

Preventing and Managing Back Pain

Webinar transcript

Alicia:

Welcome to today's webinar entitled Preventing and Managing Back Pain. This webinar will teach attendees about what back pain is, its causes and when it is a cause for concern. Prevention and management strategies will also be reviewed, and attendees will be provided resources to perform these strategies at home. The webinar will have pauses for questions from our attendees and it will also be concluded with a question-and-answer session at the end.

Today, we are pleased to have as our presenter Mr. Timothy Gribbin. Mr. Gribbin is a content lead for the physical fitness domain of the Consortium of Health and Military Performance, also known as CHAMP educational website, Human Performance Resources by CHAMP. Mr. Gribbin is also a certified athletic trainer and a subject matter expert in exercise physiology and physical fitness to improve performance. Without further delay, I will turn things over to Mr. Gribbin.

Timothy Gribbin:

Thank you very much for having me. As Alicia said, my name is Tim Gribbin. I am a senior scientist with the Henry M. Jackson Foundation, an athletic trainer by trade. So, I received my education in musculoskeletal injury prevention and treatment primarily with athletes, but we also do a lot with military as well. So, just the start is the standard disclosure information. These opinions are my own and do not reflect the official policy or position of the Uniformed Services University or the Department of Defense. These opinions and applications are my responsibility and also don't reflect those of the Henry M. Jackson Foundation for the Advancement of Military Medicine. If I mentioned any trade names or commercial products or organizations, that does not imply endorsement by the U.S. government or HJF, and I have no financial interests or relationships to disclose.

We have four objectives that will go through today. First, discussing the problem that is back pain. I'm talking about what is a cause for concern, and then we will discuss some strategies for management and prevention as well. The first objective is going through the problem. In short, it is back pain. It is a huge problem to the United States both for the military but also the civilian sector. So, within the military, back pain specifically is one of the principal causes of lost duty time and medical visits. In the civilian sector, it is also the number one cause of lost work days. Back pain comes with several consequences both in the short term and the long term. In the short term, we see increased costs, primarily medical, burdening the individual suffering the pain. We're seeing loss of duty time, both in the military and for civilians and compromised situational awareness, which is a huge burden depending on your job.

So, if you are required to pay anything specific attention for certain things in your work, that can cause huge issues for safety for yourself and others. In the long term, we see the more systematic increased



costs. So, we're talking costs to military services, costs to insurance companies and the health care system as a whole, and we also see increased occupational attrition. So, people leaving their career field because it is contributing to their pain too much and affecting their quality of life. To define back pain, there are several different definitions that we like to use. The first is specific versus nonspecific back pain. Specific pain has a known source, so things like a disk herniation, a spondylopathy, which is a stress fracture in your spine, or malignancy. So, cancers can cause back pain.

The next definition is nonspecific back pain where it has no precise source. If we take images like x-rays, MRIs, CT scan, there's a very weak association between what we find in the imaging and your symptoms. I present this reference from 1982, so pushing 40 years ago to make the point that this isn't new. There are more recent studies that have come out, but that story hasn't changed even as imaging techniques have gotten better. So, why is this important the weak association with imaging?

First, we know that imaging doesn't improve outcomes compared to people who don't get the imaging taken. So, you may or may not find something and that doesn't mean that it's the cause of your pain. So, will it be treated differently? Not necessarily. The next is that there are trends to increase surgical intervention for back pain, but the outcomes are similar. Back pain surgeries aren't the most effective in reducing the pain in the long-term and the outcomes are really aren't much better. So, we're exposing people to surgical risk, which we want to avoid if at all possible. And next is that we often find something that may or may not be the cause of the pain. So, if you take an MRI on a hundred people, you will find disk bulges and degeneration and things like that in the majority of people. That doesn't mean that it is going to cause pain and, if you have pain, it doesn't mean that's the actual cause.

