

A simple way to get your back into shape

By Gillian Reeves

PERSONAL TRAINER

Over the past two weeks I've explained how to solve two common posture problems, an excessive lower back curve and rounded shoulders. The final common posture type is frequently seen in today's deskbound culture – a flat back. Flat backs are often caused by slumping on the sofa or sitting at a desk, hunched over a computer screen. Shoulders round and fall forwards slightly and the pelvis tips backwards – so instead of the spine holding its natural S shape, it is more of a straight line or C shape.

The natural curves in the back act as shock-absorbers, so if the spine deviates from this, it creates muscular imbalances that affect other parts of the body.

It is best to visit a personal trainer or physiotherapist to discover if you have a flat back – but you can also check yourself by standing side-on to a mirror. Look at the position of your head in relation to your shoulders. If your head is jutting forwards, this would indicate rounded shoulders.

Then look at your knees. If your knees are bent slightly, your pelvis will most likely be tipping backwards, making your lower back flat rather than having a small natural concave arch.

To restore balance to the lengthened muscles of the back and the shortened muscles of the chest, abdominals and hip flexors, perform a modified 'Camel Pose'.

Kneeling down, reach your right hand up to the ceiling while holding on to your left heel with your left hand, as pictured below. Concentrate on pushing your hips forwards and breathe steadily.

Hold for 30 seconds and repeat on the other side.

Do this stretch every day to really feel the benefits and you may find that you add an inch to your height as you encourage your spine to lengthen.

● To find out more about personal training, visit www.virginactive.co.uk



My back pain was so horrific, I looked as if I had been mugged

Gill Keighley's whole life was transformed by new surgery that replaces damaged discs

By Caroline Bellamy

Gill Keighley was walking to the shops when a passer-by came up to her. 'Are you all right?' he asked. Gill reassured him that she was fine but he looked doubtful. 'Are you sure? You look in so much pain, I thought you'd been mugged.'

It was a defining moment for Gill, a 37-year-old social worker. For two years, her body had been racked with pain caused by two badly deteriorated discs in her lower spine that were pressing on surrounding nerves.

Gill, who lives in York with husband Philip, 37, and daughter Jessica, seven, had managed the agony with high doses of painkillers and physiotherapy. She even joined a gym and lost two stone to try to make life more bearable.

'The pain was so bad that sometimes I'd be crawling to get around the house,' she says. 'I'd been signed off work and I needed my husband to help me pull up my trousers. At one point Jessica even said to her father, "Is mummy going to die?" It was obvious I had to do something.'

Three in four adults will experience lower-back pain at some point. Ninety-five per cent of cases are 'simple' or 'non-specific' – which means it is not due to underlying disease.

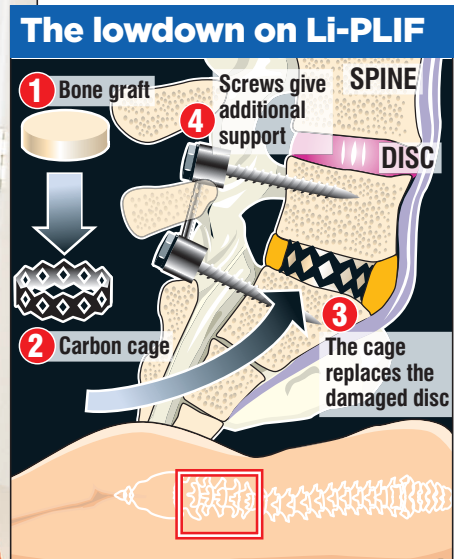
Most of the lower back is made up of muscles that attach to, and surround, the spine, which is composed of a series of bones – the vertebrae. These are roughly circular, and between each is a disc made of strong, rubber-like tissue that allows the spine to be fairly flexible. Strong ligaments attached to adjacent vertebrae give the spine extra support, while muscles enable it to bend.

In some cases the cause of pain may be a sprain – an over-stretch – of a ligament or muscle. In others a minor problem with a disc between two vertebrae may be to blame, or with a small 'facet joint' between two vertebrae.

Although the pain can be severe, most bouts soon ease without intervention and the usual advice is to keep as active as possible. Painkillers are helpful until the problem subsides. However, if chronic pain develops, further treatment may be needed.

Persistent pain can be due to a trapped nerve or slipped disc, in which the inner, softer part of the disc prolapses (bulges out) through a weakness in the outer, harder part.

Degenerative disc disease, in which the discs dry out and shrink, losing



SITTING PRETTY: Gill after her pioneering spinal surgery, above

Despite his experience, he admits no one fully understands the workings of the spine. 'We do not know why some degenerative discs are painful and others are not.'

The Li-PLIF may give hope to thousands suffering long-term back problems. Some patients with a 20-year history of back pain have had Li-PLIF treatment and returned to work.

While physiotherapy, osteopathy and painkillers can treat many sufferers, for people like Gill, surgery seems to be the answer. The operation is available on the NHS, where the waiting time is about 18 weeks, or privately, where it costs £20,000.

Surgery is offered only if non-surgical treatments have failed, says Mr Krishna. 'But if you don't have surgery, you won't end up in a wheelchair. You'll have ups and downs – it is a quality-of-life decision.'

There are some risks. 'Infection, nerve injury or irritation and leakage of spinal fluid can occur in two to four per cent of patients. These problems can be treated but there is a very small chance that surgery can leave you worse off. The chance of being paralysed after low-back surgery is virtually nil.'

Gill had the operation last January and felt a difference the next day. Within eight weeks, her life was transformed. 'I didn't realise how much pain I had been in. In the past few months I've been snorkelling and cycling and have just returned from a holiday to Croatia. Beforehand, I couldn't even get myself on a plane because it was so uncomfortable. It's completely changed my life.'

Mr Krishna says: 'Many patients who visit their GP are told if they fail physiotherapy they just have to live with the pain and take painkillers. With the major advances we have seen in spinal surgery in the past ten years, this is no longer true.'

● www.kspine.net

which can be up to ten times the body weight,' says Mr Krishna. 'The surgeon removes the disc through the right and left sides of the spinal canal, and the space left is packed with bone graft obtained by crushing the facet joints and mixing it with artificial bone chips and bone marrow taken from the iliac crest [pelvic bone].'

'This bone graft is placed inside hollow cages made of carbon-fibre and these are placed in the disc space. The aim of surgery is to remove the pain generator [the disc] and restore normal movement across the disc by packing it with bone.'

'Screws are then used to support the fused vertebrae. Additional bone grafts may be placed to ensure a solid fusion.'

Mr Krishna has performed the Li-PLIF procedure privately and on the NHS more than 1,000 times, and has the world's largest published scientific series on it.

DOCTOR DOCTOR

Q I have issues managing my anger and temper. Can you help?

A It is worth discussing this with the doctor as there may be counselling or anger-management therapy that can help. Your GP should also be able to recommend a self-help book on the subject.