

Spinal Pain: Maybe it is Not All in Your Head?

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You have received a spinal injury, perhaps in a work related incident or some other type of incident. You are with a doctor treating and it seems to be going on and on and on, and it is not really getting better? You just want to get it over with, get back to normal, back to where you were prior to the injury; you just want to be well.

You are doing everything that you are being told to do but you are not getting well. When this happens the patient inadvertently begins to feel the insidious consideration that they are somehow “faking” it. After all you have a doctor who is doing everything they know to do; you are doing it but you are not responding well so the responsibility must lie with you. Forget the fact that maybe you are with the wrong provider, forget the fact that maybe you do not have a full and accurate diagnosis, let’s forget those possibilities and go right to the consideration that it may all be in your head, and that somehow you are deriving a sort of benefit for not responding to your care, for not getting well.

The industry term for this condition is called Malingering. *“Malingering is a medical term that refers to fabricating or exaggerating the symptoms of mental or physical disorders for a variety of "secondary gain" motives, which may include financial compensation (often tied to fraud); avoiding school, work or military service; obtaining drugs; getting lighter criminal sentences; or simply to attract attention or sympathy.”* (Wikipedia)

This often times comes up in an insurance carrier directed independent Medical Examination. This is where the insurance carrier is going to send you out to a doctor of their choice to be examined for a second opinion. This doctor will not send a report to the carrier saying that they think you are “faking” it for secondary gain. This would be far too overt and up front, and again you would understand it immediately and probably be very upset. You may even feel that the doctor has committed some form of libel or defamation of character and seriously feel offended, perhaps even do something about it. So instead the doctor being that direct in the report, they will simply imply it and will indicate in a report that you have a positive Waddell’s Sign. Again, Wikipedia to the rescue:

Waddell's signs are a group of physical signs, first described in a 1980 article in *Spine*. and named for the article's principal author, Gordon Waddell.^[1] Waddell's signs may indicate non-organic or psychological component to chronic low back pain. Historically they have also been used to detect malingering in patients with back pain. While testing takes less than one minute,^[1] it has been described as time-consuming and alternatives have been proposed.

What they will not tell you but you certainly need to know is what Dr. Waddell said some 18 year after he published the Waddell’s Sign:

“Perhaps the most serious misuse and misinterpretation of behavioral signs has occurred in medico-legal context. The signs frequently are used as an indication of faking or simulated capacity. It is certainly true that all sorts of behavior can be faked, and responses to examination are not exempt from this charge. **As stated above, however, behavioral signs may be learned responses to pain that have developed since the original injury and of which the patient is largely unaware... it cannot be assumed de facto that the signs are evidence of simulation for the purpose of financial gain. ...they are not a reason to deny appropriate physical treatment. Some patients may require both physical management and**

their physical pathology and more careful management of the psycho-social and behavioral aspects of their illness. The signs should be used to decide not whether to offer treatment, but the type of treatment to offer. ...**The behavioral signs are not on their own a test of credibility or veracity.**” **Interpretation of the signs is only possible within the context of a broader clinical and psycho-social assessment.** (See page 2370)

Main CJ, Waddell G. "Behavioral Responses to Examination: A Reappraisal of the Interpretation of 'Nonorganic Signs'." *Spine* 1998; 23 2367-2371

Before doctors start to suggest it is all in your head, they themselves should first come a bit clean. What I mean by this is most evident in a quote out of Dr. William S. Marrass, Book: *The Working Back, A Systems Review*.

Here Dr. Marrass shows us that most doctors are treating without even knowing the cause of the problem; The physical cause of your pain! Pathoanatomic, as cited below is simply the physical identified cause of your pain. LBD is short for Low Back Disorder i.e., lower back problem, misalignment, ligament injury, disc injury etc.

“It has been estimated that a precise diagnosis is unknown in 80-90% of disabling LBDs, emphasizing the need for more quantitative measures (29).

Traditionally, attempts to judge impairments have tried to identify anatomic sources of the low back pain. Imaging techniques such as CT scans, MRI, and myelograms are used to assist in the identification of the structure that has been compromised. However, over 85% of LBDs do not have a pathoanatomic diagnosis (25). This finding is not surprising since few current imaging techniques are able to observe anatomic anomalies while subjects are positioned in a functionally painful posture.

For example, most high quality imaging such as MRI is performed while the patient is lying supine on a table. When lying supine, the vertebrae experience minimal spine force and any damaged disc will not have enough force imposed on them to divulge a bulging disc on an image if it were present in more natural work postures (e.g., standing or bent over). Hence, most traditional imaging is of minimal benefit for identifying spine mechanical problems due to mismatch of spine loading with spine tolerance.”

The most common injury to the spine is a ligament injury, called a sprain. The ligaments hold the spine in alignment under load, and when they are damaged they can cause misalignment of the spine, pain (both local and referred) and most importantly this ligament damage can cause a corruption of the body's ability to accurately coordinate spinal muscle response. The muscles stabilize the spine during your activity and if they are not online at the proper time, instability, dysfunction and significant impairment can ensue, i.e., you cannot perform the task without either weakness or pain. This is called spinal instability.

Right now if you are in the position of feeling desperate because there seems to be no answer to why you hurt or why you cannot perform your normal activities without some sort of impairment of the spine, simply ask your provider the following questions?

Doctor could a ligament injury cause my problem? Could a spinal instability be the cause of my problem? How have you ruled out spinal instability as the potential cause of my problem, if so how did

you do that? If I have a ligament injury, it is called a spinal sprain. How have you assessed the severity and location of my condition?

If your doctor is having a hard time answering these questions, it may give you some thought and understanding of what you are really dealing with?

If you have no resources to help you find such a doctor, our company performs these types of reads and we work with doctors all over the country and may be able to help you locate one in your area. You can also ask your employer for such a doctor; call a local Workers Compensation Attorney's office to see if they know of such a doctor? Call your insurance adjuster to see if they know of such a doctor? The bottom line is to find one quick! Get to them within the same week! Time matters here!

For assistance from us, simply call Spinal Kinetics at: 877-508-9729



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