

SERENDIP PT

# 7 WAYS TO EASE BACK PAIN

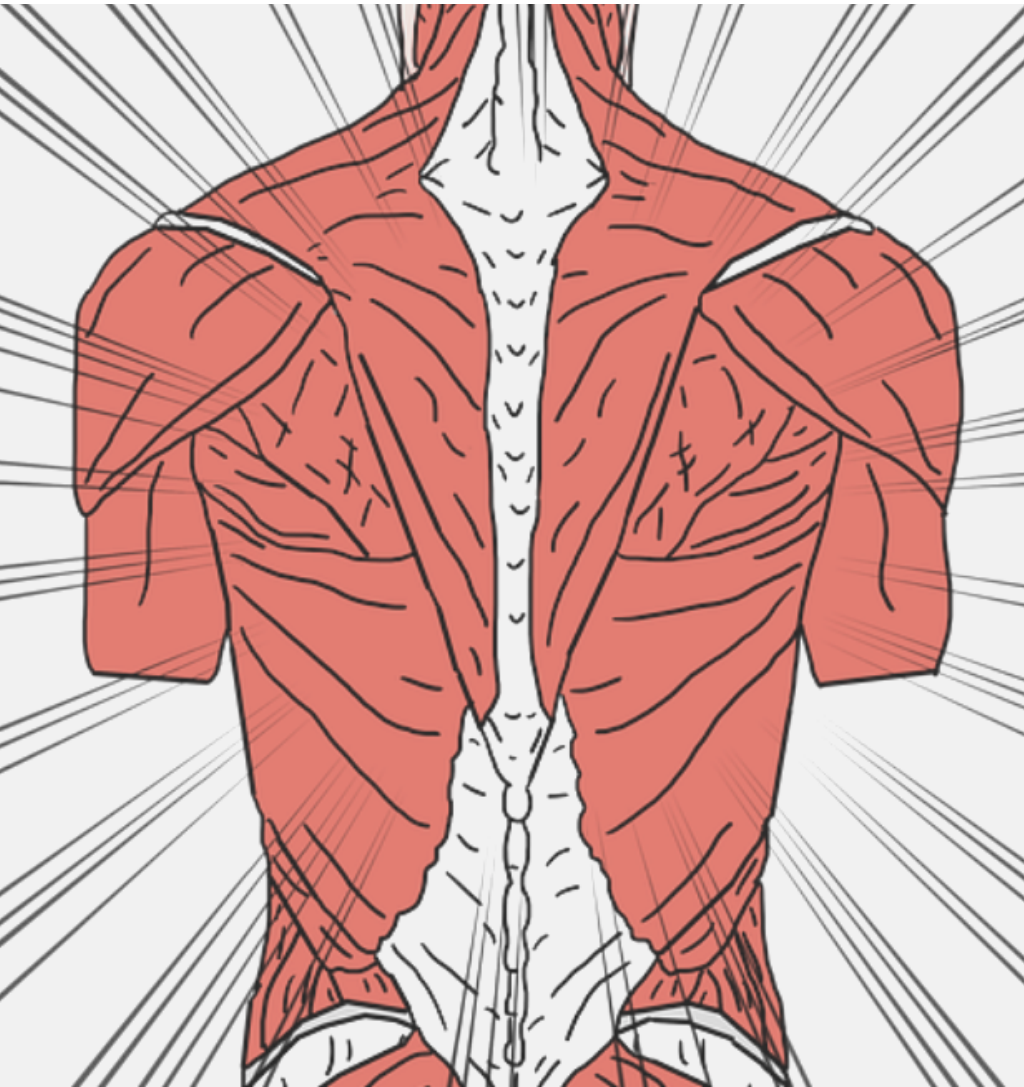
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# About the Author



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Jane O'Brien Franczak has practiced physical therapy for over 27 years. After graduating from Boston University in 1992, Jane moved out west and focused her clinical practice in orthopedics. Jane learned Myofascial Release (MFR) while working and studying in Sedona, AZ, under the guidance of John Barnes, PT. She is an expert and instructor in MFR.

Her advanced training in pelvic health was recognized with the Certificate of Achievement in Pelvic Physical Therapy (CAPP) in 2008. After closing her clinic in Lake Tahoe in 2014, she returned home to Maryland to work at Johns Hopkins where she exclusively treated pelvic floor disorders. Jane is honored to be one of less than 500 Board Certified Women's Clinical Specialist (WCS). She served a 2 year term as an Item Writer for Specialization Academy of Content Experts.

