THE LOWER BACK EXERCISE GUIDE

HOW TO MOBILIZE, STRENGTHEN, AND STABILIZE THE LOWER BACK

Walter Salubro, DC

The Lower Back Exercise Guide

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First Edition

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Contents

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Introduction

Thank you for downloading The Lower Back Exercise guide. My name is Dr. Walter Salubro. I am a corrective care chiropractor in Vaughan, Ontario, Canada**.**

During the last 20 years of practice, I have seen many people suffer with lower back pain, leg pain, and other symptoms related to disc bulges in the lumbar spine (lower back). Spinal conditions like degenerative arthritis, degenerative disc disease, disc bulges, disc herniations, sciatica, scoliosis, can be very painful, cause much distress, worry, and limited mobility. Chronic degenerative spinal conditions can lead to pain and eventually chronic pain, especially when they are not addressed and treated properly from the very beginning. Quality of life is lost when a person suffers with chronic pain degenerative spinal conditions.

Over the years, we have helped many patients with disc bulge injuries, lower back pain, sciatica, and sciatica/leg pain recover, get well, and avoid surgery with corrective chiropractic care and specific exercises. On my YouTube channel, www.youtube.com/drwaltersalubro, you can get a lot of information, tutorials, and demonstrations on my YouTube channel. For instance, I have numerous videos that talk about L4 L5 disc bulge, L5 S1 disc bulge, C5 C6 disc bulge, sciatica, scoliosis, and other chronic spinal conditions. These videos talk about what causes conditions like disc bulges, how to cope with daily activities, and also demonstrate exercises, specifically back rehabilitative exercises that I have seen help many of my patients.

In this guidebook, I want to share with you key exercises that may be helpful for the lower back when suffering of spinal conditions like disc bulges, low back pain, and sciatica. These exercises and this guidebook are divided into four parts: 1) Mobility exercises, 2) Stretches, 3) Core Strengthening, and 4) Balance Exercises.

All four categories of exercises are important for the rehabilitating the lower back. In my experience, one should start with mobility exercises first, then move to doing stretches, then core strengthening, and then balance exercises. This is the sequence that I have found to be most tolerable for patients as they begin to improve with their pain, level of inflammation, and overall functional ability. The sequence may be modified to suit the individual and this is best determined by a qualified practitioner, such as a chiropractor or physiotherapist.

Although these lower back exercises may be useful on their own, it is always best that they be done in some sort of professional treatment program, such as chiropractic or physical therapy.

How to Use this Guide

There are several things you need to consider before you proceed the next section.

1. This is a guidebook with general information. The exercises shown may not be suitable for you.

2. You should always consult with your primary doctor or health practitioner before doing any exercises. This guidebook does not replace the advice of a doctor or health professional.

3. Exercises should never be done or continued if they cause pain during the exercises and after the exercises.

4. Exercises are designed to help with mobility, flexibility, strengthening, and balance. Although they may help with the rehabilitation of lower back, they are not specific for treating any back or spinal condition.

5. Exercises that are shown in this guidebook are best done in conjunction with a care program under the guidance of a doctor, chiropractor, or physiotherapist. Discuss the exercises with your doctor, chiropractor, or physiotherapist to see if and how they can fit into your program of care.

6. In general, exercises can be done at least once a day. When exercises are done twice a day, they can be done once in the morning and once in the afternoon or evening.

Part 1: Mobility Exercises

I always like to start patients off with mobility exercises before recommending other exercises, such as stretches, core strengthening, or balance exercises.

Mobility is a necessity for good health and especially for optimal functioning of the spine. People with chronic low back pain, disc bulges, or degenerative arthritis may present with limited spinal range of motion. They may have trouble with bending or twisting the lower back.

Restricted mobility of the spine can lead to soft tissue adhesions on muscles and ligaments and also degenerative arthritic changes on spinal joints. This, in turn, can cause more limited mobility over time.

When there has been a chronic back condition, like disc injury, disc bulge, back pain, degenerative arthritis, it is crucial that normal mobility of the spine be restored to promote good spinal health in the long run.

Another factor with mobility is coordination. Sometimes, people have a problem with coordinated movement due to imbalances in spinal muscles. This is often seen when I ask a patient to do a pelvic tilt. If they have had a chronic lower back condition, pelvic coordination is lacking.

