

**About Health TV with Jeanne Blake**  
**Back Pain**  
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JEANNE BLAKE: Welcome to *About Health* TV. I'm Jeanne Blake. On this edition of *About Health* TV we are talking about back pain with Dr. James Rainville, who is the chief of physiatry at New England Baptist Hospital, and Marilyn Schwartz Lloyd, a patient of Dr. Rainville's. Thank you, both of you, for coming in today. Dr. Rainville, what is physiatry?

DR. RAINVILLE: Physiatrists are medical specialists who deal with physical medicine and rehabilitation, which is a subspecialty in medicine which specializes in helping people do the best they can with serious illnesses and injuries. So we classically would deal with people with stroke, spinal cord injury, amputations, children with deformity, and adults with chronic pain syndromes.

JEANNE BLAKE: Have you had any kind of luck when you work with people who have back trouble?

DR. RAINVILLE: Yes. For the last ten-plus years we've been working really diligently to try to find an appropriate approach that helps people improve their quality of life with chronic back pain.

JEANNE BLAKE: Why are people so vulnerable? What is it about our structure as human beings that so many people ... I mean everybody, the numbers say it, eight out of ten Americans during their lifetime will experience back pain. What is it? Why aren't we built better?

DR. RAINVILLE: We are built fairly well, but we survived for so long at this time that the degeneration that occurs in our spine catches up to all of us sooner or later, and literally 100% of people, by the time they hit their 50s, have degenerative discs and arthritis in their neck and in their back.

JEANNE BLAKE: Are most back problems that people come to you with structural in nature or is there something else going on?

DR. RAINVILLE: Everyone has structural problems with their back. Everyone has some degeneration. They'll have discs that are bulging, they'll have arthritic joints, and so the abnormality is not that structural abnormalities are present. The true problem that people have is that those

abnormalities for a small percentage persist in producing pain, whereas most of us will have pain for a period of one week, two weeks, three weeks, even a month, and then our back or our neck will feel substantially better.

JEANNE BLAKE: Marilyn, you had pain not for one or two weeks, as Dr. Rainville describes, but for years.

MARILYN: Oh, yes. I had pain since the fifth grade, when I fell off a horse, which makes me sound a lot more athletic than I am. And I've had a number of discs that had herniated, and so I was always concerned about back pain. I mean, I never had a year that went by that I didn't have back pain some time that just went on and was intractable for months at a time.

JEANNE BLAKE: But at one point you became really, really, almost incapacitated by the back pain you were living with.

MARILYN: Yes. A disc herniated. I could be out for about three months and, I mean, usually in terms of work, I'd be out for a couple of weeks and then I'd go into work and lie on the floor with my telephone beside me.

JEANNE BLAKE: How long ago was that?

MARILYN: That was about 15 years ago it became that bad.

JEANNE BLAKE: And you saw Dr. Rainville about six months ago?

MARILYN: It was actually a couple of years ago, because I've had two years of essentially being free from chronic pain.

JEANNE BLAKE: Okay, so you've piqued everyone's interest. Free of back pain. Wow. You've described that you would have a herniated disk, more than one?

MARILYN: I've had a number, and when I went to see Dr. Rainville I had a herniated disc, so I was in acute pain at that point.

JEANNE BLAKE: Okay, so what did he suggest that you do?

MARILYN: Well, after kind of a discussion and workup he suggested that I try weight training, weight strengthening at the Baptist Center that they have in physical therapy.

JEANNE BLAKE: What was your immediate reaction to having to do exercise?

MARILYN: Well, I had always done a type of exercise, you know, that was isometric exercise, and I really didn't know what it was going to be until I walked in and saw what really looked like a gym. I just assumed that a couple of those machines were the ones that I would be using. And the first one that I got on was a bicycle, and I said to the physical therapist, "I can't do bicycles. It will hurt my back." And she said, "You can take as long as you want and you can put it on as light a weight as you want, but you will do seven minutes." And I did, and I didn't fall apart.

JEANNE BLAKE: Was it scary for you to do?

MARILYN: It was very scary, because I had always been so careful that I had stopped really moving and doing anything that was physical, or even twisting side to side, because it always hurt. But what the physical therapist explained is that it wasn't that discs were popping out, it was that my ligaments and muscles were so unused that they would get sore. They would be there and they would watch me, and by the end of the time I had been on every machine there. It was very funny to watch people come in, and they'd kind of come in, tiptoeing around and looking with fear, and then you'd see these other people on machines and assume that they were different, maybe that it was an employee working out or something.