The next type of definition that is often used is symptom-based. So, how does your pain present? The first one is localized pain. So, it is confined to one anatomical region. These are usually structural in nature. So, things like a rotated vertebra pelvic malalignment, which is this picture on the right where his pelvis is very anteriorly tilted or a slipping rib as it's known where the rib attaches to the spine. It is off a little bit and that can cause some pain.

The next definition is radicular pain. This is neurological where your pain radiates down arms and legs. It can be due to a disk herniation, which are most common in the lower neck and lower back. Rarely will you see one in the middle of the back and this is where we get into the imaging as well. If you find a thoracic spine disk herniation, that doesn't necessarily mean that that is what causing the pain that we're experiencing. This can also be due to stenotic compression. So, the area that the spinal cord passes through the spine can degenerate and compress the spinal cord causing pain or a brachial neuropathy. So, that's a pinching of the brachial plexus in the upper extremity. If you're familiar with common football injuries that you might hear in professional athletes, this is a stinger or a burner type of injury.

And the last symptom-based definition that is commonly used is a referred pain. These are most often due to non-musculoskeletal sources. So, heart attack, pancreatitis, various cancers can refer pain out to areas because you can't tell how my heart is hurting when you're having a heart attack. So, it refers out to different areas of the body.

The vast majority of back pain is considered nonspecific. So, we're going to talk about that throughout the course of the rest of the presentation. So, nonspecific follows what's called the natural course



ranging from acute back pain, where it lasts less than six weeks, transitioning into a subacute phase where the pain is continuing for 6 to 12 weeks, and it doesn't reduce in severity or go away. And then, we start to enter the chronic pain phase where pain persists from longer than four weeks, again, without reducing in severity or breaks in daily pain.

So now, when is back pain a cause for concern? There are a few red flags that make us think that your back pain might not be nonspecific or there's no defined cause, and this is when you're experiencing these symptoms are something that you want to go see medical as soon as possible to get checked out and these are usually symptoms that will be a cause for ordering imaging. The first one being unrelenting pain at night. So, if you're OK during the day and then you lay down to go to sleep and then your back really starts hurting and it's keeping you up at night, that is often a sign of malignancy that we want to look out for.

Bilateral radicular pain, so shooting down both arms or both legs is indicating a spinal cord issue. Constitutional symptoms, so fever, weight loss, night sweats, fatigue, unrelated to other known conditions. So, if you're not trying to lose weight and you can't keep it on, that's an issue. Malignancy or a history of malignancy, so some people are actively battling cancer and, if they newly developed back pain, that can be a sign that it may have spread somewhere else.

Bowel or bladder changes or generally abnormal vital signs. The next set of red flags to consider again if you are experiencing any of these you want to see medical, a recent history of trauma accompanied by numbness or sensation change. For example, after a car accident, if you're getting a consistent tingling or burning in your arms or legs, that is something to have checked out. Pain radiating down one arm or one leg, this usually follows – it's called the dermal distribution. So, if you say the tingling goes down into my thumb and first finger, from there we can actually identify which nerve root level is affected and kind of trace it back to the spine and see where we might have the issue. This type of pain is most often described as fire or sometimes tingling and numbness.

When talking about nonspecific localized back pain, so most nonspecific will be localized or combined generally to one anatomical region. The low back or the neck is usually where it is. The causes of pain are typically broken into intrinsic, and I like to call them environmental causes. So, intrinsic are things that have to do with the individual. Most of these things we can fix or environmental causes are things that an individual is exposed to. Some of them we can't fix, others we need to work harder to fix.

So, intrinsic causes – we're going to bang out a pretty big list here. So, things like muscle fatigue, hypo or hypermobility. So, individual spine segments moving too much or not enough, a pelvic malalignment, spondylopathy, rib dysfunctions, general posture, but it also includes things like mental health, genetics and weight gain. I'm sure most of us have experienced that in the last year due to COVID. And the list really goes on.