This is the reason why I like to recommended pelvic tilting exercises for my patients at the beginning of their care plan. The seated pelvic tilt is great to promote lumbar spine mobility and also pelvic coordination. In addition to the seated pelvic tilt exercise, I also like to give the Mad Cat exercises (also called Angry Cat or Cat Camel). This a great exercise for thoracic (mid back) and lumbar (lower back) mobility. Mad Cat also incorporates pelvic tilting at the same time as mobility, which makes it a super exercise.

Let's take a look at these two mobility exercises.

Turn the page...

Seated Pelvic Tilt

Step 1

Tilt pelvis forward. Hold 1 second.

Step 2

Tilt pelvis backward. Hold 1 second.

Key Points:

- Sit at the edge of the chair, knees and thighs 90 degrees to the floor.
- Repeat step 1 and 2 in a rhythmic fashion.
- Start with 10 reps. Work up to 3 sets of 10 reps.
- Coordination with this exercise is key. Work on rhythmic movements and coordination.
- Can be done once a day, either morning or evening. Or can be done twice a day, once in the morning and once in the evening.

Mad Cat / Angry Cat / Cat Camel

Step 1

Start on hands and knees and tilt your pelvis toward the floor to create an arch in the lower back.

Step 2

Then tilt your pelvis toward the ceiling and round your mid back to create a hump in the mid back.

Key Points:

- Repeat step 1 and 2 in a rhythmic fashion.
- Start with 10 reps. Work up to 3 sets of 10 reps.
- Mad Cat incorporates pelvic tilt movements while creating good mobility throughout the lumbar spine (low back) and thoracic spine (mid back).
- Can be done once a day, either morning or evening. Or can be done twice a day, once in the morning and once in the evening.

Part 2: Stretches

The purpose for stretching is to lengthen muscles and increase flexibility. Muscles tighten or shorten because they are under used or because they compensate for another biomechanical problem. Tight muscles can be painful sometimes and other times they limit mobility, comfort, and overall function.

When it comes to lower back spinal conditions, like back pain, often times it is the muscles that are distal (away) from the lower back that are tight. For example, I often see hamstring muscles tight or short in people with lower back pain or disc bulge conditions. Sometimes the quadriceps muscles are tight, too. Both of these are muscles that attach to the pelvic. They create a biomechanical chain from the lower leg/feet to the lumbar spine (lower back) via a series of muscle and ligament connections. Tight hamstring muscles or tight quadriceps muscles could be compensating due to lumbar spine alignment problems or displacements. This can create more issues with the lower back and slow down recovery if they are not stretched well. The lower leg muscle (gastrocnemius muscle) can also be tight and affect the biomechanical chain described above.

Another muscle that may be short or tight is the piriformis muscle located in the buttock area. The piriformis muscle, when tight, can compress the sciatic nerve and cause excruciating leg pain known as sciatica.

In the hip area, the iliopsoas muscle can be short or tight as well. This muscle originates from the front part of the lumbar spine in the abdominal cavity and attaches the upper hip near the groin.

Lastly, the lumbar paraspinal musles, the muscles of the lower back, can get really tight and need to be addressed with stretches.

In the next few pages, you will find demonstrations of stretches for all the muscles groups mentioned above.

Let's take a look at the stretches.

Turn the page...

Knee-to-Chest Stretch - Version 1 - Single Knee Pull

Step 1

Start lying flat on your back with both legs down.

Step 2

Bend your left knee, grab it with your hands, and pull toward your chest.

Key Points:

- Hold the stretch, don't bounce.
- Pull gently. If you can't reach to grab your knee, use a towel behind your thigh and pull the towel with both hands.
- Do 3 reps. Hold each rep for 10 seconds. Do 3 reps on one side first then switch sides and do 3 reps on the other side.
- Can be done once a day, either morning or evening. Or can be done twice a day, once in the morning and once in the evening.

Knee-to-Chest Stretch - Version 2 - Double Knee Pull

Step 1

Start lying flat on your back with both legs down.

Step 2

Bend both of your knees, grab them with your hands, and pull toward your chest.

Key Points:

- Hold the stretch, don't bounce.
- Pull gently. If you can't reach to grab your knee, use a towel behind your thigh and pull the towel with both hands.
- Do 3 reps. Hold each rep for 10 seconds. Do 3 reps on one side first then switch sides and do 3 reps on the other side.
- Can be done once a day, either morning or evening. Or can be done twice a day, once in the morning and once in the evening.

Knee-to-Chest Stretch - Version 3 - Angled Knee Pull

Step 1

Start lying flat on your back with both legs down.

Step 2

Bend your left knee toward your chest. Grab it with your right hand and pull it toward your right shoulder.

