

Motor Control Exercise + Chiropractic & Massage = Better Back Pain Results + MD Referrals

Opioids, NSAIDs and Tylenol are OUT according to New Back Pain Treatment Guidelines from the American College of Physicians

Low back pain treatment guidelines don't usually make headlines, but the new American College of Physicians (ACP) recommendations against common drug therapy for "non-radicular low back pain" made national headline. After all, it's big news when the world's largest medical-specialty society (148,000 members!) says don't take drugs because research shows it's better to handle back pain naturally.

The door is opening wider especially for the growing collaborations with evidence aligned medical physicians who're being told to follow this seismic change in back care. One example: At a local hospital I visited last week there were multiple table signs of a Medscape article about the new guidelines in the physicians lounge. Here's what the article said:

*"For chronic low back pain, consider nondrug therapy, such as exercise, multidisciplinary rehabilitation, acupuncture, mindfulness-based stress reduction (moderate-quality evidence), tai chi, yoga, **motor control exercise**, progressive relaxation, electromyography biofeedback, low-level laser therapy, operant therapy, cognitive-behavioral therapy, or **spinal manipulation** (low-quality evidence).¹*

The guidelines are specifically recommending Motor Control Exercise (MCE), in addition to well-known but underutilized therapies such as chiropractic and massage. Also called motion control exercises, MCE are not just any exercise (or rehab) performed with good form, and they're not just muscle isolation. MCEs are about precise isolation of control and stabilization, with accuracy. This is a new arena, and new evidence continues to come in supporting the idea that retraining subtle control can make a significant difference compared to stretching(2) as well as when compared to other exercise (3)

All Motor Control Exercise is not the Same

The StrongPosture® rehab protocols are MCEs designed for chiropractic daily clinical practice, as well as for general public health education. The clinical protocols are specific short duration sessions that use Must vs TRY cueing to systematically target and strengthen weak links in the body's kinetic chain.

Especially once new injuries or old habits create symptoms, there's functional postural compensation (and over time structural adaptation) that create weaknesses in small stabilizing muscles, especially in the inner core muscles. Our position is that unless you teach someone to focus precisely on a compensating or adaptive arc of motion, motion patterns will tend to recur.

StrongPosture® MCE use strong attentional focus to create individualized exercises that are both diagnostic as well as therapeutic with three progressive tracks. By focusing on one region of posture and element of motion control at a time its easy to find and then strengthen weak links in that individual's kinetic chain. As one of my favorite researchers, Vladimir Janda, put it:

The test is the exercise; And the exercise is the test.

In addition, to facilitate patient communication and objectively benchmark perceived posture, we use the PostureZone® app to benchmark patients posture, show changes over time, and incorporate actionable ways to see and improve posture to everyone. By observing the 4 PostureZones® and targeting subtle asymmetries with attentional focus the StrongPosture® protocols and PostureZone® framework are tools for professionals serious about helping posture, and are the focus of the training program for Certified Posture Exercise Professionals® (CPEPs).

1 Qaseem, Amir, Timothy J Wilt, Robert M McLean, Mary Ann Forciea, and Clinical Guidelines Committee of the American College of Physicians. "Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice GuidelineFrom the American College of Physicians." *Annals of internal medicine* (2017)doi:10.7326/M16-2367

2 <http://www.medscape.com/viewarticle/875737>

3Effects of Motor Control Exercise Vs Muscle Stretching Exercise on Reducing Compensatory Lumbopelvic Motions and Low Back Pain: A Randomized Trial." Park, Kyue-Nam, Oh-Yun Kwon, Chung-Hwi Yi, Heon-Seock Cynn, Jong-Hyuck Weon, Tae-Ho Kim, and Houn-Sik Choi. Journal of manipulative and physiological therapeutics 39, no. 8 (2016): doi:10.1016/j.jmpt.2016.07.006

4 Biswas, Aviroop, Paul I Oh, Guy E Faulkner, Ravi R Bajaj, Michael A Silver, Marc S Mitchell, and David A Alter. "Sedentary Time and Its Association with Risk for Disease Incidence, Mortality, and Hospitalization in Adults: A Systematic Review and Meta-analysis." Annals of internal medicine 162, no. 2 (2015): doi:10.7326/M14-1651.

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