For intrinsic or environmental risk factors, the list is a little bit shorter. I'm talking to the general civilian population. If we're talking to aviators or pilots and their aircrews, the list is a little bit longer. But, generally, for most people a poor workstation setup is a big cause of back pain, so really hunching forward, not sitting up straight. I'm willing to bet due to COVID we are going to see an increase in back pain because so many people are now working from their kitchen tables or couches and not in a proper



office setup. Heavy lifting, pushing and pulling without proper form is also a major cause of back pain and the last one being posture due to where you work most often.

So, going back to that military aircrew, tall pilots don't fit inside the airframe. So, they need to hunch and crouch to reach the controls, but not something they can deal with or change without changing the entire setup of the airframe. The same can be said for civilian workers working in tight spaces, but it's also very common.

So, we'll see two common links in both intrinsic and environmental causes of pain and that is posture is the common link. And something to remember that most people these days are desk jockeys in some way. Even laborers have to spend a lot of time sitting and they're filling out paperwork or they sit to rest after the long day and aren't maintaining that proper posture.

Where do we go from here? There are so many causes of pain and so many different ways it can present in that nonspecific fashion. The good news is it doesn't always matter what the exact cause is. There are a few things we can do to generally treat all sources of pain. So, if it doesn't matter what the cause is, 'when does it become a problem?' is a fairly common question that I get. The first is that if you can't do your job. So, if it's affecting your sitting during the day and you can't concentrate, that's an issue. If you're a service member and can't perform your job depending on what it is, that can be a safety issue for yourself and others.

The next is failed conservative management. So, as I mentioned earlier, nonspecific low back pain typically resolves on its own within six weeks. That's just the acute phase of low back pain.

If you go six weeks without a reduction in pain or your pain doesn't go away or if it actually gets worse, that can be indicative of that transition to chronic pain. So, you should definitely go see medical so we can get some focused holistic care earlier and prevent that transition to chronic pain where it becomes more difficult to treat.

Next, we'll go over strategies for back pain management and how to prevent it. There are a few options that we can use to manage back pain. An old one is bed rest. This used to be commonly prescribed you go to a doctor and say, "My back hurts," and lay down in bed, rest, don't do anything." This is actually one of the worst things that you can do. Your pain won't get better and there's a pretty good chance that will get worse. The next option is to do nothing about it, continue about your day and kind of tough it out. This actually isn't a bad option. Most cases will resolve on their own without treatment in four to six weeks, just knowing that there's a light at the end of the tunnel and maybe some slight activity modifications and you'll be OK. It's a bit of a burden and can be annoying, but it's not the end of the world and you're not doing structural damage to your body. The downside of this is that recurrence within six months is fairly common.

The next group of strategies are the most effective when they are done together as a whole. Those are education and coping strategies and teaching an individual about back pain, improving mobility in the spine and upper and lower extremities, and core-strengthening exercises are all effective. When we're talking about education and coping, it's teaching an individual about what back pain is, the natural course and how to manage that. I'd like to talk about back pain using an old baseball quote and the back



pain is 90% mental and the other half is physical. So, that's not to say that the pain is a mental manifestation and it's not real. It's more that you can through mental performance and fitness strategies really manage your pain very well.

There are two topics that make your pain worse and can make them last longer. The first concept is pain catastrophizing. So, this is where you view your back pain as being worse for yourself and your life than the reality of it is. So, you feel the battle of back pain coming on and this is the worst thing that can happen to me right now. I won't be able to do my job because my back hurt. So, I'm going to get fired and, if I get fired, I won't be able to pay the bills and I'm going to lose my house and how am I going to support my family. This is actually a fairly common, like train of thoughts, when viewing pain as being catastrophic. The reality is it's not if you know how to cope with it, and those who exhibit lower levels of pain catastrophizing or don't catastrophize at all, do see improve quality of life and reduce symptoms. So, that's something that I could teach people to avoid.

