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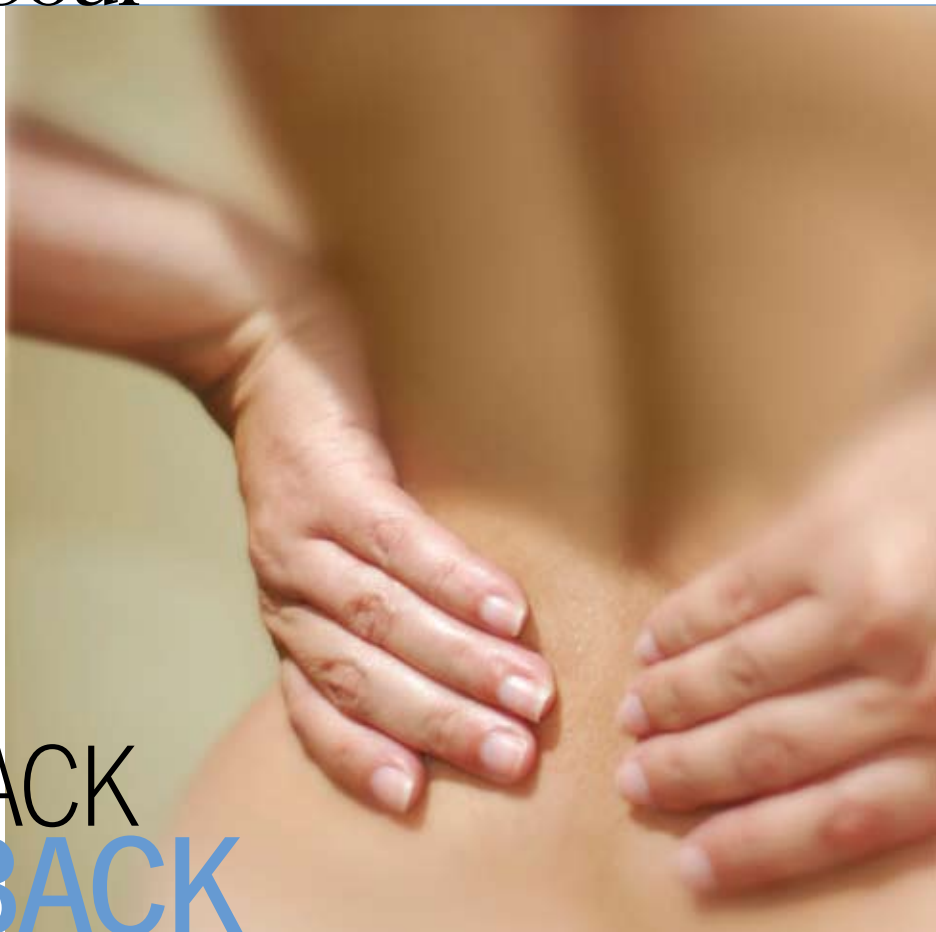
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Mind/Body/Soul

By Anthony Head



GETTING BACK TO THE BACK

Caring for what's behind you.

READERS OF A CERTAIN AGE should have no problem thinking back to their elementary and high-school days and remembering a kid who spent most, if not all, of his or her formative years in a back brace. The affliction was usually a result of scoliosis and it made some of us cringe (and sit up a little straighter) at the thought it could strike us, too.

Scoliosis was the extent of my thoughts on the back for most of my life, and that's what led me to flip through an article entitled "The History of Scoliosis," which proved fascinating for, if nothing else, demonstrating how far medicine has advanced when it comes to treating back conditions. Author Robert Lovett explains that the word "scoliosis" was coined by Hippocrates to mean, essentially, a curvature of the spine. A common treatment in his day (circa 460 BC) for this affliction was, and I quote Mr. Lovett: "Patients with spinal curveos, however, were tied by the legs to a ladder, and the ladder raised and then dropped to the ground, striking on one end, thus tending to straighten the spine." Or perhaps ruining a perfectly good ladder.

Hippocrates had no idea what actually caused the affliction, which continues to be the case today. But there is some bright news according to Dr. Alan Moelleken, a Santa Barbara

orthopedic surgeon at the Spine and Orthopedic Center (www.spineandorthocenter.com): "Incidences of scoliosis have been decreasing worldwide, although no one knows why that is because we don't really know what causes it in the first place."

