



THE ORTHOPAEDIC THERAPY CLINIC INC.

REHAB MATTERS NEWSLETTER

Spinal Stability in Rehabilitation

By: Maureen Dwight, Registered Physiotherapist

I was recently riding horseback in Costa Rica. During the 5 hours on horseback I had plenty of time to contemplate the concept of spinal stability, as well as other aspects of my anatomy that hurt.

The concept of spinal stability is probably the most major change we have had in orthopaedic therapy in the last decade. For stability the muscles on either side of the spine must be of proportionate strength. Your abdominals, back muscles and gluteals (bum) all contribute to keeping your spine stable.

Stability is a form of strength but more importantly it is the basis for all strengthening. If stability is not present then strengthening will make your back worse. It is essential that a base line of stability be present before you embark on an exercise programme.

When you lack stability the simple act of opening doors, raking leaves or going for a walk can result in back pain. Stabilization exercises mainly arose out of California and were used to return Joe Montana to football after his neck injury. One may question the judgement of returning him to football but not the success.

How can you recognize that you lack spinal stabilization?

- **Each time you exercise your back hurts**
- **Gardening or raking puts you to bed**
- **Minor everyday activities aggravate your back**

Examples of spinal stabilization exercises include bridging, lower abdominal exercises, four point kneel exercises or a wide variety of exercises using the Swiss Ball.

You may want to spend five hours on horseback but I would recommend that you do your spinal stabilization exercises before that 'dude ranch' vacation.