



Back Pain? 3 Gadgets and Gimmicks to Avoid

Make sure you read the entire document. There is valuable information that can help you get out of pain and save money.

There's no doubt that some people find some or all of these products to be wonderful for easing their back pain. This Consumer's Report will lay out my rationale to help you make the best decision for you and your family.

For the record, I also have a list of retail items that I DO use on a regular basis. Keep your eye on your inbox – it's coming your way.

Avoid Inversion Tables.

I should mention that I chose this picture from Google randomly – this is not a brand I dislike more than others... I dislike them all equally. 😊

I should also mention that my step-mom uses one and swears it's the best thing since sliced bread...but I don't approve.

Here's why.

#1. It may encourage **HYPER**mobility and instability of your spine.



HYPERmobile = too loose
HYPOmobile = not moving enough – “stuck”

Let me explain.

One of the objections to chiropractic care is that it might make your spine “too loose” or... HYPERmobile.

It makes sense but keep reading...

Hypermobile joints are considered unstable and vulnerable to injury. It's one thing if you have an unstable knuckle – it's a whole other cause for concern if you have an unstable spine.

Keep in mind that inside your spine you have a spinal cord. Your spinal cord is the structure that carries all the nerve impulses from your brain to all your body parts (heart, lungs, digestion, reproductive organs, arms, legs).

Your brain and spinal cord also regulate all the healing and repair in your body.

No-one wants an unstable spine.

An unstable spine can put undue pressure on your spinal cord. That can be a huge stress to your body and it could lead to pain and disease.

So when people ask me if Chiropractic could make their spine too loose, I explain that the only spinal bones Chiropractors work on are the ones that are HYPO-mobile (stuck). If I work on the ones that are already loose or normal....yes, that could create “looseness” (HYPER-mobile spinal bones).

Chiropractors are experts at finding and correcting the ones that are stuck and leaving the loose ones alone.

In fact, finding the bones that are really stuck and gently helping to restore normal movement can actually stabilize the bones that have become too loose!

So how does that relate to inversion tables?

Inversion tables involve strapping onto a table, going upside down and letting gravity do the work of stretching the spine and surrounding muscles and ligaments (the stuff that holds the spine together).

Seems like a good idea, that is, to let gravity exert a gentle steady pressure on the spine and surrounding muscles and ligaments and relieve pressure and pain. Some people report having great success at achieving temporary pain relief with inversion tables.

Temporary relief.

It *sounds* good, but here's the catch.

If gravity is putting a "separating" force or "stretch" on **ALL** the spinal bones and ligaments as it does with inversion, which spinal bones do you think will be affected?

- The ones that are stuck and immovable?
- The ones that are already moving normally?
- The ones that are already too loose?

Answer: All of them. No specificity, no precision.

The risk is that it is one force for all the bones. The loose, the normal and the stuck. It's one size fits all.

Normal spinal bones may become loose (unstable) and the ones that are already unstable become even more loose and even more unstable!

There are other risks associated with inversion tables as well. It raises your blood pressure in general and the pressure in your inner ear and eyes in particular. If you suffer from inner ear problems like positional vertigo or Meniere's disease, an inversion table is not for you. Nor is it for you if you have a history of eye disease like a detached retina or glaucoma etc.

There is probably a cross-section of the public who suffers from back pain, has no instability of the spine and could improve their quality of life by using an inversion table. Unfortunately, unless your spine has been carefully examined by a spinal care expert, (Chiropractor, Physiotherapist, Orthopedic Surgeon) you have no way of knowing if you have spinal instability.

I routinely examine patients in my clinic whose x-rays reveal an instability that the patient never knew about. Without proper evaluation, instability can remain hidden and an inversion table could make it worse.

Avoid TENS Units. “Dr. Ho™” ...

TENS=Transcutaneous electrical nerve stimulation

I have to hand it to Dr. Ho. He is an innovative guy and I respect his willingness to take action and take a product to market.

But do I recommend Dr. Ho’s or anyone else’s “Do-it-Yourself” TENS device?

No, and here’s why.



It allows the user to neglect a problem which could become irreversible and debilitating.

When your neck or back hurts – understand that you don’t actually feel the pain in your neck or back. You feel it in your brain.

Your brain that tells you that your neck or back hurts. The pain signals that come from your neck or back, and ankle, and elbow...they’re competitive. They are all shooting up from your pain point to your brain for processing.

If your neck is *more* painful than your back, it will send *more* signals to the brain....and can actually block the pain signals from your back from actually getting through.

What that means is that you *could* be experiencing damage in your back but the pain signals are being blocked by the signals being sent from your neck. The result is you don’t *feel* the back pain – you just feel the neck pain.

Sometimes in my [Chiropractic practice](#), a patient will have a primary complaint of neck pain – and as the adjustments I make to their spine allows her to heal, the neck feels better and the pain signals die down.

Seemingly, out of nowhere back pain begins to emerge.

The pain and damage in her back was there the whole time, but the signals were not able to get through....until now.

The bad news is that she may think she has a new problem, but she doesn't. It's a problem she didn't know she had until now. The good news is we get a chance to address it before it gets really bad. Occasionally though, it's too late.

Routinely covering up symptoms is *almost* never a good idea. Whether it's a TENS unit doing the camouflage or Advil™.

It allows you to neglect a problem that spreads and becomes irreversible.

TENS units allow you to neglect a problem.