JEANNE BLAKE: They were really moving and they were using their bodies.

MARILYN: Right.

JEANNE BLAKE: Dr. Rainville, this is the whole point of your program. I hate to summarize it with one line like that, but it really is to get patients beyond the fear of using their body. You have a much more aggressive approach, not in terms of like cutting into the body, but getting people to use it.

DR. RAINVILLE: Jeanne, what we've realized is that for most people the body simply adapts to an incidence of degeneration, be it a tear of one of the discs or muscle tear or whatever happens within

the spine that causes an acute episode of pain. Most of the time the body just simply adapts and adjusts to that process and then the person feels better. When that doesn't occur, then one has to try to stimulate that adaptation, and normally what stimulates that adaptation are normal activities, a person resuming their normal responsibilities despite having some pain. But if the person becomes fearful, which many people do, and I had also when I had back pain, but what happens is we're not putting the normal forces and energies into our body that allow for that adaptation.

JEANNE BLAKE: So you described in the beginning, when we began talking about the body's natural degenerative process, we all have that. And are you saying that it's just, you know, I hate to use the word coddling because that's so negative, but our favoring our body that can help lead to our not being able to adapt to the structural damage?

DR. RAINVILLE: There is now very clear evidence that avoidance of activities in the face of acute pain that is excessive. I'm not talking about persons in utter pain cannot move off the couch for a few days, I'm talking about people becoming fearful about inducing pain, and so they stay on the couch because they're afraid of starting to move, and then they stop doing normal things that they would do, such as picking up their children, working around the yard, etc., for extensive periods of time that deprives their body of the normal energy that it needs to adapt to that degenerative process.

JEANNE BLAKE: I'm trying to understand this though, because Marilyn has described having a herniated disc. Explain for the viewers what a herniated disc is.

DR. RAINVILLE: A herniated disc is an end-stage degenerative process of one of the discs where the actual outer fibers of the disc have lost their structural integrity, and now some of the inner structure of the disc, which is a gel-like substance, migrate through the wall of the disc and many times contact one of the spinal nerves.

JEANNE BLAKE: Ouch. And had the gel come out of Marilyn's spine, even if it wasn't touching the nerve?

DR. RAINVILLE: She had had that experience in the past. Not very pleasant, was it?

JEANNE BLAKE: Okay, so what I'm confused about, and maybe others would be too, is can that actually be fixed without surgery?

DR. RAINVILLE: That process is fixed in the vast majority of people without surgery. Spine surgery is only done on somewhere around 5% to 10% of all people with disc herniations. The vast majority start getting better within a few weeks. Their sciatica starts to improve, etc., and they do not require surgery. It's only people who do not get better after several months of conservative care that even are considered candidates for surgery. And, of course, those with severe or progressive neurological deficits that have to be addressed.

JEANNE BLAKE: Okay. So you've described, Marilyn, the first day of going in and getting on this bicycle and pedaling very slowly and cautiously. Then what? I mean, how often did you ... I'm assuming that you went back to this gym that you described.

MARILYN: Well, the program had me going back three mornings a week for a month and using more and more equipment, so there were arm pulls, there were heavy weight lifts, there were things that ... I describe it as some things he might have told you never to do. So there were milk cartons that you would fill with weights and lift them over your head, which of course you're not supposed to do. I used to get on a plane and look around plaintively for someone to pick up my luggage, and after this program I went out looking for luggage to pick up. You just feel great about yourself that you can do those things. You bend over with heavy weights, keeping your knees not locked but straight so that ... and you strengthen your body, and that, I guess, strengthens the muscles around the spine.

JEANNE BLAKE: Could you describe, Doctor, what was going on during the course of this month-long program? And I'm assuming that everybody is different. I mean, you look at where the pain is and you decide which muscles need to be strengthened, right?

DR. RAINVILLE: Everyone is unique, but there are similarities with most people with chronic spinal pain. What we do is first assess where a person is at physiologically, and so Marilyn was tested. She had her range of motion measured, her strength was measured, her endurance level was measured, her ability to lift and move objects was measured. And what we're really measuring in her was both her physiological ability and what we call her psychophysical performance level, meaning that because of her fears and years of being careful with her back, she was only going to perform at a certain level for us. But that's our starting point. We then start to work with her to revert and identify preconditioning. Some of the stiffness she would work out through stretching. Her weakness she worked out by performing exercises specifically aimed at strengthening muscle groups that were not performing well. In the meantime, what was happening was, the therapists were encouraging and coaching her so that her attitude would change about her problem. And that, indeed, occurred.

