

First Aid

for

Lower Back Pain

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First Aid for Lower Back Pain

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“Introduction”

It has been estimated that at some stage in life, some 80% of the human race will experience low back pain. This type of pain can be the most serious, challenging, and baffling of health problems confronting the medical establishment and society in general. This is because for the most part lower back pain is idiopathic, meaning there is usually no identifiable structure causing the pain.

Studies show the sooner you begin some sort of intervention, the better the overall outcome. When symptoms of lower back pain are allowed to persist and reach the chronic stage, the longer it will take to resolve. This has been my clinical experience when working with clients with bulging disc back pain or sciatica.

Sometimes bulging disc back pain is chronic, and people suffer for multiple years without any long lasting relief. Actually, anything lasting more than three consecutive months would be considered “chronic”. Injury to the lower back can greatly affect a person’s ability to function. It may interfere with activities of daily living, standing, walking, bending, lifting, traveling, socializing, dressing, and sexual intercourse.

With all of the above, it is of no small wonder that a “first aid” e-Book has not come along sooner? I can only speculate as to why we as a people don’t have a general guideline as to “what to do first” when we experience such a debilitating injury. People often wonder, “Do I use heat? Or Do I use cold?” “Should I stay in bed or try to keep moving”. Well, all this and more will be made abundantly clear to you, as the reader, once the facts have been laid out here in this special report.

I can't tell you how many clients have walked into my clinic and handed me a prescription from their physician for a diagnosis of "lower back pain", or "sciatica". This is nothing more than what the client could have told me!

It seems there is mass confusion today over what amounts to be a billion dollar industry.

After reading this e-Book, you the reader will know what to do if symptoms of bulging disc back pain presents itself. You will also have an understanding of what it will take to stay pain-free once these symptoms have subsided. And most importantly, *you will be offered a cure for your lower back pain.*

This special report has been broken up into two parts.

The first part of my special report outlines typical western medicine. It covers some basic principles and advice to help alleviate your lower back pain and sciatic nerve symptoms.

The second part of my special report offers a cure for your lower back pain. It will shed more light on the real causative factors in your life that most likely have been the source of your lower back pain and sciatica. It will provide the answer on how to stop your lower back pain from occurring in the first place.

PART I

This part of my special report is intended to help you with your lower back pain symptoms. Taking the time to read through part one of my special report will provide you with some basic guidelines on first aid for your lower back pain. Emphasis has been placed on the attempt to manage your symptoms and reduce pain levels. The cure for your lower back pain can be found in part two.

“Does One of these Scenarios Sound Familiar?”

Scenario one:

One morning you wake up and experience excruciating pain in the lower back. These symptoms you have range from sharp shooting pain, to uncontrollable muscle spasms (or tightening). You can barely move and it hurts to stand up. Bending is simply impossible so putting your shoes on cannot be done without assistance.

Scenario two:

You are doing some yard work, and all of a sudden you feel a painful sensation at your right lower back. It is followed by a feeling of heat/warmth in the general area. In the coming hour, symptoms become progressively worse. You are soon lying in bed and hoping for the best.

Scenario three:

While playing tennis you are running for the ball and twist your body in order to get your backhand. You feel a pull in your lower back but keep playing anyway. The match ends and three hours later you find yourself with enormous lower back

pain. You have to call out sick tomorrow for work because you will not be able to make the morning commute.

Scenario four:

While going to your car, you slip on something and land on your backside. You don't feel right, but figure it will work itself out. It doesn't, and by the end of the day you are unable to stand up straight. It is all you can do to just get home. You are not sure how you will feel tomorrow.

Sometimes lower back pain can be insidious. It can come on gradually or it can be immediate. If you know the nature of the injury it helps a little (you aren't always wondering what you did to cause your lower back to hurt).

As any of the above situations resemble a scenario you have or have had in the past, then this special report will be of great benefit.

