

I could claim that it was my wife's fault. The year was 1990, and over the Labor Day weekend we'd traveled to Martha's Vineyard to celebrate my birthday. Judy's gift to me was a "special" massage that she'd thoughtfully scheduled, with the idea that it would help ease my chronic low back pain. But this wasn't the usual massage rooted in the simple pleasures of Swedish wisdom. This was going to be an experience that had the masseuse gently walking all over my back. As I made myself comfortable on the cushioned table, I pictured a petite lady kneading my back muscles with her dainty feet. Instead, I met a rather robust, Teutonic-looking woman who proceeded to stomp across my back as I moaned and groaned in silence. I really didn't want to appear wimpy but I finally had to stop the massage because the pain had taken hold of me and began to sear down my leg. I soon learned that all the narcotics on the island did little to interrupt the connection between my brain and my back pain.

If I had to describe the pain, I'd say that it felt like electrical shocks shooting down my right leg. Though it came on gradually, over several hours, I reached a point where I couldn't move or even find a comfortable position. I knew I was in trouble when the doctor in the ER offered to call the Steamship Authority and arrange for an emergency spot on the ferry to get me off the island. Luckily we had taken our station wagon, so I had a reasonably comfortable ride home with the seat in the maximally reclined position. I never before appreciated Percocet and Valium so much!

Judy had called ahead to one of my colleagues, an anesthesiologist, who specialized in pain management so that by the time she dropped me off at the hospital, I had a team waiting to perform an MRI. Going by the images, they were prepared to perform a relatively quick and easy procedure. I had already diagnosed myself as having a disrupted lumbar facet joint, something you'll read about shortly. This procedure involved what's called a facet block, and I went home

about an hour later, pain-free. I was fortunate to have such amazing access to proper medical care, and the knowledge to quickly figure out my problem. I know that millions of people are not as privileged when something goes so terribly wrong. This is in large part the reason why I wrote this book.

Without a doubt, that experience deepened my understanding of what many of my patients endure, and made me a more empathic physician. It has allowed me to better understand their plight and have a profound appreciation for the mysterious and sometimes elusive nature of pain. It also has further empowered me to listen to and learn from them, for if I had to say what has influenced me the most throughout my career, it has been my patients. They have been my greatest teachers. Although we experience pain that is unique to each of us, there are patterns of pain—patterns that allow me to better understand the source of pain and enable me to venture a diagnosis and suggest a treatment plan based on how others with the same pattern found relief. In this respect, the diagnosis and treatment of back pain are no different from those for any other disease. They require a thorough history and physical exam; they also usually call for laboratory and/or imaging studies to confirm a diagnosis and identify a course of action that has been shown to be effective.

That said, what makes the treatment of back pain dramatically different from that of most other medical problems is of course the “pain” part. (For purposes of this book, “back pain,” unless otherwise specified, will refer to low back pain. Wherever necessary, I’ll refer to other types of back pain specifically.) My patients have also taught me that pain, especially if it goes undiagnosed or is improperly treated, frequently takes on psychological and social ramifications, all of which can change a person’s life forever. To treat these individuals demands a hefty dose of empathy and honesty—the patience to listen, the compassion to care, and the rectitude to

admit failure when things go wrong. To treat these patients also demands the “art” of medicine that comes with time and experience. And on occasion, doctors like me find themselves in that wretched position of having to distinguish (as best we can) between a patient who needs medication and one who seeks it for the wrong reasons. I have to tell the difference between individuals who somehow benefit from the pain, a phenomenon that people usually don’t recognize in their own behavior, from those who don’t. So, in some regards, my job entails a mix of physiology, biology, and psychology. Frankly, that’s all part of what makes my job so intensely complex, challenging, and yet richly satisfying. In order for a physician like me to treat patients in pain, I need to look inward and examine all the moving parts aside from the pain.