Key Points:

- Hold the stretch, don't bounce.
- Pull gently. You should feel a stretch in the lateral hip/gluteal area.
- Do 3 reps. Hold each rep for 10 seconds. Do 3 reps on one side first then switch sides and do 3 reps on the other side.
- Can be done once a day, either morning or evening. Or can be done twice a day, once in the morning and once in the evening.

Supine Piriformis Stretch

Step 1

Start lying flat on your back and then bend both knees. Cross your right foot over to your left knee. Reach behind left thigh and pull toward your chest to stretch the right piriformis muscle.

Step 2

Switch sides. Cross your left foot over to your right knee. Reach behind right thigh and pull toward your chest to stretch the left piriformis muscle.

Key Points:

- Hold the stretch, don't bounce.
- This is a great way to target and stretch the piriformis muscle.
- Do 3 reps. Hold each rep for 10 seconds. Do 3 reps on one side first then switch sides and do 3 reps on the other side.
- Can be done once a day, either morning or evening. Or can be done twice a day, once in the morning and once in the evening.

Seated Piriformis Stretch

Step 1

Start sitting at the edge of your bed. Place right leg off the bed and cross the left knee on the bed.

Step 2

Place your hands on your knee and leg. Keep your chest up and lean forward to stretch piriformis muscle.

Key Points:

- Hold the stretch, don't bounce.
- This is a great version of the piriformis muscles for those that can't lie flat on the floor.
- Do 3 reps. Hold each rep for 10 seconds. Do 3 reps on one side first then switch sides and do 3 reps on the other side.
- Can be done once a day, either morning or evening. Or can be done twice a day, once in the morning and once in the evening.

Hamstring Stretch

Step 1

Start by lying flat on your back.

Step 2

Keep right leg down. Raise left leg up. Keep knee straight. Grab behind the left thigh and pull toward your chest.

Key Points:

- Hold the stretch, don't bounce.
- If you can't reach behind your knee, wrap a towel around your thigh and pull on the towel to stretch the hamstring muscle.
- Do 3 reps. Hold each rep for 10 seconds. Do 3 reps on one side first then switch sides and do 3 reps on the other side.
- Can be done once a day, either morning or evening. Or can be done twice a day, once in the morning and once in the evening.

Quadriceps Stretch

Step 1

Start by lying on your right side. Support your head. Bend your left knee. Grab your left foot and pull toward your buttocks.

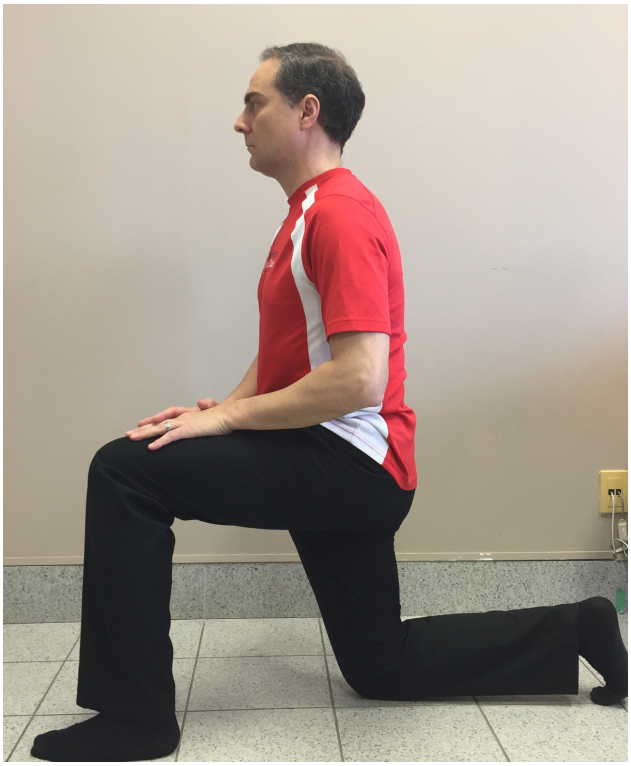
Step 2

Switch sides. Lie on your left side. Bend your right knee. Grab your right foot and pull toward your buttocks.

Key Points:

- Hold the stretch, don't bounce.
- Do not flex your hip and keep your thigh inline with your body.
- This stretch can also be done standing. Hold on to something to control balance.
- Do 3 reps. Hold each rep for 10 seconds. Do 3 reps on one side first then switch sides and do 3 reps on the other side.
- Can be done once a day, either morning or evening. Or can be done twice a day, once in the morning and once in the evening.

