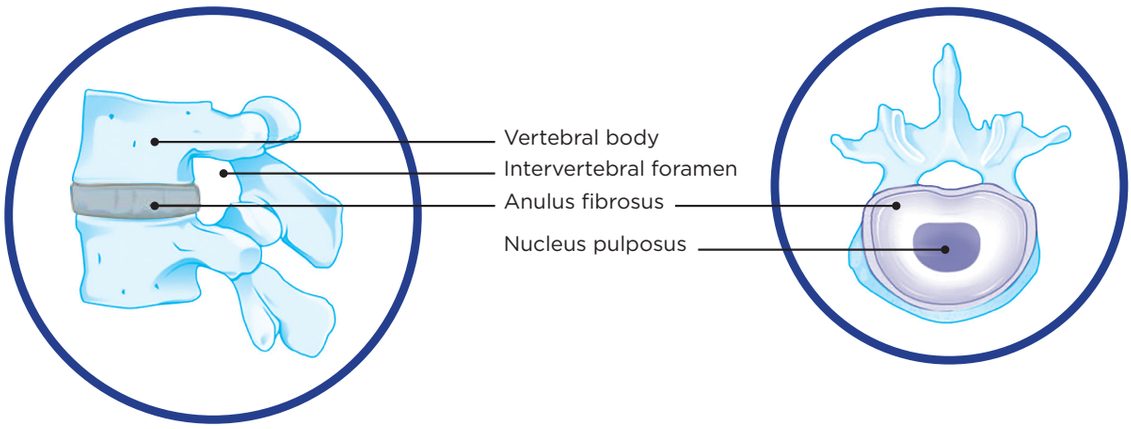


Lateral view **Superior view**

4. Degenerative Disc Disease

Disc degeneration is common in the neck (cervical spine) and lower back (lumbar spine). This is because these areas of the spine undergo the most movement and stress and are subsequently most susceptible to disc degeneration (as these bear much of our weight).

Degenerative disc disease refers to symptoms in the neck pain (this can refer to the shoulder) caused by wear-and-tear on a spinal disc. In some cases, degenerative disc disease also causes weakness, numbness, and hot, shooting pains in the arms and shoulder (radicular pain). Degenerative disc disease typically consists of a low-level chronic pain with intermittent episodes of more severe pain.

The discs are made of an inner toothpaste-like substance which is mainly comprised of water (nucleus pulposus) and an outer fibrous wall (anulus fibrosus) made of collagen.

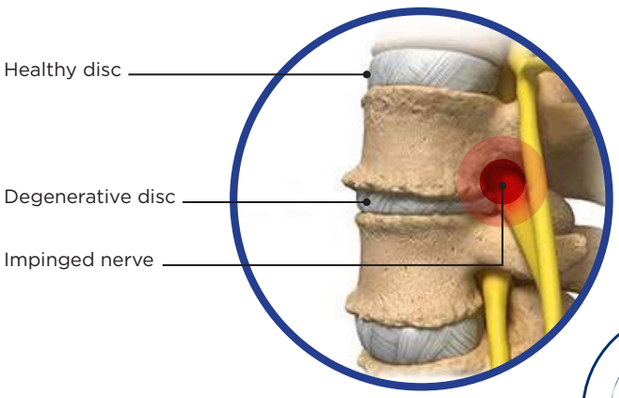
The spongy intervertebral discs absorb shocks and pressure from the load of our bodies and squash as we lean or bend in any direction. They stop the vertebrae rubbing against each other (bone on bone) and they create a space between the vertebrae. This space is very important.

Each vertebra has a hole in the middle and when the vertebrae are stacked on top of one another combine to form a tunnel or canal through which the spinal cord travels down from the brain.

In children, the discs are about 85% water. The discs begin to naturally lose hydration during the ageing process.

Some estimates have the disc's water content typically falling to 70% by the age of 70, but in some people the disc can lose hydration much more quickly.

As the disc loses hydration, it offers less cushioning and becomes more prone to cracks and tears. The disc is not able to truly repair itself because it does not have a direct blood supply. As such, a tear in the disc either will not heal or will develop weaker scar tissue that has potential to break again. At the same time as the disc loses moisture and its structural integrity content it will protrude and bulge and can press on nearby nerves.



PAIN MANAGEMENT AT HOME

When you have a disc problem or simple back pain, the first thing the NHS recommends is to take some anti-inflammatories such as ibuprofen. Relieving pain is the first step to being able to move, because if you can move, the mechanisms which keep our backs healthy can operate.

You can also use some simple pain-relieving modalities. Whilst the evidence supporting the effectiveness of certain modalities is not always proven, we can look at some of the methods because it is important for you to know what your options are.