She is certified in Dry Needling through Myopain Seminars to address pain from trigger points.

Outside of work, Jane loves to spend her time with her family and enjoys outdoor sports and traveling.

Inside, you will find much helpful information regarding back pain. This is not a substitute for professional care. The purpose of this guide is to empower you, the client, on how to manage your care by becoming more informed. It is my hope that you will be able to learn and make an informed decision about your health needs.

## The Problems with Pain

- a. How pain affects you: Pain causes changes in the brain. Chronic pain reroutes the message to the brain, bypassing checkpoints where the nervous system determines what the problem is, the degree of injury, and the response to the input. Over time, the body perceives a lighted match as a 5 alarm fire and calls the neighbors to take drastic action. Instead of seeing a kitten at the door, the brain sees a lion and sets the alarm bells in motion. Panic sets in. Anxiety rises. Sleep is disturbed. Life is no longer normal. What should be a small issue is perceived by the brain as life threatening.
- b. The myth about pain: Many people think, “ It will get better with time so I can just wait it out.” 80% of the time, this is the case. But what about the other 20% of cases? Persistent pain may not resolve on its own. The nervous system can get caught in a state of over-sensitivity. This is called Central Sensitization. 2 things occur: One can develop 1. Allodynia, when there is a pain response to something that is not normally painful. 2. Hyperalgesia, an extreme reaction to a painful stimulus. A simple touch can be perceived as pain, or a light bump may cause a person to cry out or grimace in response. The patient may think they are going crazy.
- c. What to do about it: Mild aerobic exercise can help to mediate the nervous system. Take a walk outdoors. Walk on a treadmill. Ride a stationary bike. Be active. Endorphins will be released that can help to calm the pain. Seek treatment by a physical therapist who can find the source of the pain, apply hands on therapy to relieve the pain and lessen the knots.

## Physical Therapy vs. MD

- a. What type of treatment is best for pain? There are many options. As a PT, I am partial to Physical Therapy . It is the least invasive way to treat pain. Hands-on care, by a skilled musculoskeletal expert who can evaluate your condition, determine the cause of your issues, develop a treatment plan to recover, and use evidenced based research to help you to heal and to become resilient so you do not slide back into pain.
- b. Why physical therapy? Physical therapy is the non-invasive method for pain relief. No Drugs, no opioids, no surgeries, no invasive techniques. The PT will provide education to help you understand your pain and how to help yourself. Hands on care, through manual therapy, such as Myofascial Release and trigger point dry needling, gentle exercises to stretch the tension and stabilize the joints. Breathing to alleviate the anxiety, increase the oxygenation and to expand the rib cage. The goal is to improve sleep and to return you to an active lifestyle where you can hug your family, take part in activities and feel normal again.
- c. The biggest pitfall of not seeing a PT first: In this day and age of immediate gratification, the first line of defense is often drug therapy. People are prescribed medicine for their pain. They are told to take the regimen of drugs for a certain period of time then return to the doctor. They are often told, if the meds don't work, the next weapon is surgery. I ask the patients, "For what?" Most patients tell me that they don't really know, but surgery is what their doctor suggested if the medicines don't work. The medical world too often skips physical therapy expecting that it will only consist of exercises. They forget that manual therapy, hands-on care, is a huge component of PT.