JEANNE BLAKE: You mean her attitude being you want her to remove the fear?

DR. RAINVILLE: The fear, her concerns, the careful way that she was living, which had not prevented her from multiple episodes of misery. Her method of approaching the problem had not worked, and what we're trying to do is suggest if your method isn't working, let's try a different method of approaching the problem. Let's try being normal.

JEANNE BLAKE: How much a part of your getting well was having someone to talk to and having the attitude adjustment come along with the physical part of it?

MARILYN: Well, in this particular case, for the long run it was 90% of it, because people always used to do things for me so I never really used to move. And we even did the aerobics classes, you know, where they had the step dancing, and I'd talk about the fact that I used to just look at that through the window on my way to get a massage and I never thought I could do it. So it was wonderful from doing it. There was a lot of encouragement. The physical therapists there were just terrific, and they were always there, so if you thought that a body part was going to be torn off then they were there to show you that it wasn't. I saw a totally different image of myself as a person that should never do anything, to one that could do it. I mean, I couldn't even ... I wouldn't even lift the windows in the house because I thought they were too heavy.

JEANNE BLAKE: That would actually be a good excuse to not do a lot of things around the house. But we decided that a picture was worth a thousand words, and to see Marilyn and have Marilyn here talking about her exercise program is one thing, but we decided to take a camera into her house and set the camera in the corner of the living room so that she could describe, and you can see what she is able to do now ... so let's take a look at the video of Marilyn Schwartz Lloyd in her home.

[VIDEO CLIP]

JEANNE BLAKE: Dr. Rainville, when you see Marilyn in her own environment doing what she can do and remembering her when she came to you, you must see a marked difference.

DR. RAINVILLE: Oh, sure. She has come a long way from where she started from, and this is exactly what we were trying to do. We were trying to decrease the impact of this spinal degenerative disorder that she had all her life, and obviously she was very successful in doing that by working so

hard and being so diligent and persistent with her exercises and her approach to life. Good work, Marilyn.

MARILYN: Thank you. Although I must say that the physical therapists there really make a tremendous difference. They're very, very encouraging and they let you know right at the very beginning that they're working with people that have a fear of movement, and I think that's important, because you fill out a form and it asks you all these questions about what you're afraid to do. You know, you can just close your eyes and say everything. And they're incredibly encouraging and they have a great sense of humor. It's one of those things where you end up just kind of loving that person that changed your life. It really is amazing.

JEANNE BLAKE: You had been to other doctors, had you not, Marilyn?

MARILYN: Well, I had tried other things. I did acupuncture and I still do from time to time.

JEANNE BLAKE: Had anyone recommended surgery to you?

MARILYN: No.

JEANNE BLAKE: Really? I think that's unusual. I mean, I know that I have friends in my life that have gone under the knife and then ... in fact, I think one of them went to your program ... I think that's possible, and was in tremendous pain because he had surgery and that through stretching, really aggressive stretching, he is now in really good health and he's a real advocate for that. But so often I think we hear about people who have surgery for a back problem and have a bad outcome. Doctor, I'm not going to ask you to criticize your colleagues, but it does happen quite a bit in various parts of the country and probably here too.

DR. RAINVILLE: Well, it certainly does. I don't think it's ever intentional. I think all surgery is done with the best intent in mind, but unfortunately you're dealing with a very complicated physical, physiological, and psychosocial problem, and if a person is extremely fearful and doesn't move in the postoperative period, then they're not going to get the same type of healing and pain reduction as a person who is so afraid of hurting their back again that they won't move. So there are a lot of factors that affect surgical outcomes that are not related to the actual performance of the surgeries.

JEANNE BLAKE: Well, this goes back to the way you described the adaptation to the structure. It's the same thing. When you have surgery, your body needs to heal from that too. Is there anyone that shouldn't ... is there anyone with anything going on inside of their body that shouldn't do aggressive exercise as Marilyn did?

DR. RAINVILLE: Well, there certainly are. There are two medical facilitators that cause back pain that all of us know about, cancers and infections. Those people would not do well with this type of treatment.

