

BACK ACHE:

From the Physiotherapists' Point of View.

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I THINK I AM SAFE in asserting that the physiotherapist has more to do with pains in the back than with any other type of injury or disease. This has always been true, but the more doctors take heed of this very prevalent condition, the truer it becomes. It is a fact that far too little heed is given to back ache. It does not kill the patient, nor is it an infectious disease, and, therefore, it seems to me that it is too often looked upon as a neurosis. The patient is given a bottle of medicine, (it doesn't much matter what it is, but is probably some harmless and not very effective sedative), and a chronic back gradually develops and causes much distress. It is not my intention to analyse the various causes of back ache, nor do I propose to discuss any aetiological points. Back ache is a highly controversial subject, and I would not presume, as a physiotherapist, to expound any theories of causation. I propose to deal with the ordinary tired back, by far the commonest form of back ache, and the one in which physiotherapy can play a very important role. The muscles of the back are postural, and they are very seldom completely at rest. Their tone, therefore, must always be good, and, if it tends to weaken, steps must immediately be taken to produce the necessary strengthening. Overwork and overstrain, both physical and mental, produces spasm of the back muscles, and this, I am firmly convinced, is the major cause of the typical back ache so often encountered in our modern society. The doctor sends the patient to the physiotherapist with the assurance that his examination has revealed no Tuberculosis or other infection—nor has it revealed any bony defects or serious arthritic changes or prolapsed Disc, or any other of the multifarious, but somewhat rare, causes of back ache which require surgical treatment. The physiotherapist's field is now clear. His job is to strengthen a weak back and so eliminate the pain, or, at least, reduce it to a minimum, for there are some people who will always have back ache, sometimes no matter how hard

we may try to cure it. The following method is one which I recommend and which is probably in fairly general use.

The patient is put in the prone position on a comfortable plinth, and his back is subjected to therapeutic heat — in this case I prefer Infra-Red radiation to any other form of heating. The back is gently palpated to establish on which side of the column the spasm is more marked. In almost every case, one side will be found more spastic, and this group should at once be massaged. The massage, under the Infra-Red Lamp, should be deep, but not painful, and the depth of treatment should be progressive. Light Effleurage, becoming heavier, should be followed by fairly light kneading which, in turn, becomes very deep, but must not be painful. To hurt a back like this is folly — it exaggerates the spasm because the patient tries to protect himself by tightening his muscles. When the spasm has yielded to treatment, (and it does not invariably do so in one session), isolated fibrositic nodules can be treated by friction. It is wrong to imagine that the pain is due, solely, to nodules. In fact, I incline to the opinion that nodules, as such, are seldom the main cause of pain. They may often cause referred pain, but, in this paper, I do not propose to go into that big and controversial field. Having completed the initial massage and heat, and having had a slight "Nodule Hunt," the tone of the muscle should be examined. Lightly resisted exercises should be given, and the physiotherapist should compare the strength of contraction of the two groups of muscles. Having established which is the weaker group, it should be given gentle surging faradism. I strongly deplore an overdose of this type of treatment, but, as strongly, recommend a mild dose. Not more than ten contractions, at the first sitting, to each muscle. The faradic current, stimulating the muscle through its nerve fibre, as it does, can cause muscle fatigue, and, for that very good reason,

I deplore the use of mechanical surging. It is bad, very bad indeed, to leave a patient with one of these contraptions on his muscles while the physiotherapist attends to some other case. Faradism must be graduated surging or it is harmful and painful.

Exercises, actively performed, are necessary and very good indeed — far better, in fact, than any mechanical stimulations, such as the faradic current produces. But it is a fact that very very few patients actually perform exercises. You can tell them to do so and stress their importance, but, unless they are supervised, they just do not cooperate. Many doctors ask us to teach patients exercises. We do so, but only the very few really co-operate. Those who do, respond well and their recovery is expedited. Exercises must be made pleasant. Tell a patient to go swimming. He will, and, in doing so, will probably have the best possible exercise for his back muscles. Tabulated exercises exist in profusion, and most of them are very good, but as the tired back is

generally experienced by older patients, they seldom do exercises. It is my opinion, therefore, that we must try to get the back muscles stronger by mechanical means, first, by Massage and heat, and faradism. Then we introduce exercises, simple active movements, at each treatment. The back pain will diminish, if it does not disappear altogether. The patient is then shown a few simple tabulated exercises, and he is told that if he does these simple movements, regularly, he is less likely to have a recurrence of his back-ache. He will probably be more likely, then, to do some exercises, than he would have been had he been required to learn a whole lot of involved physical jerks before he got rid of his pain. The human being revolts at doing a job for himself, when he expects someone else to do it for him. Thus, with the suggestion that exercises should follow a course of treatment for back-ache, I end my paper and await, with interest, the views of the school of thought to whom exercises form the basis of all back treatments.