This special report was designed with some basic ideas in mind. It is not meant to be a substitute for sound medical intervention as prescribed by a physician. But, what do you do during the "time in between" when you first become hurt or symptomatic and the time you actually get to see your physician. What if you can't see the physician for two or three days because there are no appointments available? Or you need a referral from your insurance? What if you have no insurance at all? Or you can't get a ride to the physician's office or worse yet you are not even feeling well enough to travel yet? Do you feel well enough to sit in a physician's waiting room for two hours?

That's what first aid is all about, the delivery of limited care for an injury until definitive medical treatment can be accessed. This limited care consists of simple techniques that you the individual can perform with minimal equipment.

Those who should show **extreme** caution when using my special report?

If the pain in your back or buttocks make their way down into you leg, foot or ankle. This kind of radiating pain constitutes a "sciatica" type of condition because it expresses some sort of nerve irritation. By following the basic guidelines of first aid for the lower back, you should be able to reduce symptoms and get relief sooner.

Those individuals who should seek immediate medical attention at a hospital?

If you have loss of sensation or numbness into one or both of your legs. Does one or both of your legs show signs of muscle weakness? Is the weakness progressively getting worse? If you have trouble or difficulty controlling your bladder.

Neurological symptoms like these are not the end of the world, but it would probably be better not to do anything until a full examination can be performed by a qualified physician. In this case, less is more. Best to *seek a physician right away* and determine if an MRI or EMG is necessary. Just remember, no one ever died of lower back pain.

Studies have shown that asymptomatic individuals who have undergone MRI testing revealed herniated or bulging discs. This is what we call a false positive.

The MRI is not lying to us, and it would appear that although present at the time, it is doing nothing to cause lower back pain in these individuals. Perhaps the pain is dormant until a traumatic event takes place? The point here is that all information is useful, but not definitive. There is a lot we do not know when it comes to lower back pain.

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“Mechanics of Lower Back Pain”

It is important I think to understand the basic mechanics of what I believe to be the possible cause(s) of symptoms associated with basic lower back pain.

Essentially, the condition is brought on by trauma, sometimes repetitive or prolonged. Enough only to initiate an inflammatory response. Some people who see me in the clinic will describe their symptoms as “hot” or “burning” (that is a dead giveaway). As with any trauma, especially a slip and fall, an x-ray should be performed to rule out significant findings.

It has been my clinical experience, that usually, the area involved is quite small. It may be a ligament, the tendon of a muscle, or a small facet joint in your back.

The difference between a sprain and a strain?

Some people use these terms interchangeably. But anatomically, there is a difference. A ligament attaches from a bone to another bone to provide structural support. A tendon attaches a muscle to a bone in order to move that bone. If a ligament is stretched too far, it should be referred to as a sprain (an ankle sprain for example). If a tendon or muscle is stretched too far, it should be referred to as a strain (such as a pulled hamstring or groin).

In both instances, the soft tissue is being pulled just a little too far. This is an exaggerated stretch (sprain or strain). As it goes too much further it will tear or

rupture. This would be considered a grade III sprain or strain. I have never personally seen this happen to anyone's lower back since treating clients for 12 years. See the table placed at the end of this chapter for general guidelines.

This is in no way an attempt to minimize the pain levels. People will still describe pain levels to be a nine out of 10 at worst with a condition like this one.

It can be that a facet joint, located between each and every vertebrae of your spine, has been sprained. Here the joint capsule may have been irritated, and ensuing inflammation is inevitable. Usually, this happens when a forward bending position has been in place followed by a twisting motion. An example would be reaching down to tie your left or right shoe. Pain often is on one side of the lower back.

Once the inflammation of the facet joint settles down, the joint usually becomes very stiff. You see limitations in motion related to a "joint capsular" pattern. That is, right sidebending might be limited with left rotation of the back, but left sidebending and right rotation essentially moves pretty well. This would indicate some functional deficit of a joint located on left side of the lumbar spine (lower back).

As the condition is soft tissue related, and it has not been structurally damaged, it should resolve. It should get better each day, moving in a positive direction. As the symptoms are unchanged or get worse, this could be a sign that a more serious problem is at hand. If this is the case, seek medical attention immediately. Never wait more than is necessary. Use this e-Book only until medical attention can be sought.

