

A TRAINEE PILATES TEACHER WITH BACK PAIN

PATIENT NAME:

Alison, Trainee Teacher of Pilates

ACTIVITY:

Pilates

CONDITION:

Constant back pain

Alison came to see us in January 2009 complaining of constant low back pain. Alison was studying to be a Pilates teacher and this pain was stopping her from performing certain exercises during her training course.

The pain had been with her for a couple of months. To continue with her course, and be able to learn all the different Pilates exercises required to teach patients, she needed to be able to do them herself.

This was not possible for Alison, so she was referred to us by her Pilates studio. When we examined Alison, she had very poor posture and alignment. She had a considerably stiff and sore low back, which we felt was caused by extreme stiffness in her mid back between her shoulder blades. It turned out with further questioning, that she had an old unresolved shoulder injury from two years ago. At that time, she had been diagnosed with inflammation in one of her tendons in the shoulder called the supraspinatus. This condition is called supraspinatus tendonitis.

At the time, Alison had received a course of physiotherapy treatment at a different physiotherapy practice and the problem had settled down by about 70%. However, we found out that her mid back, the thoracic spine, had never been worked on by the physiotherapists at the time of her shoulder injury. At Physio Fitness we consider the shoulder and mid back to be closely related, and believe that if a patient doesn't have full movement in their shoulder, then their mid back will inevitably stiffen up. Alison obviously did not have full movement in her shoulder while she still had the inflammation in the tendon.

In our experience a patient will only ever regain full movement of the shoulder if the mid back is moving normally, and, in order to allow a tendon to fully heal, a physiotherapist does need to make sure there are no problems in this part of the back.

We therefore diagnosed her problem in her low back as an **overstrain injury**. Alison was essentially putting too much strain on her low back to compensate for the lack of movement in her mid back. Instead of her movement coming from both areas in the back, all the movement was occurring in the low back. The low back suffered in this case. This in turn, caused the muscles in the low back to work too hard and as a result they tensed up and caused her low back joints to stiffen resulting in pain. In order for us to take the strain off the low back we had to deal with the problem higher up in her mid back. We obviously had to loosen up the lower joints too.

Her shoulder joint was also positioned badly. It was sitting too far forwards and we had to address this too. Alison therefore had a very complex problem but it was a case of identifying the exact **CAUSE** to treat the **EFFECT** of these problems.

WHAT DID THE TREATMENT CONSIST OF?

We worked on loosening up all the joints in her back, with what we term 'joint mobilisations' and manipulation. We worked on improving her posture and setting her shoulder in the correct position. We also used some taping techniques to pull the shoulder backwards to give the brain the correct information as to where her shoulder should be at all times. This allows the right muscles to be retrained to hold the shoulder in the new position. We also had to give Alison plenty of exercises to keep her mid back moving.

HOW IS SHE DOING NOW?

Alison can now move her back freely without pain

Alison has responded extremely well to treatment. Her low back and mid back are now moving normally and she is no longer in pain. She is able to manage this on her own now. As mentioned earlier, her old shoulder problem was unresolved. She has just had a new MRI scan on her shoulder which has shown that she still has some inflammation in the tendon and in one of the soft tissues around the shoulder that cushions one of the muscles as it attaches into the shoulder. She is now under the care of an orthopaedic surgeon who has given her some local injections into the inflamed areas. Alison is more likely to respond to this treatment now, especially as we have corrected her movement and alignment. If we had not worked out the underlying problem, then the injections would have been unlikely to have had any positive effect. Generally, if a patient is injected in an area when the strain on the tendon has stayed the same, ie. if, as in Alison's case, the flexibility in the spine had not been corrected, then the patient would just continue to inflame the tendon.

We will wait to see how Alison gets on with her orthopaedic consultant for her shoulder but we are certain that she will come back and see us for her shoulder, once the surgeon is happy.

Alison is delighted that she can do her course without back pain

Alison is no longer complaining of any low or mid back pain. She is now able to perform the exercises in her Pilates classes and is extremely pleased with the treatment she has received. She had been fed up with having back pain for some time, and was deeply unhappy that this pain was restricting her from pursuing her career. Now that she is getting the right course of action for her unresolved shoulder problem, Alison has said that she can finally see the light at the end of the tunnel!

ARE YOU SUFFERING FROM ANY BACK PAIN OR A PROBLEM THAT HAS NOT SETTLED WITH TIME?

IF YOU HAVE A THOROUGH ASSESSMENT BY A PHYSIOTHERAPIST THEN THE PROBLEM CAN BE TREATED.

Well done Alison for working hard on keeping your back mobile and concentrating on your posture at all times. We will see Alison no doubt over the coming months to help her shoulder problem settle down fully once and for all!

If you know of anyone who would benefit from this kind of approach please do not hesitate to contact us on **07956 472468 / 020 7433 2127.**

Shelley Abraham
Chartered Physiotherapist

PHYSIO FITNESS, UCS ACTIVE, FROGNAL NW3 6XH.
www.physiofitness.org.uk

