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.

A physical therapist can help develop a programme for you to move safely.



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.

Many types of exercise, including weight training, can bring great benefits.



I should stay in bed and rest

FALSE

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

Immobility and bed rest for more than two days have never been shown to be beneficial.



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.



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.

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



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 physical therapist can help interpret pain and use exercise to break the cycle and reduce pain.

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



