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**1) Thinking about your patients, how many of them have contacted you over the past two years for the treatment of back issues, bad posture or neck pain?**

Let's say out of ten people I see in a day, six come to me for back-related issues of various kinds and nature.

As regards neck pain, the patients who come to me cover a good percentage of the treatments I do but I definitely put low back pain at the top of the list. Speaking instead of bad posture, I would count it among the causes of lumbago and neck pain.

**2) Have you seen an increase over the last two years compared to the previous period?**

I have seen a noticeable increase of people who come to me, after the lock-down, I would say 20% more than usual.

### **3) Do you believe that patients who come to you for these disorders are sufficiently aware of the problem and its causes?**

It's a very interesting question, because often people come into the studio thinking they know what they have. However, the reality - I think - is different when patients come into my office and tell me "I know I have this kind of problem because it's caused by this other thing." It's usually these beliefs, beliefs that are linked to hearsay maybe an acquaintance or friend of ours has told us that he or she had the same problem. A search on Google made us identify the diagnosis which we believe is correct, very often a herniated disc is not the cause of the pain and therefore these types of awareness must first be torn down and then rebuilt through good education even from us, from physical therapists, physicians, and professionals who deal with the patient.

### **4) Is there a difference, for example, between patients of different ages, different lifestyles, whether athletic or sedentary, and type of work?**

I always tell my patients that the age issue is relative certainly as age increases, so do episodes of low back pain.

In terms of frequency, but we should bear in mind that the first episodes of lumbar blocks or back pain are reported between 16 and 25 years of age so in reality the pain is not necessarily related to increasing age and it is not true that old age necessarily brings all evils, you can have these episodes even at a young age 16/25 years, precisely. Physical activity in general plays a strongly preventive role as long as it is obviously managed with the right loads and with the right graduality. Sedentary life, instead, exposes us to pain in terms of both frequency of episodes, so it is more likely that a sedentary person will have back pain several times a month, and intensity of pain.

## 5) What could the causes be?

One of the causes in my opinion is the fact that the closed pools, gyms and physical activity centres have greatly increased sedentariness together, of course, with a change of habits also with respect to work so work habits have changed, from a round trip to the workplace to not having it and especially from having an ergonomic workstation to not having one, perhaps working with your computer on the kitchen table or in even more uncomfortable positions. This is definitely one of the main problems. In fact, our bodies are not meant to sit still. Sedentariness is bad for us. Just think of any inflammatory process. When we have an inflammatory process, perhaps related to trauma or injury, we have an increase in blood circulation which is generated precisely by the movement of the blood vessels. The more blood reaches the area, the more the inflammatory process has a chance of continuing to do its job.

If we are still, we generate stasis. This fluid stasis, for example at the level of the inflammatory process, generates additional inflammation because we need, in order to make the inflammation go away, more blood. This amplifies the inflammation and consequently the pain. This is just one example but in general that's how it goes with musculoskeletal pain so sedentariness, according to me, is the main cause of the increase in this type of issues related to the musculoskeletal system.

## **6) What nonpharmacological and rehabilitative measure are most indicated to manage musculoskeletal disorders in general?**

Following on from the previous question, let's add that back pain is a multifactorial problem we need to open ourselves up to an approach that is called bio-psychosocial i.e., in order to definitely avoid clinical issues in the back. It is crucial, however, to remember that we are within a context, the last two years in this psychosocial context has not been optimal given what happened, to the various concerns that we may have had both in terms of work and from an emotional and family perspective.

However, these contribute to the pain so the approach has to be multimodal. Certainly, physical therapists must take part in the rehabilitation process but they are not alone, and there is not just the doctor because precisely there is a need to work on several aspects. Physical activity is at the top of the pyramid.

There can be manual treatments at the base, but at the top of the pyramid there has to be physical activity understood as exercise prescribed by a physical therapist or a doctor but also physical activity to be done independently with proper load management.

**7) Talking about low back pain and neck pain what are the most effective manual therapy techniques to modulate pain?**

Indeed, because our bodies are made to move; the first manual therapy, performed by a physical therapist, therefore we would call it passive because a physical therapist does it and the patient does not participate actively in this type of therapy and immobilisation, i.e., techniques in which a physical therapist uses his or her hands to move the joints. You can imagine for example a hip joint that is immobilised they are the most indicated as well as manipulations so those techniques that you can see on all YouTube channels. The ones that make you crack for example can be very, very useful.

**8) How important is it to implement a personalised programme of specific exercises to completely get rid of pain and restore function because it also gives us the opportunity to really be autonomous?**

The patient begins to have autonomy that is, he or she realises that doing an exercise he or she might feel a little more pain but that pain does not affect him or her to the point of not continuing with the activity so it also becomes the way to actually treat oneself at times when you feel the most pain. It's a very experiential approach so it gives us the ability to, for example, manage fear of movement.

It is called kinesiophobia. Through simple or complex exercises if we have this tool, this exercise programme we will be much better able to manage the acute event and perhaps with the acute event, precisely because it was handled this way, if it occurs again, it will not happen with the same intensity as the previous event.

## **9) What lifestyle, physical activity, and posture changes, can we make to prevent the development of musculoskeletal system disorders?**

In this case I would focus on our work life. If we take the 24 hours of a day and take away the 6/8 hours we sleep we have 14/15 to live.

Most of these 8/10 hours are spent at work except for a few fortunate people, I consider myself one of these we have the ability to move around the table, show an exercise, so we're always on the move. Most people who have to sit in front of a computer have a sedentary work life. This often forces us to take very few breaks for example, to go once to the bathroom, another time for a coffee, then there's lunch break no more than 3/4 times in 10 working hours. There are very few. So the advice is to take your phone set an alarm that goes off every half hour during working hours to force us to get out of our chairs. For me, getting up from the chair and moving around means making the journey from the desk to the office. We don't have to imagine kilometres and kilometres, just a little is often enough, surely it helps us to manage that working time when we are more sedentary. In addition to this, create an exercise or physical activity routine for oneself, I'm not saying, but weekly maybe three times a week is good enough. the WHO recommends doing an hour and a half of physical activity a week.

## **10) Can physical activity, such as running, for example, affect back pain negatively?**

A myth needs to be dispelled here, it is thought that back pain and running don't go well together. The truth, however, is different.

Most often, running, as well as playing a preventative role in back pain, can also play a "curative" role researchers have done studies, particularly on the hydration of the intervertebral discs, and on the composition of the intervertebral discs, it has been seen that physical activity in particular running, can stimulate the production of fibers that are created around the intervertebral disc, in a way that strengthens and hydrates it. Running is recommended, perhaps running in an acute phase is not the best advice to give but there is no absolute contraindication to running, indeed it should be an increasingly recommended activity by professionals because it plays a very important preventative and reinforcement role.

This study we've talked about now also compared the condition of intervertebral discs in more sedentary people saw that dehydration of the intervertebral disc in sedentary people is significantly higher than that in people who run or do physical activity.

So running is absolutely recommended.