TENS units (in my opinion) are valid when they are administered by a professional and used when correction of the underlying primary condition is not possible. In fact, when back pain is so severe and there is nothing that can be done, TENS units are sometimes implanted surgically – to give the patient *some* pain relief.

The issue I have is when the product is readily available for sale to anyone who wants one and uses it according to a set of instructions that is neatly folded and crammed into the box.

Can a layperson be trained in the proper use of a TENS unit? Absolutely, just not with a few videos and a flimsy instruction sheet. I wouldn't recommend it as a stand along do-it-yourself pain relief device. It could get you into a lot of trouble.

If you are being followed by a spinal health expert (Chiropractor, Physiotherapist, Orthopedic Surgeon) and they have trained you in its use, the TENS unit could be helpful.

Here are some examples of comments made by laypeople self-directing their use of TENS. There were more but I just snipped these five.

Comment from: RAOatesy, 25-34 Female (Patient)

Published: August 18

“

Even on the lowest setting, TENS ([transcutaneous electrical nerve stimulation](#)) quickly made the [rheumatoid arthritis](#) affected joints in my feet hurt worse.

”

Comment from: Prof Sanchez, 55-64 Male (Caregiver)

Published: January 02

“

Every time they use transcutaneous electrical nerve stimulation on my neck I leave confused, disoriented and my memory is slow. My mother's physical therapist used TENS on my mother and I watched, learned and was oriented on where never to put the patches and electrodes. One of the areas is on the neck. Stimulation should not be applied to the neck. Severe spasm of the laryngeal and pharyngeal muscles may occur and the contractions may be strong enough to close the airway or cause difficulty in breathing. Stimulation over the neck could also have adverse effects on the heart rhythm or blood flow. This disorientation you are feeling may be due to the reduced blood flow to your brain. I would consult the physician, and the person who is giving you these therapies. It should be a trained medical professional. TENS placed in the wrong locations can do more harm than good. If placed correctly, it works wonders. Take care and hope this info helps.

”

Comment from: Joseph, 55-64 Male (Patient)

Published: November 11

“

I have started feeling [tinnitus](#) after taking transcutaneous electrical nerve stimulation (TENS) for a week on my neck for cervical spondylosis.

”

Comment from: Jane, 55-64 Female (Patient)

Published: September 21

“

I used a TENS (transcutaneous electrical nerve stimulation) unit on my shoulders and upper back. After a few days of intermittent use, my [anxiety](#) has gone through the roof. It may not be related, just wondered if anyone else had such an experience.

”

Comment from: jmaisoui813, 55-64 Female (Patient)

Published: May 19

“

Every time they use transcutaneous electrical nerve stimulation on my neck I leave confused, disoriented and my memory is slow.

”

Avoid Back Braces/Belts

This one is pretty simple. Two reasons to steer clear.



1. It weakens your muscles and leaves you vulnerable for further injury.
2. It allows the user to adopt sloppy lifting techniques.

When the belt is in place, it does all the work in supporting your spine. Your muscles can just sit there and there is no need for them to fire. Over time your muscles lose their tone and strength, leaving your spine unsupported and unprotected.

These types of supports are a bit like TENS units in that they may be useful when there are no other options.

There is some evidence to show that back belts can protect you during a lift. As soon as the lift is complete, the belt should come off.

This is the one back belt/support style I *would* recommend and only if you are performing a lot of repetitive lifting movements on a daily basis. Even then I would say it's use should be limited for the reasons stated above.



It has a Velcro strap for the waist and shoulder straps. The Velcro makes it easy to fasten and unfasten with lifting movements and the shoulder straps are there to keep the belt loosely around your waist when it is unfastened.

I used Google and entered "Back support with shoulder straps".

I am sure there are several brands and at this time I do not recommend one brand over another.

Here is what should you do next.

Start by asking yourself these questions. Answer them carefully and fill in the blanks.

1. How long has your back pain pain been bothering you? _____

2. Before this episode, what was your first recollection of having similar pain? _____
3. If it continues for another xx weeks/months/years....what do you think is going to happen? _____
4. How old are you? _____ Add ten years to your life. How old are you then? _____
5. If you are the way you are now, what will life look like in 10 years?

All too often I meet people in [my clinic](#) who waited too long to seek help. If you are in pain, I hope you don't make the same mistake.

Early intervention can make the world of difference...not just for right now, but for your future.

Contact a spinal health professional in your area (Chiropractor, Physiotherapist, Orthopedic Surgeon) and get an opinion on the state of your spine today, not tomorrow.

But which *type* of professional should you seek? Chiropractor, physio, massage, acupuncture?

Great question. It matters.

I am a Chiropractor and I think that what we do is fantastic but I will seek out massage or physio and even acupuncture depending on what is happening with *my* health.

Choosing the wrong type of professional means prolonged pain and wasted money. Making the right choice the first time = RELIEF!

With that in mind, I decided to open my office for complimentary consultations. Fifteen minutes with you and I will know which route is best. Not only that but if yours is not a Chiropractic case, I can connect you with someone you and your family can trust.

We might even be able to have a consultation over the phone.....

Don't waste anymore time. If you are in the Ottawa, ON area and would like a professional opinion on your condition, call [my office](#) for a complimentary consultation today.

Remember to let us know your preference. The consultation can be in-person or over the phone.

(613) 224 5400

Dr. Paul Groulx

Disclaimer: We have never met and I don't know your particular circumstance. This e-book is intended for informational purposes only. Consult with your health care professional to learn what is best for your circumstance.