

April 26, 2017

Dear Friends of APT,

My niece was having night terrors during which she complained of leg pain. Virtually every night. Where she screamed and was irrational and inconsolable. This had been going on for a while. My sister, her mother, after doing some research, discovered an interesting potential cause: vitamin D deficiency. She recently started giving my niece vitamin D and the episodes seem to be better. Coincidence? Maybe, but there is research that has investigated the association between so-called “growing pains” and vitamin D deficiency in children.

Falls risk is also associated with not getting enough vitamin D, and there is research that indicates that vitamin D supplementation reduces falls risk and can reduce fractures in older individuals.

Vitamin D deficiency is tied to resorption of bone which means that it can lead to decreases in bone density. The reality is that most of us do not get enough vitamin in our diet and from exposure to the sun. So if you suspect vitamin D deficiency may be influencing your musculoskeletal pain, talk to your doctor about supplementation.

Some characteristics that put individuals at higher risk for vitamin D deficiency are not enough physical activity, darker skin, age greater than 65, breastfeeding (the breastfed infant can be vitamin D deficient if not given supplements), obesity, not getting enough sunlight, and taking medications that affect what the body does with vitamin D.

Low back pain that is symmetrical, aching muscles, decreased strength in muscles close to the trunk, bone pain elicited by pressure over the tibia (the large bone in the lower leg) and the sternum (the bone in the center of the chest) can all be symptoms of not getting enough vitamin D.

That being said, most musculoskeletal pains that we see in the clinic respond to physical therapy. There are times we have patients come in with pain that is present in spite of the fact that imaging looks within normal limits. They may have no recollection of a specific trauma. But the pain is dramatically influencing their level of function. The first impulse may be to rush to the doctor for medications, or start thinking of surgery. While some musculoskeletal disorders (MSDs) are inflammatory/chemical or structural in nature, many are mechanical. In fact, in the article “Classification by McKenzie Mechanical Syndromes: A Survey of McKenzie-Trained Faculty” eighty-three percent of patients with spine pain in the study could be placed into a mechanical syndrome. With such a large percentage of our patients having a mechanical reason for their pain, many of our patients will respond to one specific exercise. We can help you determine which way you need to move to address your pain and can often help you avoid unnecessary medication, imaging, specialist referral, or surgery.

I touched on imaging in the previous paragraph but want to spend a little time on it here as I think many patients, through no fault of their own, have misconceptions about the value and importance of imaging studies like MRIs and x-rays. Contrary to what you might think or have heard, early imaging for low back pain is not generally recommended, and can actually be more harmful than helpful. Other than individuals who show signs of serious pathology, it is not indicated, and is in fact discouraged by the American College of Family Physicians. The Institute for Clinical and Economic Review, in its article “Choosing Wisely® Recommendation Analysis: Prioritizing Opportunities for Reducing Inappropriate Care: Imaging for Nonspecific Low Back” states: “Routine imaging can subject patients to unnecessary harm, by finding abnormalities that are not clinically relevant that lead to further

downstream testing, spinal injections, and in some cases, surgery. Imaging studies may also cause unnecessary exposure to radiation.” There are situations where it is indicated. The same article says: “Imaging may be warranted if the patient experiences no improvement in six weeks, or when more complicating factors are present, such as severe progressive neurologic deficit, history of cancer, trauma, fracture, or infection, or when symptoms are present to indicate a serious underlying condition.” However, the vast majority of our patients will experience no improvement in care as a result of imaging for their low back pain. If your physician has not ordered imaging, do not assume that it is an oversight or that they are not concerned about your condition. The reality is that they are probably following best practice related to imaging for low back pain.

So check with your doctor about vitamin D deficiency and come in to see us for musculoskeletal issues before you take drastic measures to treat what may be a simple fix in physical therapy.

While we get a lot of our referrals from physicians, we greatly value referrals from previous patients. One of the greatest compliments we could receive as physical therapists is when previous patients trust us enough to refer friends and family members to us. From time to time we like to show our appreciation by giving a \$50 restaurant gift card to a previous patient who has been exceptional in referring friends/family members to us. Victoria Garrett has been selected to receive a \$50 gift card to the restaurant of her choice.

On behalf of all of us at APT,

Mary Persson, PT, DPT, Cert. MDT

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