	Grade I	Grade II	Grade III
Muscle Strain	<p>Slightly pulled muscle with no tearing of muscle or tendon. No loss of strength.</p> <p>Ability to produce strong yet painful muscle contractions</p> <p>Requires self care through rehabilitation after doctor's diagnosis</p> <p>Average healing time: 2 to 10 days</p>	<p>Tearing of muscle, tendon or at the bone attachment</p> <p>Weak and painful attempts at muscular contraction</p> <p>Requires physical therapy after doctor's diagnosis</p> <p>Average healing time: 10 days to 6 weeks</p>	<p>Rupture of muscle-tendon-bone attachment with separation</p> <p>Extremely weak yet painless attempts at muscular contraction</p> <p>Requires surgical repair and physical therapy after doctor's diagnosis</p> <p>Average healing time: 10 to 16 weeks</p>
Ligament Sprain	<p>Tearing of some ligament. No loss of function</p> <p>Requires self care through rehabilitation after doctor's diagnosis</p> <p>Average healing time: 2 to 6 weeks</p>	<p>Rupture of portion of ligament resulting in some loss of function</p> <p>Requires physical therapy after doctor's diagnosis</p> <p>Average healing time: 6 to 8 weeks</p>	<p>Complete rupture of ligament or complete separation of ligament from bone. A sprain-fracture occurs when the ligament pulls loose a fragment of bone</p> <p>1+ Joint surfaces displaced 3-5 mm</p> <p>2+ Joint surfaces displaced 6-10 mm</p> <p>1+ Joint surfaces displaced 10+ mm</p> <p>Requires surgical repair and physical therapy after doctor's diagnosis</p> <p>Average healing time: 8 to 10 weeks</p>

The above table will give a general guideline on sprains and strains I think you will find useful.

“Lower Back Pain First Aid”

Hopefully, you have been picking up on some clues while reading up to this point. Please use common sense whenever your health is involved. No one will ever care as much about your health you as you do, right?

So what do you do once “lower back pain” happens?

First, don't panic. As I said, no one ever died of lower back pain. **Promote diaphragmatic breathing**.....mouth closed, teeth open, tongue on upper palate, and breathing through the nose. You may want to listen to soft music during this time to help foster relaxation. Shifting your attention and your fear is a good start to your recovery.

Plus, the added stress of being upset will only prolong the pain. Please read the relationship of emotional stress and pain in PART II of this special report.

Educate yourself about your injury. This e-Book is a good beginning and has a lot of useful information, but it should only be a starting point. Knowledge is power. You want to be able to make informed decisions and ask serious questions when you start talking to your physician.

Let's look at the three stages of an injury to find out where you fit in:

Three stages of an injury:

Acute Stage: This stage encompasses the first three weeks of the injury. It is during this time that the pain may be the most aggressive. Only the use of cold packs should be used here, **no heat under any circumstances** as this will only perpetuate the inflammatory process and quite possibly cause a delay in the healing process if applied too soon after an injury.

Sub-acute Stage: This stage encompasses the beginning of the fourth week to the end of the third month. Hopefully your pain never lasts this long. But here it may be of personal choice as to whether or not to use heat or cold packs. Just go with what feels right. Either modality will be of benefit, and cannot cause harm.

Chronic Stage: This stage extends beyond the third month. At this point heat or cold packs are only providing symptomatic relief. Traditional attempts to “cure” the pain have usually failed. You should have already started some sort of rehabilitation. This pain will probably not go away on its own.

The main thrust here for the purposes of this e-Book is during the first three weeks. You will be attempting to **get control of the inflammation in your lower back.** The sooner you can get control of the inflammation, the better you will feel. The application of a cold pack or ice pack will hasten the healing time by reducing swelling and inflammation around the injury. It will help to stop the internal bleeding of injured capillaries and blood vessels associated with the types of scenarios listed earlier in the chapter “Sound Familiar”.

