



Reality Checkup: 9 Myths of Back Pain

As experts on the front lines of back pain, members of the North American Spine Society (NASS) have heard just about everything from their patients. A survey of NASS members revealed the top nine myths their patients believe about back pain and its treatments. For more information on keeping your back healthy, visit www.KnowYourBack.org.

Myth 1: Exercise causes back pain.

Reality Checkup: Strenuous “weekend warrior” exercise can cause back pain, but regular, moderate exercise can help you avoid pain. To stay healthy, your spine needs a regular regimen of stretching, strengthening and aerobic conditioning exercises, such as swimming, yoga, light weights and walking. Without exercise, muscles can become weak and deconditioned, leading to back pain and injury. Work with a spine specialist to find the right mix of exercise to help you stay healthy, strong and pain-free.

Myth 2: Surgery will cure back pain completely.

Reality Checkup: Spine surgery can correct deformities or injuries, reduce pain and improve function. Most patients report pain improvement and can return to normal activity. However, some surgery patients experience only partial relief and a rare few describe their pain as “worse.” That is why an accurate diagnosis is critical to ensure a proper treatment course is selected. For example, spine surgery may not relieve your pain if you smoke or if your pain is actually caused by pain from a hip joint problem.

Myth 3: If I have spine surgery, I'll have to keep having spine surgery the rest of my life.

Reality Checkup: Most patients do not end up having multiple surgeries. By the time a spine expert suggests that surgery may ease your pain, a clear diagnosis should have been made and conservative treatments, including time, pain medicine and physical or rehabilitative therapy, have been tried. In all but the most severe or emergency cases, spine surgery is an option—you are in control and can decide whether you want surgery.

Myth 4: Spine surgery has too many risks, including paralysis.

Reality Checkup: With any surgery, there is a risk of complications, such as blood clots and infection. Paralysis—one of the most feared complications of spine surgery—is also one of the least likely to occur, since most common spine surgeries do not involve the spinal cord. Today’s sophisticated surgical instruments, imaging devices and monitoring equipment provide surgeons with unprecedented access and views into the spine, making spine surgery safer than ever. Thoroughly discuss the risks and benefits of surgery with your spine specialist.

Myth 5: Bed rest is the best cure for back pain.

Reality Checkup: Bed rest can make your back pain worse! Inactivity can cause your back to become deconditioned, weak and stiff. The helpless feeling of lying in bed all day can have emotional effects as well, causing depression or fear of movement, which could make a pain episode last longer. To reduce back pain, spine experts recommend no more than a day or two of bed rest to calm the pain and avoid further damage, followed by moderate, gentle exercise.

Myth 6: If I see a spine specialist, I'll end up getting surgery.

Reality Checkup: First, not all spine specialists are surgeons. Psychiatrists, neurologists, physical therapists, anesthesiologists and others provide nonsurgical treatment of spinal conditions and pain. In fact, 90% of the care NASS members provide—including care provided by surgeons—is nonsurgical. Second, spine surgery is recommended in only a very small percentage of cases, with very specific diagnoses, after a more conservative course of treatment has been tried.

Myth 7: If I have back pain, I probably need surgery.

Reality Checkup: Almost everyone will experience back pain in their lifetime. It is estimated that 90% of people with back pain will get better without treatment or by using conservative treatments such as anti-inflammatory medication, exercise, coping skills and physical therapy. Spine surgery is recommended in about 1% of cases, and only with very specific symptoms and diagnoses. Surgery should only be considered if all conservative treatments have been exhausted.

Myth 8: Back pain is a normal part of aging.

Reality Checkup: No matter how many candles on your birthday cake, back pain should not be a part of your normal day. As we age, it’s true that we can become more susceptible to certain types of painful back conditions. However, with all of the nonsurgical and surgical treatment options available today, back pain does not have to be a part of the aging process. Work with your spine specialist to find ways to improve your pain and enjoy life again, no matter your age.

Myth 9: If I take pain medicine, I will become addicted.

Reality Checkup: Most first-line medications recommended for back pain, such as NSAIDs, are not addictive. With a proper diagnosis, a defined treatment plan and close patient monitoring, opioid medications can help. If your spine specialist prescribes a medication like codeine, it should be part of a larger treatment plan that includes other options to relieve your pain, such as physical therapy.