

In Excruciating New Cure for Back Pain, Doctors Tell Patients to Hit the Weights

BY TARA PARKER-POPE

FOR PEOPLE WITH back pain, the advice has long been simple: Take it easy. Now, some doctors have a radically different suggestion: Make it hurt even more.

The new treatment, called aggressive rehabilitation, goes well beyond traditional physical therapy, taking the "no pain, no gain" approach to an excruciating level. After years of tentatively guarding their backs for fear of injury, back-pain sufferers who can barely walk or stand are subjected to grueling exercise, using their back muscles to stretch and push weight.

Those who can soldier through the treatment call it a miracle cure. A number of recent studies show back-pain sufferers who use aggressive exercise are far more likely to return to work, have less pain and are less likely to seek additional back treatment than those who use more traditional treatments.

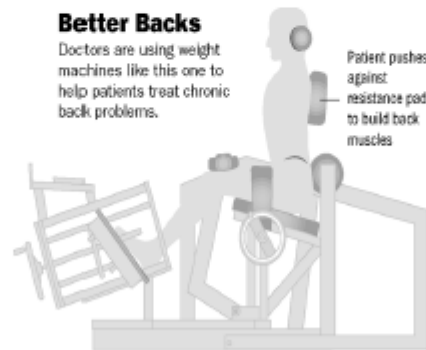
"We say, 'Let's not guard it and protect it anymore,'" says Carol Hartigan, a physical-medicine and rehabilitation physician at the Spine Center at New England Baptist Hospital in Boston. "It's the opposite of what they've been told. If you have a bad back, it should be strong and flexible and fit."

Intensive exercise has been slow to catch on. The therapy is far less lucrative than the pain pills, injections and surgical treatments that are the cornerstone of the back-pain industry. And patients, too, are reluctant to pursue the treatment, which takes more time and effort than passive therapies. But now, with growing evidence that spinal-fusion surgery doesn't work for most people, more patients are looking for nonsurgical options.

David Shorr of Chicago is a believer. A few years ago, he was ready to undergo spinal-fusion surgery for three degenerating disks. Mr. Shorr, a 38-year-old partner in Chicago trading firm, was barely able to work.

In a last-ditch effort to avoid surgery, he flew to the Physicians Neck and Back Clinic in Minneapolis, where doc-

tors prescribed intensive exercise that focused on building up his muscles. Before treatment, he could use his back



to push 42 pounds; after 3 1/2 months, he could push 178 pounds -- his body weight. He and his business partner invested \$25,000 to buy the MedX exercise equipment used by his doctors.

"The first night I was crawling around, that's how much pain I was in from my first treatment," says Mr. Shorr. "Now, at 38, I'm as strong as I've ever been. When you're living with back pain, you are willing to experience worse pain to get past it."

The treatment runs counter to what most back-pain sufferers have been told. Often, physical therapists tell patients to ease up if they start to hurt. But proponents of intensive exercise say it only does more damage when people stop using their backs. The patient becomes "deconditioned," and the back becomes weaker, making it more likely to be injured again. Whether the problem stems from an injured disk or degenerative disease, proponents say strengthening the muscles will help.

"The more inactive they are, the lower their chances of recovering are," says Charles Kelly, a founder of the Physicians Neck and Back Clinic.

Still, he says, getting better often is "dependent on whether they have the chutzpah to go through an initial increase in symptoms." Patients face a huge psychological hurdle in believing

that they can start using their backs. As many as a third of patients drop out of the intensive exercise programs.

"I was very afraid and very concerned," says Elizabeth Prouty, a 56-year-old Boston resident who has suffered years of back and disk problems. She underwent aggressive rehabilitation twice a week for 10 weeks, and now regularly does the back stretches and weight-lifting that keep her pain in check.

Of course, patients shouldn't just run off to the gym on their own. Proponents say that at least initially such treatment should always be monitored by a physician. Meanwhile, finding a spine specialist who recommends aggressive rehabilitation rather than just traditional physical therapy can be tough. Some doctors use MedX exercise equipment, which uses computers to monitor a patient's progress. A list of clinics that use the equipment can be found on www.medxonline.com/Backpainclinics.htm.

Dr. Hartigan says her center uses the Cybex back-extension machine and other weight machines commonly found in health clubs. Most centers also recommend a maintenance program using an inclined "Roman chair" that a patient can lean on while lifting and stretching the back.

The treatment can cost \$100 to \$125 an hour, depending on the clinic. A 10-week program at the Minneapolis clinic costs about \$2,000. A more intensive program at Pride Rehab in Dallas, however, can last 90 to 200 hours, costing thousands more. Some, but not all, insurance plans cover the cost.

The key to all of the programs is that they don't focus on pain relief but on restoring back function. "Rarely do they say they have no pain," says Tom Mayer, an orthopedic surgeon and medical director of Pride Rehab. "But these are people who were previously thought to never be able to work again . . . who do go back to the same kinds of jobs they did before."

St. Paul, Minn., lawyer Tim Malchow, 60, could barely walk, drive or

even sleep in a bed because of paralyzing back pain. After aggressive rehabilitation treatment, he continues to exercise on his own and is now able to drive, swim and go hunting. "I was not at all intimidated by the fact that they said, 'You're going to have to exercise and you're going to hurt,' " says Mr. Malchow. "I know what pain is all about."

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