TENS machine

A TENS machine can really help alleviate pain temporarily. TENS machine prices range from around £20 up to £50 or £60 for premium digital models.

They are battery operated units which have electrodes placed on the skin to allow small electrical pulses to be passed into the painful area. Pain is an electrical signal passing up a nerve from the point of pain to the brain. It is a communication mechanism which says – "hey, this is where the pain is". We know that!

The TENS machine sends more signals up the nerve and overrides the pain message. The TENS signals are not painful, they feel tingly, but you get used to them. A TENS machine can be a good way to dampen down pain signals allowing you to get on with your day.

Topical Creams

There are various creams for back pain. Volterol is advertised as a cream which includes anti-inflammatory to reduce pain. Others such as Biofreeze help to cool the painful area. It can be helpful to apply certain creams at night if you struggle with sleep.

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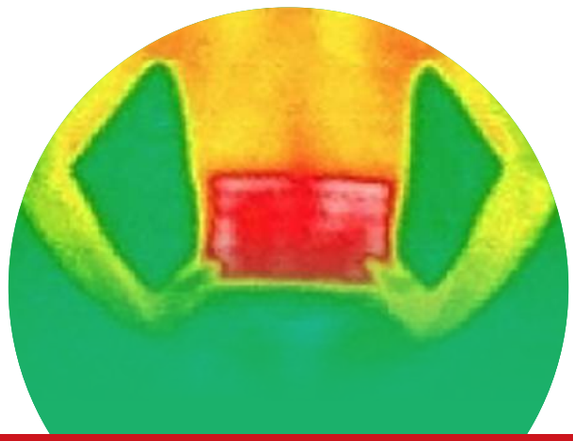

Coild Packs

Cold works in two ways. When we are exposed to cold, the body narrows the blood vessels (vasoconstriction) at the extremities to keep warm blood in the body for the organ functions.

If we apply something cold to one area of the body, the body constricts the blood vessels and cold “numbs” the pain from a loss of sensation. When the cold is removed, the body floods the cold area with blood and this can serve to help flush out waste materials from the painful area and bring oxygen, nutrient rich blood into the painful area. Cold works very well where there is inflammation. You can use gel based cold packs or frozen peas.

HEAT

Heat helps to increase blood flow. When exposed to heat the body wants to transport the extra heat away from the warm area to keep the temperature in that area at the body’s natural temperature. The increased blood flow brings oxygen and nutrients to help support healing whilst flushing waste products away. Hot water bottles and wheat bags provide some warmth.

Infrared heat

New carbon fabric infrared pads like TherMedic give a constant heat which penetrates deeper into tissues than hot water bottles without burning. They bring more oxygen and nutrients than standard heat packs. Plus, there is growing evidence that infrared stimulates cell healing and reduces inflammation in a way that standard heat pads do not (thermedic.co.uk). Use them twice a day for thirty minutes. They are particularly good for aching back pain.

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BUXTON OSTEOPATHY CLINIC

PAIN MANAGEMENT AT HOME

EXERCISE

Exercise doesn't mean army boot camp! The purpose of exercise is to get your body moving because that is what it was intended to do. Just walking for five minutes is something to get you going. It doesn't matter if you are heavier than you would like to be, provided you aren't in pain this is your basic step one.

It's about having a routine and sticking to it. It helps with confidence too because provided your plan is achievable and you do it, you get the physical benefits and your mood will most certainly lift.

Walking more than once for as long as is comfortable and before you get pain is something which can have a big impact on how you feel and how your body deals with pain. So that is your STEP ONE, quite literally.

Gym Goers - In our experience, avoid weight training unless you are under the guidance of a clinician or specialists. Whilst some things may help you, doing the wrong things will make your condition worse. Gentle movement on a cross trainer limits impact and gets the body moving at a pace you control.

Swimming is very useful, but we know that despite its benefits many people just don't like to go swimming. If you have a pool near you, the second half of lunch time sessions are usually quiet as is the last half hour in an evening. You may have the pool to yourself.

Aqua aerobics - since you are suspended in water, you won't impact your joints as you move. So this is a great way to get the benefits of raising your heart rate and moving your joints at the same time, without putting pressure on your spine. And you will probably find other people in a similar situation to you because that the nature of water-based exercise is that it is for people who don't want to or who can't tolerate impact exercise, however minor.

Pilates - it is well worth finding a local Pilates teacher, preferably one with a clinical background so you can be sure that in the early days of exercise, you have the correct technique and don't do the WRONG things.

Yoga – gentle yoga is a great way to free your spine as you overcome back pain because it stretches the tissues around your back and helps keep your spine open and mobile. At the same time the strengthening of yoga helps to support your spine.

Pilates and Yoga help with your core, they strengthen the muscles of your back and they help to open stiff and tight spinal segments. Think of them like giving your discs the space to breathe.