The application of cold packs should be done at least five to six times a day at around 15 minutes for each application. Purchasing a cold pack is a smart idea since you will be getting plenty of use from it, but you can easily make one for only a little bit of money (please see “How to make hot packs, cold packs, and paraffin baths” given to you for free as a complimentary download on my website).

Remember, CBAN (Cold, Burning, Aching, Numbness)? These are the stages of sensation your skin undergoes during the application of a cold pack. First you will feel the cold, then some burning, followed by an aching, and eventually your back will feel numbness. This is the desired fourth and final stage. Once this stage is achieved you can remove the cold pack.

Some people recommend the use of an over the counter anti-inflammatory medication. Since I am not a physician, I **cannot** advise either way.

I will say that some medication can be contraindicated with certain conditions so you should absolutely speak to a physician before starting its use. In the meanwhile, a natural pain reliever and anti-inflammatory such as a cold pack can be used with no harmful side effects unless otherwise contraindicated (see contraindications in your free e-Book on making cold packs).

Sometimes, clients will come into the clinic smelling of mineral ice or something similar. This is of limited benefit for the most part. These ointments all have some active ingredient(s) placed in them to make your skin feel this way or that way. They do not penetrate deep enough into the body to make much of a difference (as far as your recovery goes). As you feel these creams make life a little more tolerable, than they are okay to use, and you may find that adhering to some of the

basic principles outlined in this first aid e-Book to be a much better use of your time.

A few words on posture.

Your posture probably did not cause your problem, but it can factor into how you feel now. For instance, **sleeping postures** tend to be better if you can sleep on your back with your feet elevated (keeps the spine in neutral). It may also be helpful to have a pillow between your knees if you normally sleep on your side.

You heal at rest, so it is really important to get a good night sleep. If pain is keeping you up, and interfering with your rest, the healing process will be retarded. If you are so inclined to go out and buy a brand new mattress, try a firm base and a medium mattress.

Getting out of bed a “pain”? You can place quite a bit of stress on your lower back first thing in the morning. When clients come into my clinic, they often times have to get on and off the plinth (treatment table). The treatment table is similar to a firm bed (pillows but no blanket). This is how I go about explaining to them the easiest and least stressful way to perform this act.

Start off by getting onto your side. Bend both knees up and drop both feet over the edge of the bed. At the same time, you attempt to rise to a sitting position by pushing yourself up with the arm underneath (closest to the bed). Usually, this puts the least amount of strain on the lower back. You should now be in the sitting position.

Doing enough “good” things, and avoiding enough “bad” things, helps move the condition in a positive direction the fastest way possible. Attempting to lie down in bed is done in the reverse manner described above.

You should probably **avoid sitting postures** all together, unless it feels particularly good to sit. And while in the acute stage of pain, never sit with the legs out in front, as in sitting up in bed, or sitting on the floor. If you are going to sit (maybe you have to for some reason), make sure you maintain a good “arch” in your lower back. This will help maintain the natural curvature in your lower back known as the *lordosis*. For some people maintaining a lordosis seems impossible, especially if it is something they normally avoid doing.

Try not to use a back support unless absolutely necessary. Make every attempt to use the postural muscles afforded to you by Mother Nature for proper spinal alignment. It is also recommended that you change positions or take a break from sitting quite often (around every 30 minutes).

Don't retard the healing process!

Your back pain may go away in just a short week. Or it may last a month or two.....no one really knows. But, one thing is for sure, giving the soft tissue we spoke about earlier a chance to heal is super important. By being aggressive, and **forcing an activity or movement, you risk further pain and irritation.** Remember, you are trying to get control of the inflammation, not prolong it. The “no pain, no gain” scenario does not apply here.

It is all right to challenge yourself, but not be aggressive. If you are usually a fast healer with other things, chances are you will be here too. But give the injury the respect it deserves. Just because you can't see the injured structures located beneath the skin, doesn't mean they don't exist. **If you have sick time at work, use it!** One thing I would like to see in the clinic more often is clients using their sick time to their own advantage. What are you saving all that time for anyway? Taking a few days off in the beginning could be the difference in how you feel down the road.