The next is fear avoidance. This is where you are afraid that your back is going to hurt or if your back is hurting, you're afraid that an activity is going to make it worse. So, you don't do those things. These people are typically less physically active, which is a main management and coping strategy for back pain is actually to stay active. Again, individuals with lower levels of fear avoidance, beliefs and behaviors do tend to recover faster and have lower recurrence rates.

The last point on the slide is that pain does not equal grounding. So, recycling this presentation from when I deliver to military aircrews, their perception is that if I report my back hurting, I'm going to be removed from duty and grounded. And that's not the case. As long as you are able to function and maintain your situational awareness and effectively do your job, just because you report your pain doesn't mean you need to be shut down. And that is very important to convey to patients if you're a medical provider or to understand yourself so that when you are reporting your pain to medical, you still push and say, "Hey, I can still do my job. Please don't shut me down."

We'll just go through a little bit of research about the education and coping.

So, a large study of Army soldiers entering combat medic training, the soldiers were provided a single 45-minute psychosocial educational session. And this alone led to a decrease in low back pain episodes that, combined with core strengthening activities did show a good effect. So, there is much more research out there, but I like to just pull the military specific aspects from this one.

When we're talking about mobility and core stability on its own, there's really only a handful of studies that look at, are these effective, and the results are mixed. Some show that, yes, just doing mobility instability exercise does work, others not so much, and that's for a lot of reasons. It goes down to even the study design and how it was conducted. So, it's hard to say, but it definitely doesn't hurt and it's a good thing to add into every workout.

So, when doing exercises to manage back pain, I'll present it in two segments. First, the neck and the upper back, you work to – again, address those two causes that we identified earlier for being posture. And a common posture that you'll see is called an upper cross syndrome where an individual's head is really sticking forward. You're not seeing that good alignment between the ear, the shoulder, the hip,



the knee, and the ankle going straight down, and you'll also see rounded shoulders. So, they're really slouched forward, and this is a primary source of upper back pain.

So, to treat this, for somebody who is actively managing that pain, there are two goals. The first is to reduce pain and the second is to restore proper posture. To do this, first, we want to avoid daily tasks that exacerbate pain, and this is things that you need to be honest with yourself and that you know will make your pain worse and trying to avoid those fear avoidance beliefs. So, taking stock of, you know, I have to lift heavy objects today for work. Maybe, I shouldn't do that.

For the exercise strategies, you want to pull the shoulders back and the head back. So, looking at this picture on the left, this individual's ear, shoulder, hip, knee, and ankle are all in a straight line. This is good posture. And to do this, the general rule is that you stretch the front and strengthen the back. So, you want to stretch the pectoral muscles, the chest muscles, the lats which are on your back but attached towards the front of your arm, and your delts, so the shoulder muscles. You also want to strengthen the middle of your back. Those are the rhomboids or also known as scapular stabilizers and the rotator cuff to maintain that posture.

Some additional stretches and strengthening exercises are to stretch the neck. So, this top left picture and top right picture are an individual stretching their upper trap and head retraction exercises, the bottom picture, also known as chin tucks. This will strengthen the neck muscles that help maintain that proper posture. And these are examples. The top two are lat stretches and chest stretches that you can use to really open up. And the bottom exercises are scapular stabilization exercises that help you pull the shoulders back and keep them back. So, the idea is that we're opening up that range of motion with the stretches. And then once it's open a little bit, we do the strengthening exercises to keep it there. Common names for these exercises to look up are Y, T and W exercises, and this individual on the right is doing wall exercises.

For the lower back, it's more or less the same story. We see what's called a lower crossed syndrome that presents with this anterior pelvic tilt. So, the hip bones are tilted forward and an exaggerated lordotic curve. So, a lordotic curve is a curve in your spine from back to front that is normally present in good ideal posture, but it becomes deeper with this poor posture and can contribute to back pain. Again, same goals reducing pain and restoring proper posture and using the same general mentality of stretching the front and strengthening the back.