Don't ever be embarrassed if you haven't done it before, everyone starts somewhere. People won't judge you because most people begin doing some form of exercise out of a need. There is great camaraderie too being part of a group and a group gives you discipline.

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If eating more fruit and vegetables is good for your health and weight control, Pilates and yoga can do good things for your spine.

Other exercises – the general rule is, whatever you like doing which doesn't hurt you is going to be good. Avoid high impact highly energetic classes which put a strain on your spine, if in doubt, don't. If in doubt, ASK.

If you have never exercised in your life, it can be hard to get going. Ask for some guidance to help find what works for you.

HYDRATION

Most people do not drink enough water so as part of your daily habits, find a way to get your two litres of water each day. People often get tired in the afternoon. If that sounds familiar it could well be because you haven't drunk enough water. Coffee and Red Bull are not the answer to tiredness in most cases.

So if it gets to 3pm and you haven't drunk much, drink three glass of water – *"three at three".* And keep drinking to hydrate your discs. It will help your skin too!

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PAIN MANAGEMENT AT HOME

SITTING

It is worth looking at how you sit and how long you spend sitting. If you are in pain movement is difficult. But sitting in bad posture puts undue stress on the discs by pressing the nucleus of the disc against one side of the disc wall. Muscles aren't activated so they do not provide support and when not used, they weaken.

If you are sitting badly and then you spend hours without moving, you can consider that you are literally squashing the life out of your discs. Not only are you weakening the disc walls you are also preventing water reabsorption into the disc which comes from the movements described in chapter 2.

Many people work in an office. Look for a good chair from a reputable supplier who can advise you on the right chair which gives you lumbar support. Perhaps more important than the chair, get up every 30 to 40 minutes and move.

Google has a timer alert if you feel you are going to forget. You may have work pressures, but if you don't move, your back is going to pay a heavy price. Get up and move around often! You can use the move to get a glass of water! If you really need to spend hours at a desk, you may invest in an upright desk so you can stand and work. You can adjust and take breaks by suiting down.

Sofas – sofas are so enticing! But they often offer little support. If you are going to spend time on a sofa, ask a clinician about how best to sit. The Sitting Well company produce cushions which actually support your lower back and they still look pretty. Well worth a look.
www.sittingwell.co.uk

If eating more fruit and vegetables is good for your health and weight control, Pilates and yoga can do good things for your spine.

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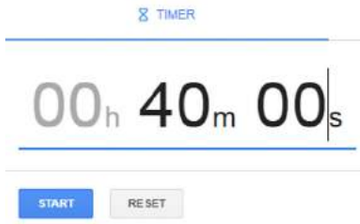

If you have never exercised in your life, it can be hard to get going. Ask for some guidance to help find what works for you.

SLEEPING

You have to have a good mattress and pillow which supports good sleeping posture. Whilst we sleep our bodies relax and the space between the discs opens, allowing fluid and nutrients into the area so the cells can receive nutrition, oxygen and water. Find a bed which works for you and a pillow, perhaps a memory foam pillow which supports your neck.

PAIN MANAGEMENT AT HOME

Specific exercises for back pain you can do at home.

There are many exercises for back pain and if you have pain, it is recommended that you consult a clinician to ensure you are doing the correct exercises. In the Appendix, we detail six exercises which are commonly carried out by people who have had or who are dealing with back pain.

It is not a comprehensive list but doing something consistently is better than doing a lot, or very little inconsistently.

1

1. Extension: in prone

Lie on your front and place your hands to the sides of each shoulder. Gradually straighten your elbows which will raise your upper body upwards and backwards. Keep the stomach flat to the floor so all the movement tends to be centred on the low back. Extend backwards as far as your areable and hold for 5 seconds. Repeat as instructed by your clinician.

Sets: 2 / Reps: 10 / Holds: 2

2

2. Exercises for left or right lateral shift (against wall)

Standing sideways to a wall with your left or right shoulder resting against thewall and your feet a short distance away. Practice sinking your hips towards the wall, keeping the shoulders still. Repeat as instructed by your clinician. In between each set, place your hands over the lower part of the back and arch backwards 10 times.

Sets: 2 / Reps: 10

3

3. Rotation: lumbar twists in supine

Lying on your back with both legs straight and resting on the floor. Place your arms out to the side to stabilise your upper body. Take the left leg as far over to the right side as possible. This should provide some gentle torsion within the low back. Repeat going over to the opposite side. Repeat as instructed by your clinician.

Sets: 2 / Reps: 10

4

4. Flexion:

Lie on your back with your legs straight out in front of you. Bring the legs, one at a time, up towards your chest. Hold you arms tightly round the legs and bring them closer to your chest. Your bottom may lift off of the floor. Repeat as instructed by your clinician.

