

Back to Work

Over 80% of us will experience back pain in our lives. According to the Health & Safety Executive, of all working days lost in the UK due to ill health, 1 in 6 are as a result of back pain. These figures are based on what people actually tell their employers, with the real figures likely to be far higher. The irony is that back pain is often caused by the work environment and there is much that both the employee and employer can do together to minimise the problem. Particularly as in the office back pain is often caused by badly set up workstations and inadequate, or unenforced, breaks.

The back covers the area from the pelvis to the base of the occiput and includes the soft tissue interconnections along its entire length. Most people tend to think of back pain as affecting their lumbar back. Although the pain may be felt there, the cause can be in the thoracic or even cervical region. Restrictions in the back can be a contributor to that other major workplace affliction, repetitive strain injury (RSI). Many people with lumbar back pain also suffer from RSI, and vice versa.

As a massage therapist, my approach to back pain involves treatment of both the muscle and the connective tissues, by which I mean the superficial and deep fascia. Restrictions in both cause the structural imbalances which lead to pain. Adopting the tensegrity model, the body can be viewed as a structure (the skeleton) held in place by elastic bands (the muscles, tendons, ligaments and other soft tissues). If any of the elastic bands are over-tight or loose, due to incorrect postural positions or repetitive actions, the soft tissues can become stuck. If this is left untreated, this causes stress on the skeleton and additional pressure on the nerves, resulting in pain.

When I treat a client who reports lumbar back pain, I don't assume this is the only problem area. I use sports massage techniques on the soft tissues in the back and hips to release restrictions in the muscles and fascia, which eases pressure on the compromised structures, eg the lumbar vertebrae and sacroiliac-joints. However, I often work further up the back and on the neck and shoulders which helps to relieve pain in the lumbar back.

For example, I treated Steve*, a businessman in his late 30s who came to me with chronic lumbar back pain. Steve's problems started with a motor accident 14 months earlier when his car was hit from behind. He initially suffered from whiplash pain in the neck and shoulders, but this had developed into intermittent lumbar back stiffness and pain. When severe, he felt that his back was locked out of position and that he was bent over to one side. He was having difficulty with mobility and struggling with daily activities like putting his socks on. Steve's

situation was exacerbated by the fact that he spent a lot of time travelling as part of his work and that his employer used a hot desking system.

From my initial assessment it was clear that the tissues along the length of Steve's back and in his gluteal region were adhered on both sides which was causing restricted function of the superficial and deep muscles. My treatment programme focused on releasing the restrictions in his back and hips using predominantly myofascial release, trigger point therapy, soft tissue release and stretching.

It was clear that Steve's problems centred around his right lumbar back, with referrals into this area from both sides of his thoracic erectors, gluteals and lateral rotators. However, treatment was also required to release restrictions in the fascia and muscles of his neck and shoulders. As we progressed through a series of weekly treatments, Steve gradually felt less pain during treatments and less stiffness and an increased range of movement between treatments.

An important part of Steve's programme was the simple daily exercises I set for him. These were aimed at assisting further release of the tissues between treatments and could be done at work or after driving. These were a combination of back mobility exercises and stretches, which I asked him to do 'in a myofascial manner', ie holding a gentle stretch for 2+ minutes to encourage release of the fascia as well as stretching the muscle tissues.

I also talked to Steve about his working environment and gave him information which enabled him to talk to his employer about setting up an individual work station for him.

By the end of five treatments, Steve was no longer experiencing pain or stiffness in his lumbar back and his neck and shoulders were also feeling much freer with a greater range of movement. He has not yet needed to return for any further treatment although has since referred various friends to me!

**client's name has been changed*

Amanda Oswald runs the Soft Tissue Clinic in Brighton & Harley Street, London specialising in the effective treatment of chronic and acute pain conditions caused by restrictions in muscles, fascia & connective tissues. She is also a co-director of RSI Clinics, specialist clinics for the treatment of RSI and related conditions, which are located in Harley Street, Brighton & Edinburgh and teaches Sports Massage at the Wilbury School in Brighton. For more information: www.softtissueclinic.co.uk 07742 567528.