So, exercises that stretched the hip flexors and the quads are very helpful because they attached to the front of the pelvis, which pulls it forward. We also want to strengthen the back muscles, so the glutes, the hamstrings and general core musculature. And, again, these are exercises that are good for strengthening and stretching. So, the top left is a glute bridge, which is very good for strengthening the glute muscles and hamstrings. The top right is a bird dip or an RDL or Romanian deadlift. Those target the hamstrings. And then the bottom, we see the individual doing some low back and glute stretches and quad stretches on the bottom right.

Where do we find these exercises? They're all over the internet, but I do have a section on CHAMP's educational website at hprc-online.org called "Rehab, Refit, Return to Duty." It is under the physical fitness section and it does contain exercises that for the low back help you stretch the front and



strengthen the back. It is a three-phase program that progresses you from really low-level exercises going up to phase three where it's a bit of a higher level. And this is a good way to manage your back pain. If you don't currently have pain, these also will work preventatively as well because, again, we're hitting those key concepts of stretching, firming and strengthening the back.

So, if you do have pain, we want to practice what's called strategic avoidance. So, what do you want to avoid? First is anything that you know will make your pain worse. The difference being what you know will make it worse versus what you fear will make it worse. And, again, you really need to be honest with yourself about that. Lifting weights with poor technique is a primary cause of low back pain and can definitely make it worse if you have it. If you don't, it can start it up. If you have acute pain, we generally want to avoid heavy lifting, so be it strength training, work or anything else.

So, the final objective, how do we prevent back pain? Back pain prevention is very similar to the management, and first is the educational piece. So, when teaching yourself, teaching your patient, teaching a provider and others that you know have back pain, the first pain doesn't mean you need to be shut down. You can still operate. You can still be physically active and still work. This is very important to managing your expectations.

The next piece that's very important to know is that there's often no anatomical cause. So, we go back to that definition of nonspecific back pain and we can take all of the pictures that we want with the fanciest techniques and we won't find anything that we know to be the cause of your pain. So, what this means is that when you are staying active and working through your pain, or if you don't have pain to avoid it, you're not going to do physical damage to your body, and that's very important to know because that contributes to those fear avoidance behaviors.

The next is the knowledge that if you do experience pain, it will likely go away within six weeks, and we want to stay active and push through that to prevent that transition to chronic pain or chronicity. How does this work for prevention? Well, this kind of goes back to how the research is conducted and, if people don't report their pain to medical, it doesn't show up as a case. And in some instances, we might think that people are deciding the pain for medical, but if you do it in a big enough population, it's interpreted more as actually preventing the pain. And what this does is it reduces the burden on the individual having to seek out medical care and pay for medical care but, again, also the health care system in the bigger picture.

The next, which are maybe a little less effective than the educational piece is again exercise. So, exercising the core and working on stability and mobility. What exactly is the core? There's this common perception that the core is the six pack abs and it's the muscles that make you look good and that's not the case. So, this individual on the left from Top Gun just has a really low body fat percentage. That doesn't mean that he is a stable person. The individual on the right is a world class power lifter.

He has to have an incredibly strong core to stabilize his body and lift that huge overhead. So, the reality is that the core isn't just what you see. It's actually mostly what you don't. So, we're actually going to go through the next couple of slides very quickly. The core itself is not only the gross movers. So, the abs, the obliques and in the back of the lats. This is going back to that picture. What the core actually is are the primarily small stabilizing muscles.



So, on the left here, we have the internal and external obliques and the erector spine area, the back extensors. And then, on the next slide, even deeper, we have the transverse abdominus, which is essentially your body's like internal weight belt if you will. The muscle that kind of wraps around your core, and before you do anything, this muscle and the multifidi which you see on the right, the tiny muscles that connect each vertebra on your spine. These muscles actually fire first before you do anything to stabilize your body. So, how do we train these tiny muscles? Again, going with the common perception that the core is the six pack abs and those gross movers, the myth is that we're doing 50 sets of a 1,000 reps and sit-ups and crunches and things like that. The reality is again that these small movements are good core stabilization exercises.