A Method to the Madness

The statistics are sobering. Back pain is the second most common neurological ailment in the United States—only headaches are more common. And, after colds and influenza, it’s the second most common reason Americans see their doctors. At some point, almost all of us will have an episode of severe low back pain that will adversely interfere with our quality of life. It’s believed that low back pain costs the economy \$50 billion to \$100 billion annually. It’s the most common cause of job-related disability, accounts for more than 149 million lost workdays per year in the United States alone, and is the third most common reason for emergency room visits.

That’s a lot of sore backs. You’d think that if the vast majority of the population will experience back pain at some point, then there would be a national outcry for more relief. Despite remarkable advances and new and better ways to diagnose and treat back pain, the problem continues to grow at an alarming rate. Why? Back pain isn’t simple, and the solutions aren’t always straightforward. There is, however, hope...

My motivation to write this book is simple: I'm alarmed by watching and reading all the misinformation about how to treat back pain. Every month in the United States alone, more than 4 million people Google the term back pain in hopes of finding information on why they hurt and what they can do about it. But what people find online is chaos—scattered information that's confusing and inconsistent, and an overload of biased, self-serving advertising for various treatments. What's more, back pain gets short shrift from both doctors and the general medical community, which is probably why chiropractors deliver about half of back care in the country. And books or programs aimed to help back pain sufferers just don't do it justice. Either they view back pain as an illegitimate, suspect medical issue or they espouse a particular treatment regimen and don't address the multiple causes and potential remedies for back pain. Many spine-care professionals are familiar with just a limited menu of options and are unable to provide sound advice across the entire field. This has the unfortunate effect of leaving patients confused about which course to take...

Simon Dagenais, D.C., Ph.D., a prolific researcher who conducts research to support evidence-based management of spinal and orthopedic disorders, articulated it perfectly when he said that choosing a treatment for back pain is akin to “shopping in a foreign supermarket with illegible product labels when one is hungry.” Indeed, there are hundreds if not thousands of possible treatments for back pain, plus dozens of diagnostic approaches. The question is, though, how does the average person navigate all the options and know which is best? And how can a patient learn to be an advocate for his or her health without worrying about being a difficult patient? This book will help you answer these perplexing questions to get the back pain relief you need that is most appropriate for your condition.

By and large, *Ending Back Pain* is intended to be the practical, hands-on guide that will help anyone with back pain find a more pain-free life—whatever that entails. For some of you, a “cure” could be having a totally pain-free back in just a few weeks using a certain protocol, or maybe it will mean that you feel better in a month and are able to function more easily at home or work but will still have some pain to manage. I know all too well that back pain tends to have more than one trigger, more than one source of agony. Your pain may not be caused by a well-defined diagnosis, such as a slipped disc. In fact, more frequently than not, the pain is rooted in a constellation of physical mishaps made all the more vexing by emotional, psychological underpinnings.

This is precisely why my “whole patient” approach to healing goes far beyond simply treating an ailing back. It’s designed to get to the root of the problem of low back pain, even when the solution involves learning to live with some of the pain. Please use this book however you want to make the most of its information. As you read, highlight or circle anything about pain that seems relevant to you. Write in the margins or keep a journal to take notes and complete the exercises I’ll be giving. To access the most up-to-date information and online tools that will help you take full advantage of the recommendations in this book, go to www.drjackstern.com. There, you’ll be able to stay on top of the latest in back pain studies, learn about the most recent technologies that may be relevant to you, and view my ongoing blog and video content where I share what’s going on in the back pain community.

By the end of this book, my hope is that you’ll have gathered your own set of “symptoms,” which is the first step to a diagnosis. I should point out that this book is not just for people who suffer from back pain, but it’s also for your loved ones who can help in the healing

process. In addition to presenting the requisite “how to diagnose and treat” back pain, we’re also going to explore some of the lesser-known facts related to the subject. For example, why is back pain practically nonexistent among certain populations? How much does the psychology of pain play into the biology of pain? And why will some patients never become pain-free regardless of proven solutions available to them? These questions, and so many more, will be answered. My ultimate goal is to inform and of course empower you to end your struggle with back pain. Back pain is not the enemy; our current ways of addressing it is. It’s time that you take control . . . and got your life back.