CONSUMER'S AWARENESS

GUIDE TO BACK PAIN TREATMENT

DR. ANDREW GORECKI

LEARN HOW TO AVOID:

4 TREATMENT RIP-OFFS

6 COSTLY MISCONCEPTIONS ABOUT BACK PAIN TREATMENTS

7 MISTAKES WHEN CHOOSING BACK PAIN TREATMENT

AND STEPS TO A PAIN-FREE BACK

Consumer's Awareness Guide to Back Pain Treatment

By **Dr. Andrew Gorecki**
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Dear Back Pain Sufferer,

Choosing back pain treatment isn't easy. Why? You are bombarded with misleading advertising, confusing claims, and simply bad information from forced referrals to health system providers or surgeons, not to mention unqualified providers and their near worthless methods. So how do you ever find a highly effective back pain treatment? You start by reading this consumer's guide.

In thisv fact-filled booklet, you will discover

- how to avoid four back pain treatment rip-offs,
- six costly misconceptions about back pain treatment,
- seven mistakes to avoid when choosing back pain treatment, and
- four steps to a pain-free back.

We wrote this guide to help you better understand back pain treatments. With this information, you can make an informed and intelligent decision. If you have any questions about back pain treatment, you are invited to call us at **231.357.3930.** We have dedicated our business to educating consumers, and we will be happy to help you in any way we can.

Cordially,

Andrew Gorecki

Dr. Andrew Gorecki
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Former back pain sufferer

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HOW TO AVOID 4 TREATMENT RIP-OFFS

1 HAZARDOUS IMAGES: WHY YOU DON'T NEED — OR WANT — AN MRI

Anywhere people fancy high technology—South Korea is a good example—MRI units are humming, and spine surgery is booming.

The most recent data available, published in JAMA Internal Medicine in 2013, assessed how often advanced imaging was ordered in nearly twenty-five thousand physician visits. The proportion of patients who left their doctors' appointments with orders for MRIs increased from 7.2 percent in 1999 to 11.3 percent in 2010. As a result of this increase in imaging, the percentage of patients who were directed to spine specialists for interventional procedures and surgery more than doubled, rising from 6.9 percent to 14 percent in the same period. At the Mayo Clinic in 2014, researchers found, yet again, that disc degeneration was normal at all ages. It was present in more than a third of asymptomatic twenty-year-old subjects and in 96 percent of eighty-year-old subjects. "Black" discs, often employed as one of the indications for a diagnosis of degenerative disc disease, were found in more than half of normal subjects over forty and in nearly 90 percent of those over sixty. Those bone spurs I'd picked out on my scan were common in pain-free subjects as well. Mayo Clinic scientists concluded that such changes were not "part of a pathologic process requiring intervention." However, orders were still creeping upward in 2015. A significant number of practitioners acknowledged that they ordered all those scans defensively, attempting to avoid malpractice liability.

2 EPIDURAL STEROID INJECTIONS CAN GO WRONG

A few months earlier, in a 2015 review of the medical literature, the Agency for Healthcare Research and Quality found no evidence that epidural steroid injections were effective in treating symptoms of spinal stenosis or typical low-back pain. Even in the presence of a recent disc herniation and ensuing sciatica, the benefits of injections were small and not sustained over time. That news followed on the heels of an FDA statement warning that injection of

the active medication in these shots, glucocorticoids—a class of corticosteroids—into the epidural space of the spine could result in rare but serious neurological problems, including loss of vision, stroke, paralysis, and death. Based on those and other findings, the Journal of the American Medical Association (JAMA) advised physicians to refrain from recommending injection therapy to patients with any kind of chronic back pain.

3 SPINAL MANIPULATION

There are several healthcare providers who perform spinal manipulation, including Doctors of Osteopathic Medicine (DOs), Physical Therapists, and Chiropractors.

In Trick or Treatment, a must-read book about fallacies in alternative medicine, science reporter Simon Singh and his coauthor, scientist Edzard Ernst, describe an experiment conducted by psychiatrist Stephen Barrett, one of the most fervent naysayers regarding chiropractic.