The core is really the foundation for movement. You need to be stable to do anything. And to do these exercises, you need to start small and work your way up starting with a stationary exercise. So, what this person is doing lying here is working on firing her transverse abdominis muscles in coordination with the pelvic floor muscles because they are attached and really be able to stabilize. We introduced limited movement exercises.

So, this individual is engaging their core and stabilizing their spine while slowly moving an arm and a leg away from that central point. This exercise looks very simple and I see people doing it all the time in the gym except it is very hard to do properly and maintain that strong engaged core. So, to do this, you shouldn't see their hips rotate or their spine arch or sag. The shoulder should stay level. And that is very difficult to do it first. This is why you progress from that stationary. And then as we progress into more dynamic exercises. So, this is an example of an overhead squat, which is a very complex, very difficult exercise again to do correctly.

So, if you see this individual, his feet are straightforward. His knees are over his toes. He's able to sit back and keep his chest and arms upright and what that requires is a lot of back strength, a lot of abdominal strength to keep the head square. You need large amounts of thoracic mobility so that your arms can stay up in parallel to your torso. If you don't work your way up to this exercise, you're not going to be able to do it correctly. So, you won't see as much benefit.

Things that you want to avoid and the general rule is core form. If you look at this woman progressing through a deadlift, you'll see that she starts with her back fairly flat in the first two images and then, when she goes to really pull the weight, her back rounds and then arches up at the top. That is indicative of poor core strength because she is not able to maintain that flat spine throughout. The next general rule is one knowing your limits when it comes to using the correct amount of weight when you're lifting. So, these individuals are all lifting more weight than they can handle, not able to stabilize that weight overhead. The top center individual, he's using his upper back to try and lift this weight and not able to maintain that flat back throughout the lift so he needs to train with a lower weight and progress up higher. If we see these two runners, what is probably happening is they're very fatigued and unable to maintain good posture while running. And again, it's all going back to how you train at that lower level to maintain the good posture.

Other things that we want to avoid are painful exercises. And this is where it's important to know the difference between soreness and pain. If while you're doing the exercise, it hurts, that's a general rule that what you're experiencing is pain.



If you're OK during the exercise and immediately after, and then in the next day or three, it starts to really hurt and get sore, that's indicative that it's soreness, that your body is recovering from the damage that was done to it to make yourself stronger. Another common thought with back pain is my back hurts, it must be weak. So, I'm going to do back extension exercises like crazy. Again, that's not really how that works. So, your back muscles aren't intended to do extension exercises. They're designed to maintain a strong flat rigid posture. So, really what we want to be doing are those deep core exercises that work for that as opposed to hitting the gross movers.

So, considerations for exercise. Most people are often sitters these days with how we work and how we engage socially. So, you're often in this head, shoulders and hips forward position. And what we want to do when we exercise is the opposite of that. So, really work on stretching the pecs, the lats, the upper trap, the quads, the hip flexors and then strengthen the posterior chain. So, those are the middle and lower traps, the rhomboids, glutes and hamstrings. And again, trying to pull us out of that that chronic seated position when we do work out.

So, at this point, I'll take any questions. We'll leave it open and I will on the next slide, we have two resources that are available. Actually, really just one resource.

Alicia:

Mr. Gribbin, we actually do have two questions.

Timothy Gribbin:

OK.

Alicia:

The first one is, in addition to proper exercises and education, what are your thoughts on seeing a chiropractor or acupuncturist versus seeing a provider for chronic back pain? Is it beneficial compared to seeing a medical provider for nonsurgical options?

Timothy Gribbin:

That's a complicated question. So, what we see is being the most effective for treating back pain is a holistic multifaceted approach and that can include things like chiropractic work or acupuncture, dry needling very similar, except with an Eastern versus Western medicine type difference between acupuncture and dry needling. What I don't recommend is seeing only a chiropractor or only an acupuncturist or dry needling for your pain. The best chiropractors that I've worked with will make an adjustment and help with that spine alignment and then, they send you off to do core stability work.

