

## **PINCHED NERVES**

### **Language is scary and can make things appear worse**

I received a newsletter recently from a great “physio” called David Butler and the NOI team. David is a person with great passion and humor, who also happens to be a bit of an expert about nerves, the brain and pain. He has been one therapist who has changed much of how we think about pain and nerve health. I like the way David and the team explains things so I would like to share a little of the newsletter with you on “pinched” nerves.

Some of you may have been given the diagnosis of a “pinched” nerve, or heard about some one with a “pinched” nerve – it can sound quite scary!!!! David stated that funnily enough the diagnosis of a “pinched” nerve can make you feel worse and that the diagnosis can need more treatment than the complaint itself.

### **So David proposed some interesting TRUTHS about “pinched” nerves – when you understand this it can all seem a lot less scary.**

1. When you look up at the stars you pinch nerves a bit. We do it all the time. They are designed to be pinched, squeezed, rubbed and wriggled. Most of the time, nerves love a good old workout.
2. In autopsies, lots of dead people have been shown to have scuffed, squeezed, frayed, obviously pinched nerves, yet in life they may have never complained of pain (Neary and Ochoa 1975).
3. It's really hard to pinch and damage a nerve unless you take to the nerve with some pliers or there are some really significant arthritic changes in the spine, or you are the unfortunate victim of a nasty torture.
4. And even when a nerve is injured (this takes quite a bit to do) it still may not hurt when physically handled or it may wait until you have the flu or are really stressed before it fires.
5. Most of the time a person thinks they have a 'pinched nerve' it is usually a sensitive nerve, a non or minimally damaged nerve that moves quite well.

How do you treat a “pinched” nerve - talk, forget the pills and move.

### **TALK THE NERVE TALK**

David stated that the concept of a “pinched” nerve is inaccurate and conveys the wrong message about nerves. *“OK it's a bit sensitive but it will settle with a bit of brain and body de-stressing.”* This is maybe why Bowen (& other therapies which help to de-stress) may be so helpful.

David proposed that “Pinch' is a mean word. Do anything to me but don't pinch me. A few years ago, Michel Coppieters (Coppieters and Hodges 2008) showed that people move better when they think they are being tested for a muscle problem rather than a nerve – just the name - nerve compared to muscle. When you add 'pinch' to 'nerve' it has to be worse.”

### **NERVE NIPS**

David did acknowledge that sometimes there is a 'nerve nip' (nerve “nip” is much more friendly). And there are occasions when a nerve can get nipped – most commonly the nerve root complex, where nerves enter the spine on extension (back bend) or the median nerve (nerve to the front of the hand) in the wrist on flexion (Bending it towards you). 'Nip pains' may be sudden, even shocking, and if repeated may lead to fearful avoidance of the nipping

movement.

### **WHAT CAN YOU DO?**

David proposed that "Pills are not usually needed. There is a pill factory in your brain, which should do the trick. Knowledge creates a flooding of happy hormones down the spinal cord. You can change the chemistry around the nerve by making it more physically healthy."

#### **Movement aids nerve health - this is why yoga is so helpful**

*See your physio to find out the best way to move your nerves to aid health, or if you are needing some guidance.*

**Coppieters, M. W. and D. S. Butler (2007).** "Do 'sliders' slide and 'tensioners' tension? An analysis of neuromyodynamic techniques and considerations regarding their applications." *Manual Therapy* 13: 213-221.

**Coppieters, M. W. and P. W. Hodges (2008).** Beliefs about the pathobiological basis of pain alters pain perception in diagnostic clinical tests. IASP Conference, Glasgow.

**Neary, D. and R. W. Ochoa (1975).** "Sub-clinical entrapment neuropathy in man." *Journal of the Neurological Sciences* 24: 283-298.