Iliopsoas Stretch



Step 1

Start by getting into a lunge position. Make sure your forward knee is at 90 degrees.

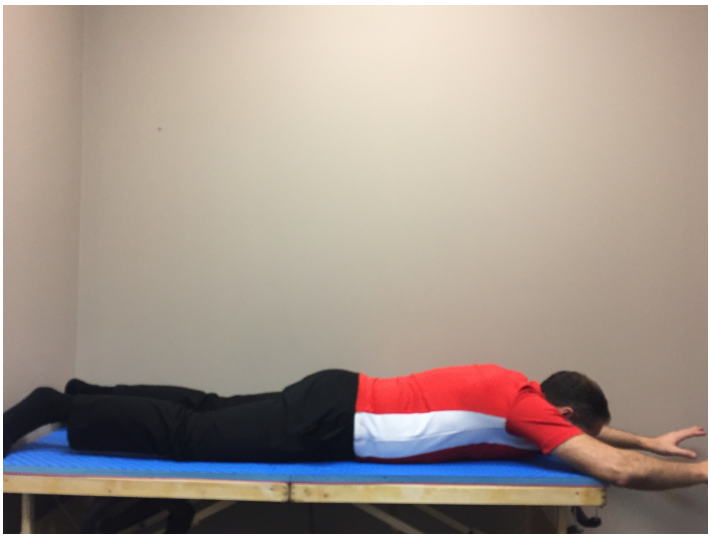
Step 2

Shift your body/pelvis forward without bending until you feel a stretch in the front side of the hip.

Key Points:

- Hold the stretch, don't bounce.
- The side with the knee to the floor is the side of the iliopsoas muscle being stretched.
- Do 3 reps. Hold each rep for 10 seconds. Do 3 reps on one side first then switch sides and do 3 reps on the other side.
- Can be done once a day, either morning or evening. Or can be done twice a day, once in the morning and once in the evening.

Lumbar Extension



Step 1

Start by lying down on your stomach. Move and place your hands by your shoulders.

Step 2

Push up against your hands to lift your back into an extension position.

Key Points:

- Hold the stretch, don't bounce.
- Extend as far as you can go without causing pain in the lower back or legs.
- Hold the extension position for 1 sec. Repeat 10 times.
- Can be done once a day, either morning or evening. Or can be done twice a day, once in the morning and once in the evening.

Part 3: Core Strengthening

Core strengthening in a very important part of rehabilitation of the back, especially for people that have chronic disc injuries or disc bulges. The core comprises of the abdominal muscles and your lower back muscles. The core muscles help stabilize the back and spine, especially during times of increased loads, like bending and lifting.

The core, however, is often a weak area for people with chronic back conditions. Therefore, it must be retrained and strengthened. A strong core can help with back injury recovery and prevention for recurring back injuries or recurring lower back pain.

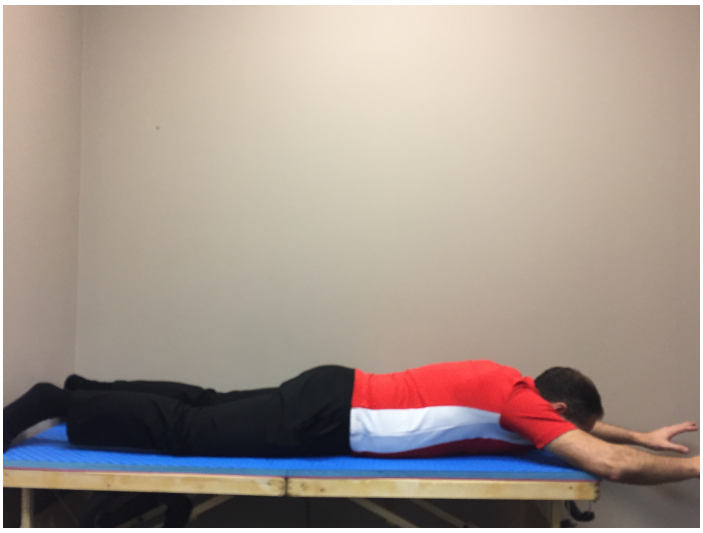
The biggest problem I see is that people are told to work on the core before any mobility exercises or before any stretches. I always like to recommend core strengthening exercises after mobility exercises and stretches. Core strengthening exercises are a type of functional rehabilitation. However, another problem I see is that people are told by their therapist or doctor to start core strengthening exercises before any structural problems of the spine have been corrected.