JEANNE BLAKE: But any traditional kind of back, disc kind of stuff going on?

DR. RAINVILLE: What's intriguing is that there are actually very few. We see people with structural abnormalities all day long. We see people who have surgery all the time. In fact, a lot of our patients are those who have failed other types of treatments, including surgery. And the majority of them have at least some potential for improving their functional abilities by improving their flexibility and strength. We tend not to need to do any type of exercise with people with acute disc herniations, and that seems appropriate. We just allow them to start moving on their own, but we do coach them to get back into life as quickly as they can. There are some senior citizens with severe spinal stenosis. Success has not been as great as it is with other people because of the fixed nature of their anatomic abnormality. There's less adaptation oftentimes available to them. So even though we try, sometimes without success with that group, other times we decide that things are just not in the right situation at the time and exercise and surgery is the best option.

JEANNE BLAKE: But if someone is listening to this program and they have lower back problems and they don't know what's causing it, do you think it's important to get into a program so they know that they're doing the right stretching, or can they just mimic what Marilyn was doing on the video and strengthening the muscles in her legs and making your back stronger and making your abdominal muscles stronger?

DR. RAINVILLE: I first think it's essential that if a person has been having a long period of back pain that they have that back pain evaluated by medical professionals. That's just to make sure that nothing unusual is present. If it's found that it is just degenerative changes and all the things that happen as we age, then the most important thing for that person to do is to realize that their symptoms are relatively benign, meaning that they're not going to kill them or cause them any great harm. They just kind of hurt some. But it's safe for them usually to then start resuming some of the things that

they've been putting on the shelf instead of doing for the last few months or few years. That in itself is a huge step forward, because that starts to recondition the body to be normal again. In addition, and to get back into an exercise program, it's fine to do. Getting guidance is really great if it's available, but many people can do this on their own. We see many people who, after one or two sessions of just meeting with a physician, are able to go back into a gym or into a home exercise program or back to running and bicycling, etc., and solve their own problem without much help.

JEANNE BLAKE: So they're not going to do more harm to their body? You, by the way, keep saying go back to their routine. I'm talking about the millions of Americans who never exercise who now are left with these muscles that don't have the weight that they need to hold their body and help them not have back pain.

DR. RAINVILLE: That's very true.

MARILYN: I also think that you need to be encouraged. And one of the things about that program was really hearing people say things that Dr. Rainville is saying, which is you won't break apart, this will help you, and to see others in the program. What was interesting is that there were a number of people who were older and they were there pushing their bicycles or the arm cycles, and everybody tried out all of the machines. At least with the group that I was in. I don't think you can overestimate the fear factor of moving and learning the difference between an ache that's a muscle ache because you've been moving that muscle as opposed to an ache because you think you popped a disc or something. So therefore you should not mimic.

JEANNE BLAKE: And you continue doing the exercises? Is it something that you'll always do?

MARILYN: Oh, absolutely. It really is a great time. It's great. I do it in front of the TV. It's amazing what I can now do, what I'm not afraid to do. I'm moving boxes or lifting groceries and all those things. It really is a remarkable change.

JEANNE BLAKE: Doctor, last question. I don't believe that there are as many doctors telling their patients to stretch. I mean, I had a back problems a few years ago and one of the leading doctors that I went to did not tell me to get going and exercise and stretch.

DR. RAINVILLE: In general, I believe that physicians and other health practitioners focus too much on pathology and worrying about the degenerative disc or the bulging disc, etc., as opposed to focusing

on what the desires of the person are, which are to get back into a functional lifestyle. And most people, as soon as they find out that their pain is unharmful, that gets rid of your fear of causing further injury just by being their normal selves. That is probably the key thing we try to do, is help people get over the fear and get back into being normal.

JEANNE BLAKE: Great. Well, we're out of time. The time went very, very quickly. Thanks, Marilyn, for sharing your story. And I think just by being here and talking and letting us videotape the movement that you do every day at home with your stretching exercises will give people a lot of hope and at least give them the idea that they can make themselves stronger and healthier. Dr. Rainville, thank you for taking the time to talk about your program.

DR. RAINVILLE: Thanks very much.

JEANNE BLAKE: And we'd like to thank you for joining us on *About Health TV*. I'm Jeanne Blake and I'll see you next time.

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