Chronic pain - the myths

A scan will give me a diagnosis
FALSE

Although an X-ray, CT or MRI scan may occasionally be helpful, findings such as disc degeneration, arthritis, disc bulges and fissures are common in the pain free population and are not necessarily the reason for your pain.

I am causing damage if it hurts
FALSE

The level of pain experienced is often a poor measure of injury or tissue damage. Even if an activity is painful, it is not an accurate sign of doing harm.

Bending and lifting will make my low back pain worse
FALSE

It may be painful to bend and lift with back pain, but developing the mobility and strength to bend and lift is important.

Surgery is my only chance of improvement
FALSE

Surgery and interventional procedures have a very limited role, if any, in the management of low back pain.

Strong pain killers (opioids) will help manage my pain
FALSE

Solutions that focus on opioids for managing pain at best mask people’s physical problems and delay or impede recovery and at worst may prove to be dangerous and even deadly.

I should stay in bed and rest
FALSE

Returning to movement and work is better for recovery and preventing recurrence than bed rest.

My pain and limited function mean there’s nothing I can do
FALSE

People who catastrophise about the meaning of pain become trapped in a vicious cycle of avoidance behaviour, pain and disability. A physiotherapist can help interpret pain and use exercise to break the cycle and reduce pain.

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Only about 1-5% of low back pain is caused by serious disease or injury.

Exercise therapy is included in all guidelines for the treatment of chronic pain - ask your physiotherapist, the exercise expert

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