To see what they might advise, Barrett arranged for a twenty-nine-year-old woman to make four visits to different chiropractors. The first chiropractor "diagnosed 'atlas subluxation' [an improperly situated vertebra at the top of the spine] and predicted 'paralysis in 15 years' if the problem was not treated. The second practitioner found not just one but many vertebrae 'out of alignment' and one hip 'higher' than the other. The third said that the woman's neck was 'tight.' The fourth said that misaligned vertebrae indicated the presence of 'stomach problems.'" Despite the disparity in diagnoses, all four recommended long-term regular adjustments.

Recent Research in the form of Systematic Reviews indicates that spinal manipulation is effective when performed within the first 15 days of acute onset back pain without any pain, numbness, or tingling traveling down the leg. This same study indicated that, on average, 8 treatments were effective, but any more treatments after 8 were not effective. If you have had back pain longer than 15 days and/or you have pain traveling down your leg, spinal adjustments probably won't be effective for you.

4 BACK SURGERY

Spine surgeons, who are typically trained as orthopedic surgeons or neurosurgeons, do essential things. They repair traumatic injuries. They excise spinal tumors. They fix congenital abnormalities. But, except for top-tier physicians who usually work at academic medical centers, such procedures are not their main-stay. About 60 percent of patients who walk into a spine surgeon's clinic have back pain that will be diagnosed as "ordinary," "axial,"

"mechanical," "degenerative," "functional," or "nonspecific." Those terms describe flattened discs, black discs, bulging discs, herniated discs (described as "prolapsed discs" in the United Kingdom), and the bony outgrowths known as osteophytes. Too often, surgeons point to these commonplace artifacts on an MRI and diagnose "degenerative disc disease," recommending lumbar spinal fusion surgery as the best option.

But there's a problem with this very common procedure in which the intervertebral disc is excised and adjacent vertebrae are connected with cages, screws, plates, rods, and other medical devices. Studies show that lumbar fusion succeeds in barely 40 percent of patients. In this context, the word "success" does not mean much. In one study, two years after spinal fusion, in "successful" procedures, pain had barely been reduced by half, and most patients continued to use painkillers. In another study, two years after surgery, about one third of the patients reported that their pain was as bad as it had been before they'd had the operation, and 14 percent believed that they were in worse shape after spinal fusion than before the surgery.

6 COSTLY MISCONCEPTIONS ABOUT BACK PAIN TREATMENTS

1 SEEING THE RIGHT SURGEON PROMISES BETTER RESULTS

I recently saw an ad featuring a bikini-clad woman on a beach. A Band-Aid stuck to the small of her back grabbed my attention. The copy read, "Just two weeks ago I had back surgery. Thank you, Laser Spine Institute." Reading further down the page, I learned that 97 percent of patients recommended this safe, fast, and apparently bloodless minimally invasive procedure, which took less than an hour. Apparently, you could expect to "get your life back" immediately.

I went directly to the Laser Spine Institute's website. Happy patients at LSI's facility in Tampa, Florida, waxed euphoric, including their full names and hometowns in their endorsements. Patients had to be incredibly impressed to be willing to do that, I reasoned.

Laser Spine Institute described itself as "the premier healthcare provider in spinal surgery." Physicians there employed "a wide variety of laser-assisted techniques," performed while the patient was "under local anesthetic." The Band-Aid on the woman on the beach covered "only one three-millimeter incision at the surface." Naively, I reasoned that an incision that small meant that the disruption of the bones and soft tissue beneath the skin was also minimal.

The bottom line is that there is plenty of research that indicates no matter what type of back surgery is performed by even the best spine surgeon in the world, the outcomes are, at best, 50 percent successful.

For the frustrated patient, direct-to-consumer medicine, such as what exists at LSI, North American Spine, and countless other entities crawling the Web, appears to be the best way to skirt the relentless red tape of the medical-industrial complex. But it's essential to realize that healthcare companies that market their services this way on the Internet exist in a regulatory netherworld. The institutions that patients expect to safeguard them—the FDA, the American Medical Association, and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO, or the Joint Commission, for short), among others—exercise little or no authority over how such entities conduct their businesses. Although ads that drug makers pay for typically carry disclaimers, there are far fewer such requirements for outfits that sell surgical procedures, so they can tout convenience, speed, and the size of the incision without ever discussing the risks.

