

LATEST & GREATEST

NEW TEXAS MEDCLINIC NOW OPEN AT BANDERA ROAD AND LOOP 1604

The Seventh Texas MedClinic is now open. The new clinic is on the Northwest corner of 1604 and Bandera Road. The clinic is located next to Security Service Federal Credit Union. Stop by and say "hello" to our newest facility.

Urgent Care News

Texas MedClinic has a new contract with Blue Cross/Blue Shield for Urgent Care services for self-insured companies that use BC/BS. If your company is self-funded or self-insured and would like to use Texas MedClinic as an Urgent Care provider, please call your broker or BC/BS for more information.

"MY BACK HURTS!"

These three little words are known to strike terror in the hearts of employers, safety managers, employees, their families and even some physicians. Fortunately, clear communication on the part of all parties involved and a better understanding of back pain can promote rapid recovery. The purpose of this newsletter is to provide a better understanding of acute low back problems, their causes and treatment.



Acute low back pain is a very common complaint among adults. Eighty percent of adults will have an episode of back pain during their lifetime and one-half of those will have the problem more than once in their life. Back pain is so common that an adult who has not had back pain might be considered unusual.

While "acute" generally refers to severity, this is not true when defining acute low back pain. Acute low back pain means the symptoms last less than three months. Back pain persisting longer than three months is not considered acute but chronic.

The back is composed of a stack of blocks called vertebrae. This stack forms a column known as the spine. Between each two vertebrae is a cushion known as a disc. The ver-

tebrae are held together by ligaments, tendons and muscles. Nerves from the spinal cord branch out and leave the spine through spaces between the vertebrae.

While the exact causes of low back pain are usually not clear, the most common causes arise from problems within the muscles, tendons, or ligaments. It is generally impossible to determine which of these structures is causing the symptoms. Infrequently, the disc will tear or protrude outside the spinal column and push on a nerve. This is known as a herniated disc. Very few people have a herniated disc, and the severity of the pain does not correspond to the diagnosis of a herniation. Severe low back pain could be caused by pulled or torn muscles, tendons or ligaments. Fortunately, the treatment for all back pain, no matter the cause, is essentially the same.

Several factors are believed to contribute to low back pain. Poor body mechanics, heavy labor, vibration and long periods of inactivity are important factors. Worries at home about family members, financial situations, or conflict on the job can all have an effect on the patient's ability to cope with the pain. There is a tendency to consider these factors to

mean the back pain is "all in the person's head". This is a very unfortunate attitude and impedes successful recovery.

There are no magic overnight cures in the treatment of low back pain. Muscles, tendons and ligaments take time to heal. Most people (95%) with low back pain recover within about four weeks. Treatment is aimed at providing the patient with some relief from the symptoms, speeding recovery and not causing additional problems from the side effects of medication or over-treatment.

In most cases, standard treatment calls for the application of ice several times daily for the first few days after onset. Activity should generally be continued. Strenuous activity such as heavy lifting or lifting with twisting or bending should generally be avoided. Over-the-counter medications such as Acetaminophen (Tylenol) or Ibuprofen (Advil, Nuprin) may be helpful to alleviate pain. If the pain is severe or symptoms persist past a day or two, a visit to the doctor would be indicated. Any problems controlling bowel or bladder functions, numbness in the groin or rectal area or extreme leg weakness should be evaluated by a physician immediately to ensure

there is not a more serious cause for the symptoms.

A physician may prescribe anti-inflammatory/pain relievers such as Ibuprofen or muscle relaxants although there is some question as to the effectiveness of the latter. Of foremost concern in prescribing muscle relaxants is that they may cause drowsiness and slow response time which can be important in certain types of jobs. The use of narcotic pain medication, as a rule, has a very limited role in the management of low back pain. If using narcotic pain medication, it should be on a very short term basis for a limited number of days.

Medical research has demonstrated that the maximum benefit from bed rest occurs at 2-3 days. Longer bed rest may actually prolong the duration of symptoms and slow recovery. Inactivity, or staying in bed may relieve the symptoms initially, but could lead to additional problems. The activity level needs to be monitored by the physician, but continuing to feel pain when performing various activities does not necessarily mean that the activity must be discontinued.

Physical therapy is a tool that can be used to aid in the recovery process when symptom relief is poor or treatment becomes prolonged. Therapy should focus on active participation by the patient in the form of exercise and activity rather than on passive treatment where the patient is simply "iced" or massaged.

Surgical intervention is infrequently necessary in the treatment of low back pain. Less than one percent of patients require surgery and

in those who do undergo surgery, there is never a guarantee of recovery and symptom relief. Even cases of disc herniation, which are themselves rare, do not always require surgery for resolution.

Studies show that when the patient remains optimistic and follows the doctor's instructions regarding medication and activity, the back pain will resolve quickly and the patient will be returned to normal activities. While the employer may be asked to make an adjustment to the patient's work activities for a time, with consideration and appreciation the patient will usually return to his/her pre-injury level and return to normal duties. Most employees want to quickly return to a full and active life. Physicians, employers and family members aid this recovery process by offering support and encouragement to the patient.

Trust and communication on the part of all interested parties - i.e., the patient, physician, employer, and insurance carrier (where applicable) - are key to a successful recovery. Patients should be reassured that the employer is concerned about them as a person and that their job is not threatened. The employer needs reassurance from the patient that they are determined and confident in their recovery and will comply with all aspects of the medical treatment. Employers must also trust the injury is legitimate and not manufactured by the patient for personal gain.

It is necessary for the physician to gain the confidence and trust of both the patient and employer. This is best accomplished when there is clear communication regarding the goals and expectations of both the employer

and the patient. The physician should be aware of both the patient's and employer's expectations of the recovery process. Some patients and employers may expect the patient to be able to return to full duty immediately. This may not be possible or medically feasible. A gradual progression to full duty is more desirable in some cases. It is very helpful when all parties involved agree on a "plan of action". The most important goal is for the patient to return to his/her normal activities as soon as it is safe.

Low back problems are often painful, but ultimately very few people have a major problem or a dangerous medical condition. "**MY BACK HURTS!**" is a common expression of a human condition which usually can be relieved with medical intervention and, if understood, need not strike fear in the hearts of patients or employers.

The U.S. Department of Health and Human Services has published an excellent booklet entitled "**Acute Low Back Problems in Adults - Patient Guide**". A free copy is available by calling 1-800-358-9295 or writing to: Agency for Health Care Policy and Research Publications Clearinghouse P.O. Box 8547