Avoid bending forward for the first three weeks into the injury. Bending forward as to touch the floor will most certainly stretch and weaken the supporting structures of the lower back and may cause further injury.

Avoid lifting whenever possible until you are feeling significantly better. When you are able to lift again follow the tips on lifting in the chapter entitled **“Prevention”** later in this e-Book.

And by all means, **use common sense**. Again, don't do more than you are able in the first three weeks. Don't take on any new projects around the home (and hold off on old projects until you are able). Another good common sense tip is **“push rather than pull”** when you must move heavy objects. You may have heard this before, and it is true. “Heavy” of course is relative to how strong you are and how you are feeling. I personally would not attempt anything “heavy” until after the third week following the initial onset of the injury.

Activities to include

So what can you do? Studies show that aerobic activity does wonders for lower back pain. You may want to start slow in order to warm up, but aim for around 20 to 30 minutes each day. I suggest that all my clients **do slow “walking”**. Outside if the weather permits or inside on a treadmill. But I know others who have done well with swimming too.

Leave more aggressive aerobic activity like jogging alone (too much jarring/compression on your lower back). Also, I think it is important to remember to swing your arms when you walk so as to include the whole body. If you recollect, Rome was not built in a day. So be patient please.

However, walking activities should probably start after about **two days of complete bed rest**. Most authorities advocate that clients receive no more than two days of bed rest. Studies seem to indicate that there is no difference between those outcomes of clients who received only two days of bed rest and those who received more than two days of bed rest.

So you are entitled to get some two days of rest for an acute lower back pain, but no more. And the time you spend in bed should be adhering to those sleeping postures described above. Of course, you will need to get up every so often to limber up, use the restroom, get your cold pack, or go the kitchen for water (proper hydration is really important). Otherwise, promote your body's natural healing process and get some rest. If on the off hand that you are one of those rare people who somehow feel worse with lying down (even with proper posture), then the thought of resting two days doesn't sound very appealing. That's okay, just listen

to your body and do what feels right. This is only meant to be used as a general guideline.

What about exercise, can it help?

A good exercise program is important, and exceeds the scope of this special report. You will need some instruction on what exercise(s) are best depending on physician recommendation(s). It would be an injustice to try to use a “cook book” approach here. It could be a recipe for disaster!

I have included some basic lower back exercises you can try on my website. You can make an attempt at performing them once you are given permission by your doctor or feel well enough on your own.

A person’s response to exercise varies quite a bit, and without proper supervision you could be made worse. Your physician will probably recommend a good physical therapist to help you get started.

To conclude this chapter, once the initial lower back pain symptoms have resolved, allowing you to see the physician, your goal should be to attempt a return to everyday normal activity. Your physician will take you the rest of the way, perhaps recommending physical therapy or a prescription medication or both?

This special report is not an attempt to have you treat yourself and should not replace sound medical advice from your physician. It should only be utilized until you can reach or arrange medical attention.

“Prevention”

It may already be apparent to you why you hurt your back in the first place. And making the adjustment(s) in your life may be simple.

It has been my clinical experience that while in the treatment of clients for lower back pain two preventative strategies work best.

Practicing prevention requires diligence and hard work. It is easy to see how important prevention can be once you have already been injured, but it is another to practice it regularly once symptoms have subsided.

The first strategy is the elimination of poor or faulty posture.

Postural dysfunction causes ligaments to be stretched out due to prolonged incorrect positioning. Mainly in the sitting position do we find individuals slumping and slouching for hours at a time. The natural lordosis of the spine is lost, and it also creates a laxity of the soft tissue. This in turn creates instability of the spine which then opens up the possibility of injury once the spine is forced into activity that exceeds its ability to perform properly.