## Should you really get an MRI?

- a. MRI's can be tricky. Many times, findings show up on the MRI, that don't match with the symptoms. On the other hand, many MRIs show that nothing is wrong, but the patient still has symptoms. MRI's do not show connective tissue tension, clenching, and fascial tightness. They cannot show the trigger points in a taut band of tight muscles. So, they are often misleading. The patient is told that the MRI is normal. They are left to wonder what is causing their symptoms. Here is the thing: The standard tests show breaks and tears, but not tension. Why not seek treatment by a hands-on manual physical therapist first before spending the money on and wasting the time awaiting a test that may be inconclusive? You could have had 3-4 sessions of hands on care and gotten tremendous relief in the amount of time that you will wait for the test . What are you waiting for?
- b. Treatments that increase strength: Main stream PT loves to prescribe exercise. Most of the exercises are designed to increase your strength. I have never understood why we give exercises to someone who is in pain. The issue is pain, not weakness. I was once told by a very wise manual physical therapist, Pete E. when I was just out of school and he was teaching me how to use my hands to treat patients, "PT's seem to freak out if they do not give exercises." All these years later, I still laugh at the statement. Pete was right. I have seen so many therapists over the years prescribing exercises for their pain patients. Those with headaches are NEVER happy doing these exercises. They seem to hurt! The point is this, Why are PTs giving strength exercises to patients who don't have a strength problem? Typically, it's because the PT needed to move on to the next client so he needed something for the patient to do while the tech finished the patient. If the therapist provides skilled hands-on care to relieve the pain, and to elongate the tight tissues and to restore the joint mobility, stretches should be used in between sessions to enhance the progress. Strengthening can help to stabilize if that is an

issue. Motor retraining might be necessary to a degree. But if strength is not identified as the problem, then it will not help fix it.

- c. Treatments that improve function Here is where motor retraining comes in to play. Once the pain is relieved, retraining the muscles to fire in the right sequence can stabilize the joints during mobility and prevent decline. One can return to lifting the kids without straining the back, throwing a ball without straining the shoulder, perform a pelvic floor contraction (Kegels) without adding to the pelvic pain, run without knee pain. It takes a skilled physical therapist to recognize the faulty movement patterns, determine the cause and retrain the client to move in the correct sequencing. This takes time and often requires personalized 1-on-1 attention to properly administer a good function based treatment program.

## 7 Ways to Ease Back Pain Without Pills

1.) Avoid Wearing Certain Types Of Footwear Footwear	Footwear such as sandals, high heels and fashion footwear may look good, but are not helpful when trying to protect your low back area. Consider wearing shoes that fasten tightly, with a soft cushion base and that contain a instep suitable to your foot position.
2.) Avoid Sitting Cross-Legged	Your spine isn't designed to twist or turn. And sitting in a cross-legged position is doing just that. Your joints are twisted, muscles stretched and in this position your spine/lower back is weak and you're vulnerable to injury.
3.) Sleep With A Pillow Between Your Knees	If you sleep on your side, try a pillow between your legs to keep your spine aligned and this will reduce tension at your lower back as it lowers the amount of rotation/twisting in your spine.

4.) Avoid Sleeping On Your Stomach	Avoid this position at all costs - every part of your spine is twisted and in the wrong position and if you sleep like this, it's no wonder you are suffering from back pain.
5.) Change Your Mattress Every 5 Years	People want to know about their mattress and what type they should sleep on. Almost impossible to answer as the question is too generic. But what I can say is that if you haven't changed your mattress in the last five years, then it's about time that you did!
6.) Daily Lower Back Exercise Rituals	In the same way that you brush your teeth twice per day to keep them clean and avoid pain, you need to look at working on your back in a similar way. Exercise classes such as Yoga and Pilates are helpful if you want to avoid repeat low back pain.
7.) Give physical therapy a try	Most people don't realize how easy it is to access physical therapy. You don't need a referral from your doctor and you don't need to talk with your insurance company about it. The first session ( the discovery session) is free and you'll find out what else you can do to ease the pain. <b>Call 775-690-1211 today!</b>

**Thank you for taking the time to read this book. I hope you may find helpful tips for your particular issue.**

**I look forward to helping you return to golfing, playing with the grandchildren, getting fit at the gym and enjoying life!**

**Call Jane at SerendipPT today**

**775-690-1211**



## The SerendipPT Method.

- a. What is it? A method of treating the body, based on orthopedic principals, combining manual treatments including Myofascial release therapy to improve the bony frame mobility and alignment, elongate tight connective tissue, strengthen and stabilize the system and improve the function so the body is resilient and less prone to relapse.
- b. Why it works: This is a proven method used for hundreds of patients with numerous issues over the last 20+ years. Each treatment is individualized based upon the client's needs. This method includes a thorough evaluation of the musculoskeletal structure combined with treatments including Myofascial Release, dry needling trigger point releases, movement-based corrective programs, and education.
- c. Why it will work for you: Your needs are unique to you. Each patient is viewed as an individual, assessed according to their particular issues, and treated for 55 minutes by 1 therapist for the entire session. You have the full attention of your treating therapist.