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**7 NEW PHYSICIANS, 1 NEW OFFICE, & 2 OFFICE RELOCATIONS**



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# The Importance of Weight Loss, Diet, and Exercise on Low Back Pain

By: Roderica E. Cottrell, M.D.

Obesity is a disease that affects more than one-third of the U.S. population (approximately 78.6 million Americans) (1). It is well-known that obesity can lead to serious health conditions such as diabetes, heart disease, high blood pressure, and colon cancer. However, what may not be as widely recognized is that obesity is also a leading cause of low back pain. Obesity is defined as a body mass index (BMI) over 30; morbidly obese is a BMI greater than 40. Body mass index takes into account a person's weight in kilograms and height in meters and calculates a number. According to the American Obesity Association, back pain is prevalent in almost one-third of obese Americans (2). Although the exact cause is unknown, obese individuals are at greater risk for back pain and muscle strain than non-obese (1). Our spines are designed to carry our weight, as well as distribute loads evenly, maintain posture, and keep us upright. However, when we are carrying excess weight, the spine is forced to adapt to this additional burden which can lead to structural damage. For example, excess abdominal weight forces your pelvis to slant forward, increasing the curvature (lordosis) in your lower back. This abnormal posture will place excess pressure on your nerves, joints, and disks potentially leading to back and or leg pain (sciatica). Additionally, once your back is pulled out of alignment due to weight gain, your muscles, ligaments, and bones must work harder to carry the weight leading to excessive strain and back pain. The extra weight can also aggravate underlying arthritis of the spine. A study published in the American Journal of Epidemiology found that obese people were more likely to be hospitalized for sciatica and that 89% of those obese patients with sciatica were more likely to have surgery for a herniated disk in the low back (3). Obesity can also increase risks of infections and other complications after back surgery such as blood clots and impaired healing. As such, many obese patients are not good surgical candidates and are often advised to lose weight prior to surgery which can be a challenge as back pain can become a significant barrier to exercise.



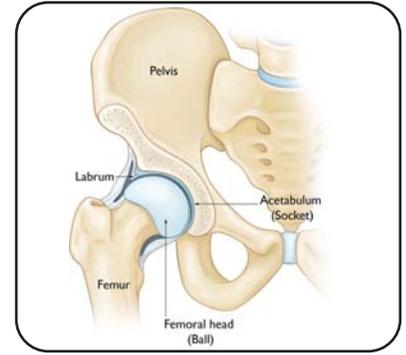
Achieving and maintaining a healthy body weight involves both healthy diet and exercise; but weight loss can be a challenge especially for those with back pain. One may often wonder how you are expected to participate in a normal exercise routine while experiencing back pain. While it is true that attempting an intense exercise regimen can aggravate back pain, being inactive will also contribute to worsening back pain. The key is adopting both a healthy diet and moderate exercise program. The National Institutes of Health recommendations for a healthy diet and good nutrition include: calorie and fat reduction, tracking portion sizes and nutritional content of food, and food preparation (4). A healthy diet includes fiber from fresh fruit, vegetables, and grains; healthy fats; plant-based proteins; vitamins, and minerals; and minimal processed or refined sugars, and animal products high in saturated fats. Consistency in the diet is of utmost importance in weight reduction and maintenance. Water intake is also important in maintaining a healthy back as water is important for transporting nutrients, eliminating wastes, metabolizing fat and decreasing water retention (5). Furthermore, the spinal discs which are comprised mostly of water need to remain hydrated to facilitate the proper exchange of nutrients and fluids within the spinal structures (6). While diet is very important in weight reduction, a regular and sustained exercise program will enhance and maintain weight loss as well as help alleviate back pain episodes and minimize recurrent episodes. Exercise will improve the overall integrity of the muscles that support the lower back. Conversely, lack of exercise can lead to poor flexibility and weak muscles in the back, pelvis, and thighs resulting in more stress and strain on the muscles, ligaments, discs, and joints of the low back increasing the risk of injury and pain. The pain leads to increased inactivity, which leads to additional weight gain thereby creating a cycle of back pain, inactivity, and weight gain. Before starting an exercise program, it is best to consult with a doctor or a qualified physical therapist who can take into account any current back problems and back pain you are experiencing. Not all exercises are treated equally, and a professional can help design an appropriate program for you. The program should begin with gentle, low-impact exercises such as walking or water aerobics so as not to over-stress the joints. Exercising in the water particularly is an excellent way to incorporate exercises that would otherwise be too painful to do on land as the buoyancy of the water removes excessive pressure from the back and joints leading to increased exercise tolerance. Additionally, water provides friction of movement allowing both strengthening and conditioning (6). Other good exercise options include cycling, yoga, Pilates, and resistance training. Regardless of your chosen exercise, always remember to listen to your body and allow pain and discomfort to set your limitations. While weight loss is not a guaranteed cure for low back pain, adapting healthy dietary changes and incorporating regular exercise is a key factor in relieving symptoms of back pain and minimizing future episodes for many people.