Sets: 2 / Reps: 10

5

5. Upper body raises in prone

Lie face down with the back of your hands resting on your forehead. Contract your buttock muscles, and lift both shoulders from the floor. Hold for 5 seconds then return to the starting position. Do not over extend the neck. Repeat as instructed by your clinician.

Sets: 2 / Reps: 10

CASE STUDY:

Heather the Runner

Keen Peak District runner Heather has unhappy memories of her father's troubled recovery from a back operation. So when she suffered a crippling slipped disc, surgery was very much a last resort.

Fortunately it's an option she won't have to face after being put back on her feet by a high-tech treatment that offers a non-invasive alternative to the surgeon's knife.

Longnor-based Heather is one of a growing list of patients to find relief from serious back pain in the IDD Therapy provided at Buxton Osteopathy Clinic. It's the only centre in Derbyshire to offer the treatment, which applies computer-controlled forces at precise angles to gently draw targeted spinal segments apart, relieving pressure on discs and trapped nerves, and easing muscles and ligaments.

Heather's problems started when she woke up one morning: "I sat up in bed as normal and experienced the most excruciating pain in the back of my left leg – I can't describe it. I fell to the floor like a ton of bricks."

Unwilling to go to hospital, she was carried to the car by her husband and driven to a sports therapist. She says: "He managed to relieve the pain, but as soon as I sat back up I was in agony again."

After a trip to Buxton Cottage Hospital, Heather was dosed with morphine and diazepam and informed that she needed a scan. She spent the next four days in bed. Unable to get a quick appointment with her GP, she went to see another sports therapist in Stockport – who referred her for an MRI scan that revealed a badly slipped disc.

Heather was advised that surgery was necessary, something she was determined to avoid: "Years ago my dad had an operation for a slipped disc and he has never been right since. I didn't want to risk that."

Then friends who had been treated by osteopath Phil Heler suggested she consult him. And after examining her scan, he suggested that she try IDD Therapy.

"It was a bit of an emotional rollercoaster at first," says Heather. "Sometimes I would feel a lot easier, other times I would have pain down my leg."

But she persevered and after about 20 sessions, she felt much, much better: "I wouldn't say I'm back to 100% – but I'm certainly at 90%." Heather has been able to resume running. After taking part in a 5K Bakewell parkrun in April, she has embarked on a programme of gentle jogging, swimming and cycling, and taken up pilates to strengthen the muscles in her back.

A return to fell-running is her next goal: "I can't run up and down hills like I used to, but I'm determined to get there. Every day gets a little bit easier and I do believe that IDD has helped."

Heather has also had a second MRI scan, which has revealed the extent of her recovery.

CASE STUDY:

Helen the Shopkeeper

When you're running a busy village shop, the last thing you need is a bad back. When it's so painful you can barely walk, you're in real trouble.

Longnor General Store owner Helen had been prescribed painkillers that didn't work but had been told that her condition wasn't serious enough to warrant surgery – not that she could have taken the time off. She was coping in the shop by sitting down when she could, or leaning on the counter when she couldn't. There was no prospect of relief until a friend told her about a treatment offered at Buxton Osteopathy Clinic.

Helen took to the computer to research the IDD Therapy provided by clinic owner Phil Heler. Deciding it was worth a try, she booked an appointment online.

Phil's initial diagnosis, that the bottom vertebra in her back was compressing nerves and causing the severe pain, was soon confirmed by an MRI scan. It uncovered spondylolisthesis, a degenerative condition more common in women than men.

Helen had just started the IDD treatment when a Longnor friend offered further reassurance that she was doing the right thing. A keen runner, Heather had been put back on her feet by the therapy after suffering a crippling slipped disc.

"Heather told me it was amazing – and she was right," says Helen. "I started to feel an improvement after the fifth session and now I am completely pain-free. At February half-term we went walking, we've refurbished the shop and I have been out in the garden. I've got my life back."

Because Helen's condition is degenerative, she continues with occasional treatment sessions at the Buxton clinic, which is the only centre in Derbyshire equipped to offer IDD Therapy.

"Before, I couldn't sleep and I couldn't walk more than ten paces without being in agony, and that was on crutches," she says. "The treatment isn't cheap – but it's a price well worth paying."

In fact she's so convinced that she recommended it to her mum Phyllis, who has back problems of her own: "She's been four times and is already feeling an improvement." It's another success story for the clinic. Phil says: "It's very rewarding to be able to help people who are in serious difficulty. IDD Therapy won't cure every back problem, but where appropriate it can be very effective. It's also a genuine, non-invasive alternative to surgery."

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www.buxtonosteopathy.co.uk