2 OPIOIDS ARE THE ANSWER

For a long while, it was understood that opioid addiction was the outcome of misuse or abuse and was unrelated to doctors' prescribing habits. "The reality is that the vast majority of people who are given these medications by doctors will not become addicted," Russell Purdue told those assembled for a media gathering at a D.C. press conference. Repeatedly, Purdue described a "bright line" between the state of addiction and that of physical dependence in the treatment of chronic pain. For patients who needed pain control, Purdue said, access to chronic opioid therapy was really no different from providing insulin to a diabetic.

Some regarded that comparison as outrageous. Andrew Kolodny, at the time an addiction psychiatrist at Maimonides Medical Center in New York City, had founded a group called Physicians for Responsible Opioid Prescribing (PROP). (Subsequently, he would be chief medical officer at Phoenix House before accepting the position of co-director of opioid policy research at Brandeis University.) In 2011, Kolodny explained that physicians who overprescribed to patients with non-cancer chronic pain were largely responsible for having created the epidemic of addiction, not only to prescribed opioids but also to heroin. "The reason we have a severe epidemic of opioid addiction," Kolodny said, "is that we have overexposed the U.S. population to opioid pain medicine. The people who are using heroin are out there using heroin because they were first addicted to opioid pain medicines." In 2010, enough painkiller prescriptions were written and filled to medicate every American adult around the clock for a month.

The sad statistic is that it is projected that over 70,000 Americans will accidently overdose from the use of opioids in 2018. That is more than we lost in the entire Vietnam war.

3 THE COST IS THE SAME REGARDLESS OF WHERE I GO FOR TREATMENT

A new report comparing some common tests, procedures, and treatments has found that hospital outpatient departments (HOPDs) consistently charge and are reimbursed more than community-based settings for the same services. For physical therapy, HOPDs charged on average 50 percent more than freestanding clinics.

The study, conducted by the former Center for Studying Health System Change and published by the National Institute for Health Care Reform, used private insurance claims data from 2011 for about 590,000 active and retired nonelderly autoworkers and their dependents to track charges for magnetic resonance imaging (MRI) of the knee, colonoscopies, common

laboratory tests, and physical therapy. What researchers found was that where the service was provided made a big difference in how much was charged.

In looking at physical therapy, the study's authors limited investigations to therapeutic exercise and manual therapy—"2 common physical therapy services" that, according to the report, accounted for $25.9 million of the $38 million spent on physical therapy among the claims analyzed. Their findings: In looking at 136,000 services provided, "average prices were 41 percent and 64 percent higher in HOPDs for therapeutic exercises and manual therapy, respectively, than in community settings."

This highlights a much bigger problem. The reason that health insurance is skyrocketing in price is because the cost of healthcare is growing out of control. Health systems with the "we fix everybody" approach are driving up the costs to provide the service, and the burden, in turn, is placed on the patient, not the insurance companies.
The bottom line is that you have a choice of where you go for treatment, and your referral is good at any location anywhere in the state. Without making an educated choice, you risk being ripped off.

4 I NEED AN MRI TO FIND THE CAUSE OF BACK PAIN

According to a systematic literature review of imaging features of spinal degeneration in asymptomatic (pain-free) populations published from the department of radiology at the Mayo Clinic, the majority of people walking around on earth without pain have spinal abnormalities when given an MRI. See the stunning chart below for results by age group and abnormality. Don't be fooled into surgery just because your MRI shows something.

TABLE: Age-specific prevalence estimates of degenerative spine imaing findings in asymptomatic patients*

IMAGE FINDING	AGE (Year)						
	20	30	40	50	60	70	80
Disk degeneration	37%	52%	68%	80%	88%	93%	96%
Disk signal loss	17%	33%	54%	73%	86%	94%	97%
Disk height loss	24%	34%	45%	56%	67%	76%	84%
Disk bulge	30%	40%	50%	60%	69%	77%	84%
Disk protrusion	29%	31%	33%	36%	38%	40%	43%
Annular fissure	19%	20%	22%	23%	25%	27%	29%
Facet degeneration	4%	9%	18%	32%	50%	69%	83%
Spondylolisthesis	3%	5%	8%	14%	23%	35%	50%

**Prevalence rates estimated with a generalized linear mixed-effects model for the age-specific prevalence estimate (binomial outcome) clustering on study and adjusting for the midpoint of each reported age interval of the study.*

5 FOCUSING ON PAIN RELIEF IS THE NUMBER ONE PRIORITY

The three most common treatments for back pain are opioid medication, anti-inflammatory medication, and injections. All of these only alter the pain that your brain feels and do not provide a solution to the back pain.