So, what a chiropractor does is make a small adjustment to how your spine is aligned and what that can do is give you a greater range of motion within those individual segments. But if you don't do the work to maintain that new alignment, you're just going to go back to where you were. That's actually how you can tease out a good provider versus one that maybe isn't so great. And if they tell you that I can just, you know, crack it and be done and you're fixed, that isn't the best mindset or the best mentality because they're not actually treating the problem. They're just treating the symptoms and you'll feel better for a little bit but then you have to go back to them to keep feeling good. So, those types of



providers definitely have their place and I would encourage people to look into them, but it's not the only solution.

If anyone is familiar with the Army's Integrated Pain Management Centers that they've been slowly rolling out for a couple of years now, I think there's one at Fort Lewis McChord out in Washington. That might be the first one I think. But what those centers are is that all of these providers are under one roof. So, they have physical therapists. They have counselors to go through the psychosocial part, but they also have, I believe chiropractors and people who are qualified for dry needling. So, they definitely have their place. I would not recommend them as an only option.

Alicia:

Thank you, Mr. Gribbin. And then, the next question is, what if you feel like your back is on fire then it goes away about 20 minutes later. Sometimes my pain goes into my right leg which keeps me from getting a good night's sleep.

Timothy Gribbin:

I need to avoid giving medical advice here because I'm not exactly permitted to do that. But describing pain as fire, as I said earlier is indicative oftentimes of some type of neurological issue. Sometimes a disk, it could be other things, but that's something that you definitely want to see medical about and describe the pain that way. So, describing that its pain going down into your leg, I would definitely manage that if it keeps you up at night. I will avoid comments and too much more, but I would definitely suggest talking to a medical provider about that.

Alicia:

Thank you Mr. Gribbin. I would advance the slides now.

Timothy Gribbin:

OK, just one cover-all resource that I like to provide is our educational website hprc-online.org where we have information on physical fitness, back pain management, but we also have nutrition, mental health and performance information and a lot more targeted to not only the service members, but also their families as well. And within the website, we have an Ask the Expert function. So, if you don't find specifically what you're looking for, submit your Ask the Expert question and we'll typically get back to you in about a week.

At this point, that about wraps up the presentation. I do have, I'll see if I can put it in the Chat here for everybody. A quick three-question poll that we like to send out to get feedback from our listeners. If you're able to fill that out, that would be much appreciated. Aside from that, that's all I have for you today. Thank you for joining me and I'll take questions while we still have a few minutes and if not, submit them through the Ask the Expert function on HPRC.

Alicia:

Thank you Mr. Gribbin. I will just leave the question pane open for another minute or so. And while we're waiting, did you have any final thoughts or final takeaways for this whole presentation? Things



you would like somebody to walk away with and go, “Oh, yes, this is the one thing I remember from this.” What do you think would be most beneficial?

Timothy Gribbin:

Yes. I think the most important takeaway from this, or things to remember when trying to prevent back pain or manage it, is to stay active. Keep moving. It will be very effective in preventing your pain the more physically active you are, but if you do have a bout of pain, staying active really does reduce the severity and keeps it from lasting long enough to transition into that chronic pain, so just don't stop moving.

Alicia:

Thank you. I appreciate that information. It does not look like we have any more questions at this time. I would like to thank Mr. Gribbin for sharing his expertise and resources with us today, and I would also like to thank our attendees for participating in today's webinar, and if you do have any questions, please feel free to send them to Mr. Gribbin directly through that resource link that he mentioned. Or, if it's easier for you, if you would like to send them to us at moswebinars@militaryonessource.com, we will make sure that they get over to Mr. Gribbin to be answered. This concludes today's webinar, Preventing and Managing Back Pain. Thank you.

Timothy Gribbin:

Thank you very much.