The human back may be out of the brace, but it isn't out of the woods. It turns out that despite declining rates for scoliosis, according to the Mayo Clinic, low back pain affects around 80 percent of the population at some point during their lives. It is one of the top reasons for missing work, and it can make just about any activity, even sitting and sleeping, extremely uncomfortable.

"When patients come to see me, they want pain relief and they want to know what treatment options are. But they want to avoid surgery," says Moelleken. "With our in-house, multidisciplinary approach to treatment, which may include physical therapy and acupuncture to decrease pain, we have a pretty good chance at avoiding surgery, even for people who have already been recommended for back surgery elsewhere."

While many professionals agree that the back is built to last, obviously, like the other parts of the body, it has vulnerabilities. And, because of the back's location and because the spinal column is so vital, just about everything else on the body is beholden to its

well-being. For example, leg pain known as sciatica results from nerves in the lower spine being compressed; and cervicogenic headaches begin with the very top of the upper spinal column at the neck.

A sizable bulk of back problems have a genetic history, according to Dr. Brian Rudin, an orthopedic spine surgeon in Westlake Village (www.thespinesurgeon.com). “If you have good genes, your back should last you a lifetime. But some of our backs are, unfortunately, genetically programmed to fail. So I always ask new patients if one of their parents had a ‘bad back.’”

Rudin says that a good percentage of problems he sees are a result of more controllable factors. He describes his most common patients, broadly, as “soccer moms throwing their backs out at the gym, with the kind of pain everyone gets at one time or another.”

Such low back sprains can hurt for up to eight weeks, but usually improve over time. Other common afflictions include a buildup of arthritis that puts pressure on a nerve, and a degeneration of the disks, which are like the spine’s shock absorbers.

Rudin says an overwhelming number of patients don’t need surgery. “We start conservatively, like Motrin or Advil for inflammation; maybe some physical therapy. We can do a shot of cortisone for sciatica. But when more aggressive work is needed,” he says, “whether to remove an arthritis-type bone spur or decompressing a herniated disk, the procedures are minimally invasive and patients usually go home the same day.”

There are, of course, more serious back problems, but even in those extreme cases, today’s approach to back surgery is not the traditional picture of screws and rods and other hardware in the back. “Flexible technology to help patients maintain their range of motion is where we’re at today,” says Moelleken. “Spine surgery is all about motion preservation.”

Whether back pain results from controllable factors or uncontrollable factors, just about everyone needs to look out for osteoporosis, a degenerative disease where bones lose mass and density, making them particularly fragile. The National Osteoporosis Foundation estimates that about 55 percent of Americans aged 50 and older are at risk or are suffering already.

“As the population ages, the incidences of osteoporosis seem to be going up,” says Moelleken. “And it’s preventable, to an extent, with a good diet early in life and with continuous weight-bearing exercises, like walking and elliptical walking, to increase and maintain bone density.”

Moelleken says calcium supplements have also been shown to be beneficial, even for older bodies that are already fully formed. “There’s no need to ever give up on our backs,” he says. “We can slow down the inevitable. If someone lives to age 90 and they’ve slowed down osteoporosis so that there are no fractures or pain, that’s a victory.” ■

Stretching: The Great Debate

While there’s no doubt that stretching feels good and may improve flexibility, the medical jury remains unconvinced that it is necessary for overall good health.

Moelleken: I stretch to some extent. It won’t increase your longevity, but by stretching you can stay more limber, maybe prevent some musculoskeletal injuries.

Rudin: I go to the gym but I don’t do a lot of stretching. I’ve never seen any medical studies to prove it actually is beneficial.

WHAT’S BEHIND YOU?

Answer: Your back. To keep it healthy and strong, consider the following steps (adapted from the Mayo Clinic, www.mayoclinic.com.)

Build muscle strength. Abdominal and back muscles form a corset, of sorts, around the spine; and leg muscles can take much of the burden off the back when lifting heavy items.

Maintain a healthy weight. Being overweight puts strain on the back’s muscles. Apart from eating right, exercise with low-impact aerobic activities, like walking and swimming.

Lift smart. Keep the spine properly aligned when moving straight up and down, and let the legs do the work, bending only at the knees.

Stay flexible. Flexibility in the hips and upper legs improves coordinated movement. Some forms of exercise, such as yoga, Pilates, and tai chi, may be especially beneficial.

Maintain good posture. Help prevent muscle strain and pressure on the disks by standing with a neutral pelvic position; choose a chair with lower back support.

Don’t smoke. Smoking diminishes oxygen levels in spinal tissues, which might increase degeneration in the disks.