6 TRUST THE REFERRAL

Ask specific questions about why you are being referred to a particular practitioner or facility. Ask if there is any financial reason for your doctor to send you there. Ask if there is a financial arrangement between the doctor and the treatment provider. Do not go somewhere simply because your doctor makes more money from the referral. That's not a good idea.

7 MISTAKES TO AVOID WHEN CHOOSING BACK PAIN TREATMENT

1 SEEKING UNQUALIFIED PROVIDERS

A recent study in the Journal of BMC Musculoskeletal Disorders indicated that experienced physical therapists had higher levels of knowledge in managing musculoskeletal conditions than medical students, physician interns, residents, and all physician specialists. Most people go to their primary care physician, nurse practitioner, or physician assistant for back pain care, even though these providers have received only one to three hours of education in the management of musculoskeletal disorders. Don't avoid speaking with your physician about your back pain, but discuss seeing a qualified physical therapist for relief.

2 MASKING SYMPTOMS

Masking symptoms with medications, creams, devices, or activity avoidance only compounds the problem that is causing back pain. Most back pain is due to a biomechanical problem that is creating cumulative trauma to your spine over time. You must first identify what that problem is and then fix the mechanical problem.

3 DEMANDING AN MRI

MRIs cost, on average, $2,600 in the U.S., and studies indicate they will most likely show some sort of spinal abnormality, regardless of whether or not you are in pain. MRIs that show spinal abnormalities often lead to referrals to spine surgeons. This then too often leads to surgery without attempting other conservative approaches. An MRI should only be preformed if there is a suspected fracture, spinal infection, neurological deficits, such as loss of control of the bowel and bladder function, or lower extremity foot drop due to muscle weakness. Otherwise, try to avoid this mistake even though you have a burning desire to "find out what's going on in there."

4 RESTING

All recent research indicates that resting either in the lying or sitting position when you have back pain only makes the problem worse. This is because back pain is a biomechanical problem, meaning parts of your body are not moving properly. When you rest or stop moving, the parts that aren't moving properly in the first place become even more dysfunctional. If you don't feel comfortable moving on your own because of the pain, find a movement expert (physical therapist) to help you understand what movements to do. In fact, call us at Superior Physical Therapy at 231.357.3930; we specialize in back pain.

5 NOT DOING YOUR RESEARCH

Not all healthcare providers are qualified to treat back pain. In fact, studies indicate that not all physical therapists are qualified to treat back pain. Do your research. I would recommend looking at company websites, online peer reviews, and credentials to find the best provider available.

6 SURGERY

Even the most advanced spinal surgery techniques are successful at reducing a person's back pain only 40 percent of the time. Those statistics are simply not high enough when considering the serious complications that can occur from a surgical procedure.

7 IGNORING THE PROBLEM

Back pain is considered a cumulative trauma injury. This means that the trauma cumulates over time. It will get worse the longer you wait, so get help as soon as possible. Call us at 231.357.3930, and we will get you set up for a one-on-one consultation with a back-pain specialist.

The Importance of
Value and Choice

Value is defined as considering (someone or something) to be important or beneficial; having a high opinion of.

Physical therapy should be considered of high value to you if you want relief from back pain. If it's not, let me explain why it should be.

Musculoskeletal disorders (that cause back pain) are the highest health cost category in the country at 75 percent more than heart disease and 75 percent more than cancer, affecting more people than both combined. Musculoskeletal disorders are the leading cause of disability and impairment globally. Fifty-four percent of adults report recurrent or chronic musculoskeletal disorders, and the cost of musculoskeletal disorders to the patient doubles over the age of forty-five.