Establishing this “new” posture takes approximately six weeks. That’s how long it will be before you can get into this “new” routine of sitting. Sitting this way has to become a habit. We can all create new habits (both good and bad), but it takes

time. With some effort and less than 50 days, you can be sitting up tall with confidence and a better sitting posture.

The second strategy is adding a good core stabilization program to your lifestyle.

Perhaps you have already been told this before by someone else? It could be you have either read or seen something on T.V. about it. Maybe you already exercise? But are you doing the right exercise(s)? You may be working on some of the global trunk stabilizers of the spine, but not the core stabilizers?

There are three groups of muscles in the trunk that make up the core stabilizers. These muscles are the transverse abdominis, quadratus lumborum, and multifidus muscles. If you are scratching your head wondering where these muscles are located, then you need some instruction.

Providing instruction on proper sitting posture or how to initiate a good core stabilization program is beyond the scope of my special report. I mention them only to make you aware. More information on these two topics can be found in the “Related topics” page of my website: www.backpainfirstaid.com

It is highly recommended that you seek instruction in both regards if maintaining a healthy lower back is important to you. Physical therapists are trained professionals who would be someone your physician would recommend for just this purpose. See your physician to get started.

Always incorporate proper lifting techniques whenever possible. Keeping the load close to the body will reduce stress/strain on the spine. Bend with your knees not

your back, this will keep your spine straight. You want to drive with the legs (use your legs to move the load as they are much stronger). Keep feet about shoulder width apart for a good base of support. Plan things out ahead of time.....practice if you have to or ask for help if you feel it may be too much. Keep the abdominal muscles tight during the lift (this is like your natural corset). Keep the load as balanced as possible, redistribute the load if necessary. By lifting properly, you can avert avoidable back pain.

Before beginning any exercise program, it is recommended that you first consult a physician. Only a physician can determine what type of exercise, the frequency, and the intensity that is appropriate for each individual.

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PART II

This part of my special report is dedicated towards the permanent solution to your lower back pain and sciatica. It is why I believe most people experience lower back pain in the first place and continue to suffer each and every day without a real cure. I offer a way to heal lower back pain that is simple and yet extremely effective. Good luck!

I am a physical therapist, not a physician. It is not in my scope of practice to diagnosis any condition. And I am certainly not a psychologist, but just about anyone with lower back pain can attest to the emotional aspect lower back pain can have on feelings of depression, anger and fear.

“The Cause of Lower Back Pain”

It is my opinion that most people suffering from lower back pain are more or less truly experiencing a sort of generalized anxiety disorder or GAD. Only it is something they are not quite aware of simply because the mind will not allow the connection of the two to take place. Conveniently I may add, for the mind, the two are never quite put together by the person experiencing the lower back pain.

GAD is a disorder that is characterized by an abnormal amount of anxiety and one that is chronic by nature. I am not saying people with GAD will have lower back

pain or that people suffering with lower back pain have GAD. I am saying that anxiety *similar* to GAD helps create an environment that can generate lower back pain or sciatica.

It has been my experience that the greater the amount of emotional stress or anxiety, the greater the symptoms of lower back pain. Don't get me wrong, a certain amount of stress and anxiety are normal. And when the unconscious mind deals with this stress appropriately, there are no issues.

Most people with lower back pain or sciatica except that when they are under additional emotional stress, their symptoms are greater. Few realize that stress is the primary cause of lower back pain and sciatica.

Most people concede that tension headaches and migraines are directly linked to stress in their lives.

It is also well known that emotional stress has been linked to stomach ulcers. And past treatment was often times given by doctors in the form of advice to "work less hard". For many individuals with ulcers, this simple advice worked. Curing them of stomach ulcers forever.

So why not lower back pain? Could it be that western medicine still struggles to come up with an adequate solution for people suffering from lower back pain? Maybe they continue to look in all the wrong places.

Physicians "practice" medicine for a reason. And because a pill has not been invented yet for the complete absolution of lower back pain and sciatica, modern

medicine will continue to struggle until other points of view are considered as viable and true.

How then does anxiety and stress create lower back pain?