References:  
1. Obesity Society. "What is Obesity?" Fact Sheets 2016 / 2. American Obesity Association. "What is obesity?" AOA Fact Sheets 2002 / 3. Rahman Shiri, Tea Lallukka, Jaro Karppinen, Eira Viikari-Juntura. (2014). Obesity as a Risk Factor for Sciatica: A Meta-Analysis. Am J of Epidemiol, 179(8):929-937/ 4. National Institutes of Health. National Institute of Diabetes & Digestive & Kidney Diseases. "Understanding adult obesity." 2001. <http://win.niddk.nih.gov/> 5. American Obesity Association "Obesity Treatments." AOA Obesity Fact Sheets. 2002/ 6. Hoschschuler, S. Back in Shape: A Back Owner's Manual. Boston: Houghton Mifflin Company, 1991:99.

# Hip Injuries Treated with Hip Arthroscopy

By: John Andrachuk, M.D.

The hip is a ball and socket joint where the ball consists of the femoral head and the cup is called the acetabulum. The acetabulum is part of the pelvis and has a rim of soft tissue surrounding it called the labrum. The labrum serves to deepen the socket and create a suction fit around the joint. Overlying the joint is the hip flexor tendon (psoas) and to the outside of the joint there is a bony prominence called the greater trochanter. In this area there are several soft tissue structures including the iliotibial band and the abductor tendons.



Hip arthroscopy is a minimally invasive tool which allows the surgeon to repair damage to the soft tissue and bony structures in and around the hip. Initially hip arthroscopy was limited to a simple clean up of the joint. As instrumentation and surgical technique has advanced the scope of pathology that can be addressed has increased significantly. The labrum is the most commonly injured soft tissue structure in the joint. It is usually injured from a trauma such as a fall or dislocation. Patients with femoroacetabular impingement (bony overgrowth of the round femoral head or over coverage of the cup) are predisposed to injuries of the labrum. The labrum can be fixed or completely reconstructed arthroscopically in addition to addressing the bony predisposing factors. Another commonly injured soft tissue structure of the hip is the abductor tendon insertion. Abductor tendon injuries have been called the rotator cuff tears of the hip and can result from a simple fall. When there is sufficient tendon remaining a simple repair can be performed arthroscopically.

Other hip complaints may be from overuse type injuries. These include trochanteric bursitis and internal/external snapping hip. Normally snapping hip or bursitis can be treated with therapy and injections but certain patients fail conservative treatment and can benefit from surgical intervention. The bursa can be excised and the iliotibial band lengthened to prevent snapping. The psoas tendon can also be lengthened when indicated. Recovery from most arthroscopic hip procedures is relatively short and compares favorably to other arthroscopic surgeries such as rotator cuff repairs and ACL reconstruction. The rapid evolution of surgical technique and instrumentation in hip arthroscopy has allowed us to rapidly improve the quality of life for a number of our patients and get them moving again!

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