Most health care providers have little or no training in musculoskeletal (back pain) management beyond prescribing medications to treat symptoms, ordering expensive and too often unnecessary tests, and referring to orthopedic surgeons when only 10 percent of the exams are surgical. The problem is compounding by a projected shortage of 20,000-30,000 primary care physicians by 2025. Ineffective treatment is the standard of care nationally for musculoskeletal disorders, and related opioid addiction is an emergent crisis.

The US center for Disease Control reports that six preventable health conditions account for 86 percent of all US healthcare spending. They are musculoskeletal disorders, cardio-vascular disease, cancer, diabetes, depression, and obesity. Prescriptive movement is proven to benefit each of these six conditions.

Studies indicate that, by seeing a physical therapist to initiate care for any musculoskeletal disorder, you will save on average 50 percent of the money that you would normally spend on expensive images, medications, injections, and surgeries.

The bottom line is that seeing a physical therapist when it hurts to move will get you in the hands of an expert who can offer you a natural solution to your pain and save you a ton of money at the same time, which is the definition of high value.

Choice is also a very important element to consider when deciding which back pain treatment to choose.

In normal business relationships, such as car mechanics, hair stylists, etc., normal buying behavior includes combining several key pieces of information in order to make an informed decision. These pieces of information usually include recommendations or reviews from your friends and family and the general public. Other important pieces of information that matter to us are the cost, location, authority, expertise, credibility, and reputation of the company we are choosing to do business with. In healthcare, the choice for the healthcare consumer is being eroded by large health systems that are monopolizing communities by purchasing, owning, and controlling once privately-owned medical facilities and then forcing referrals from physicians who stay in house in order to increase the revenue of the health system. These scenarios put you as the consumer at risk because they present situations where you feel like you don't have a choice.

The bottom line is that you do legally have a choice of where you go for treatment. No matter how the scenario is presented to you, you always have a choice. I encourage you to make the best choice possible because your health is on the line.

4 STEPS TO BACK PAIN RELIEF

1 STOP IGNORING OR ALTERING THE PROBLEM

The single biggest mistake back pain sufferers make is ignoring the problem. Often, this is in hopes that the problem will simply go away as time goes on. The problem with this thought process is that back pain is classified as a gradual onset or cumulative trauma injury. These types of injuries only get worse over time if the problem that is causing the trauma is not identified and fixed.

In addition to ignoring the problem, the most common treatments given for back pain are symptom-altering medications, such as pain medication or anti-inflammatories. Again, these strategies only mask the symptom of pain and do not resolve the underlying biomechanical problem that is causing the trauma.

2 FIND AN EXPERT

There is nobody in the healthcare system with more knowledge about managing back pain than physical therapists. This is proven by many studies. The more advanced the degree of the physical therapist, the more knowledge they have about managing back pain. Look for a doctor trained physical therapist who specializes in any type of functional exercise. At Superior Physical Therapy, all of our doctors of physical therapy specialize in back pain.

3 IDENTIFY THE CAUSE

The first step in finding a solution to any problem is to identify the cause of the problem. Most providers are focused on finding the type of back pain. This is the diagnosis, such as degenerative disc disease, disc bulge, etc. The problem is that the type of back pain does not identify the cause. The cause of most back pain is improper movement in the areas above and below the lower back, most often in the hips, feet, and upper torso. You must identify the cause before you can fix the problem. Otherwise, you are just guessing.

4 COMMIT TO THE PLAN

Once the cause is identified, stick to the plan. It takes time to make a change in the way the body moves to allow for the healing process. You should stick to one treatment plan for at least three months before you make any decisions about the effectiveness of the treatment.

My hope is that, by reading this *Consumer's Awareness Guide to Back Pain,* you are now better prepared to select the most qualified provider for your specific problem. I believe that you will make the right choice. If you are still not sure about where to go, I would like to offer you an opportunity to get a taste of what we have to offer. If you call now, I will reserve a spot for you to receive a Free Back Pain Relief Consultation with one of our doctors of physical therapy who specializes in back pain. This offer is only for people who receive this guide. In order to receive this opportunity, you need to call **231.357.3930** and mention this Consumer's Awareness Guide to Back Pain.

I look forward to meeting you.

Andrew Gorecki

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