Lower back pain symptoms are merely a distraction your unconscious mind uses to deal with emotional stress or anxiety placed upon it. It is a unique coping mechanism your brain uses in order to protect you from perceived “harm”. It is essentially trying to protect you from YOU! And you don’t even realize it.

The fact that you are having lower back pain to begin with signifies that perhaps your unconscious mind is not adequately processing the amount of stress you are experiencing.

You must not underestimate the impact that emotional stressors have on the body and the power of the mind. Oddly enough, the mind has both the ability to both give and take away your good health. It is a known fact that emotional stress weakens the immune system and opens us up for sickness or disease.

The lower back pain an individual experiences due to stress or anxiety is real. It is not manufactured in a pretend state. It is not psycho-somatic babble and you cannot just tell your brain to just turn-off the lower back pain symptoms. The pain is real. The muscle spasms are real. All the disabling and limiting aspects associated with the lower back pain are indeed real!

How the brain is allowed or able to perform this nasty trick is not exactly clear. It has been hypothesized by some that the brain makes use of the Autonomic

Nervous System. This is the same system responsible for the “fight or flight” response or sweaty palms. Just as we cannot control sweaty palms, we cannot control the way our lower back responds with pain symptoms either. It is done on a level we are not aware of and *we can control it*.

The amount of stress any one person can deal with ranges from person to person. The tolerance and amount of emotional stress he/she is able to put up with may be the underlying factor on whether or not the unconscious mind will choose lower back pain as a coping mechanism of distraction or simply allow the individual to feel every bit of the anxiety for that given moment.

Different factors may play a role into the amount of tolerance an individual has to any emotional stress or anxiety and how they deal with these feelings. Cultural aspects tend to play a role too. Learned behaviors from our parents can be a major contributor in one’s ability to tolerate emotional stressors. Have we been taught to “be tough and take it like a man” or have we been taught that it is okay to be vulnerable?

The emotional stress could be something quite simple really, or it may be the brain is dealing with something more troublesome (like losing a job, the death of a loved one, an extramarital affair). The pain is quite real, and not just “in your head”. And the reason for the pain goes back to the original emotional stress your unconscious mind is dealing with and not because of an offending injury.

The human psyche has a multitude of coping mechanisms at its disposal with an arsenal of weapons at its “finger tips”. Each designed to avert or distract the conscious mind from emotional stressors it deems too difficult to deal with.

People have been known to have whole periods of time in which they simply “black out”. Events in their minds have been completely blocked or appear to be missing, rendering them completely unable to recall the details of a particular occurrence.

Is it so far fetched that the lower back pain epidemic in this country is a byproduct of the ever increasing stressors of modern society and the inability to meet individual expectations? In my opinion we are too hard on ourselves. Take ourselves too seriously. And are too driven to achieve the “American dream”.

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“The Cure”

All that being said, there is a permanent solution to lower back pain and sciatica.

The secret to getting better is to address the real “stressors” in your life and not to focus on the pain (because that is what your brain wants you to do).

The more you focus on the pain, and thereby avert your attention away from your emotional stress, the better the coping mechanism actually works!

The coping mechanism fails to be effective the moment you begin to “not” be distracted. Since the pain in your lower back no longer serves as an effective distraction, the mind becomes powerless in this regard to “protect” you. And control you.

You must use energy, optimism, and enthusiasm to conquer negativity, despair and inertia. You must restore confidence and a feeling of self-empowerment.

Your cure will not come by way of a surgical knife or any strong pain medication. It must come from inside you.

To do this you must re-direct your attention to within. Understand that your lower back pain is merely a psychological source of your unconscious minds’ dark playground.

Whenever lower back pain presents itself, you must ignore these symptoms. You are not resisting it so much as you are pushing it out of your mind. Refuse to let it stop you no matter what.

Obviously this is not an easy task, and it will seem like total folly at first. Just be determined to not let your unconscious mind win over. And be patient.

The other thing to remember is that your lower back pain symptoms are merely the unconscious mind trying to distract you. Therefore you must at all times equate your lower back pain with the fact that everything you are feeling is intended to be a distraction. How well it works is up to you?

Refuse to be distracted. Even as you are unsure of what emotional stressor(s) exactly are at hand, just know that “it” is the root cause of all your lower back pain and sciatica. And you can be successful in overcoming your pain by knowing this simple fact!

Self-talking is an extremely powerful coaching tool.

Self talk is a method of replacing the faulty train of thought you currently have about your lower back pain with a new and healthier way of thinking.

You must create an environment of self talking or speaking to yourself and your unconscious mind. This works so well because you re-direct you attention to where your thoughts begin anytime you experience lower back pain. You re-direct

your attention to where the unconscious mind plants the seeds of distraction before lower back pain even happens.

By coaching this healing attitude via self talk, you restore what has been missing. You re-create a sense of empowerment that has been absent since your unconscious mind took over. It becomes a powerful tool for you to use anytime you experience lower back pain or sciatica.

Since your lower back pain is based off a “psychological” element, you must in turn “psychologically re-train” or coach yourself via self talk. Self talking must become the core of your “training” element. And it requires much repetition and effort.

It demands commitment from you. And it will pay off!

One day of coaching. One day of training and self-talk is just that, one day. It will take some time to see the lower back pain melt away. Again, be patient. It is not like turning a light switch on and off. It just doesn't work that way.

The unconscious mind has been using your lower back pain effectively for quite some time. It will take some time before it realizes how ineffective it has become too. This is because much of what you have been experiencing has been a pattern of faulty thinking. The mechanism by which your mind has dealt with your emotional stressors has been faulty.

This habitual pattern can and will be broken, as any habit can be, with some well determined self-coaching.

Remember, emotional stress equals lower back pain. That is what you must tell yourself time and again. Over and over until the unconscious mind takes to it. And you must take to it too, completely. Simply having an appreciation or understanding of how this all happens is not enough. As you are not one hundred percent committed, then results will be less than one hundred percent.

It may seem strange to you right now to view lower back pain as a way your mind protects you from perceived harm. It is a coping mechanism, and a way for your mind to get back a sense of control.

The truth is, life and all that goes with it, including emotional stress, cannot be controlled. As you are honest with yourself, you understand that control is only an illusion.

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“Some Final Words on Lower Back Pain”

Without getting too much into the psychology of your lower back pain, more than likely your emotional stress stems from your childhood. This is not a given, and you must examine yourself for the possible reason(s) your mind perceives a reason to protect you from harm.

As children, we are totally ill equipped to deal with or cope with early trauma, conflict, misunderstandings, or loss. So it is nearly inescapable for anyone of us to reach adulthood without some emotional baggage.

You have a choice now. I offer you a way to conquer lower back pain forever. And to do this you must choose healthy thinking. You must use self talk to redirect your attention as outlined above. Use positive affirmations all the time.

Allow yourself to live in this moment. The past is gone and the future is promised to no one. There is only the present moment. Dare to live life and be happy. The secret to life and why we are here is simply to enjoy it. Don't let back pain get in the way anymore.

Good Luck,

Tommy Hoffman, P.T.

Tommy Hoffman

“About the Author”

Tommy Hoffman is a care giver, family man, private business owner and entrepreneur.

He owns and operates an outpatient facility treating lower back pain patients and those suffering from sciatica. Tommy holds a combined Bachelor of Science degree/Masters of Science Degree from the City University of New York.

Tommy’s education and experience in the medical field come from his extensive training in physical rehabilitation and biomechanics as a major part of a Health Science degree. Thomas brings valuable and trusted experience in the outpatient setting, having worked in this field for over twelve years.

Besides getting his Master’s in physical therapy, Tom has also received additional training in ergonomics and manual therapy spine course work where he is in the process of getting his certification.

Tommy is happily married to his wife Jennifer for seven years. They have a son, Tommy Jr. and live in NJ.

Tommy is a veteran of the United States Army, having served during the first desert storm in 1991.

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