Structural displacements of the spine should always come before any functional rehabilitation such as core strengthening exercises. In my office, we focus on structural correction of the spine and posture first with corrective chiropractic methods. Once the spinal and posture is improving, we start patients core strengthening exercises.

Let's take a look some great beginner and intermediate core strengthening exercises.

Turn the page...

Superman



Step 1

Start by lying down flat on your stomach with arms elevate above your head.

Step 2

Move into the superman position by raising your feet and legs off the table at the same time as you raise your hands and arms off the table.

Key Points:

- Hold the superman position for 1 second. Repeat 10 times.
- Work up to 3 sets of 10 repetitions, 1 second hold in the superman position.
- Can be done once a day, either morning or evening.

Bridge

Step 1

Start by lying down on your back and bend your knees.

Step 2

Move into the back bridge position by lifting your buttocks off the ground. Keep your gluteal muscles contracted and your abdominal muscles engaged.

Key Points:

- Hold the bridge for 1 second. Repeat 10 times.
- Work up to 3 sets of 10 repetitions, 1 second hold in the bridge position.
- Your back and thighs should line up. Avoid dipping your buttocks toward the ground.
- Can be done once a day, either morning or evening.

Bridge with Leg Raises

Step 1

Start in a bridge position.

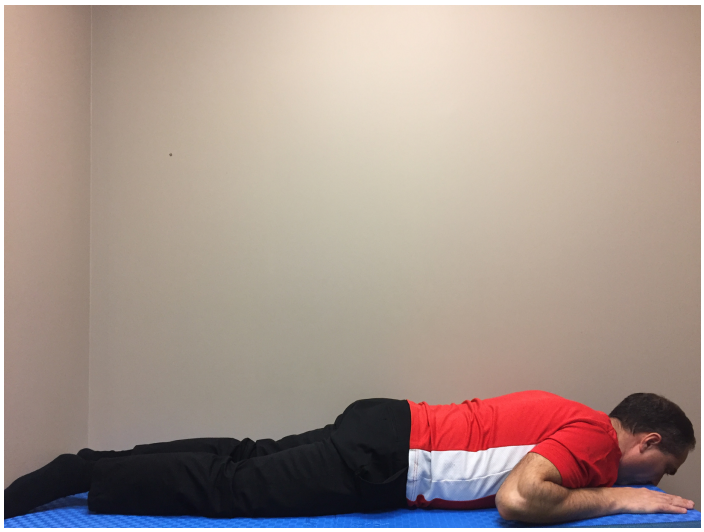
Step 2

Raise your left leg straight in line with your right thigh. Keep your gluteal muscles contracted and your abdominal muscles engaged.

Key Points:

- Hold the bridge and leg raise for 1 second. Repeat 10 times.
- Work up to 3 sets of 10 repetitions, 1 second hold in the bridge position.
- Your back and thighs should line up. Avoid dipping your buttocks toward the ground.
- Do the same for the right leg.
- Can be done once a day, either morning or evening.

Prone Plank



Step 1

Start by lying down on your stomach with elbows by your side.

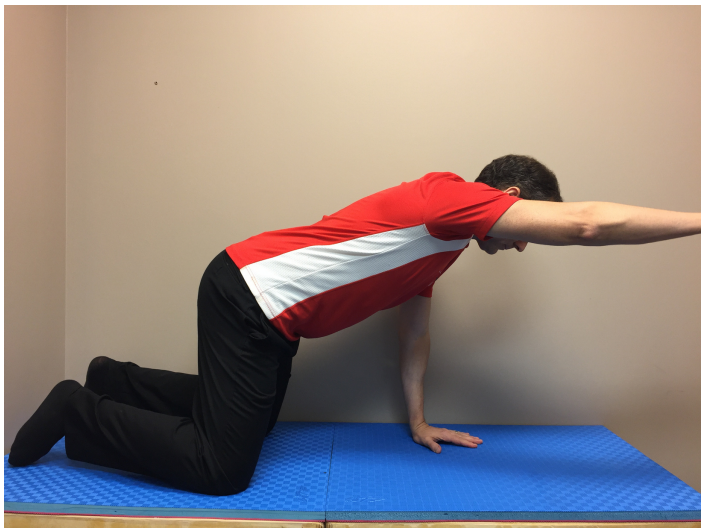
Step 2

Raise your body into a plank position and rest on your elbows and forearms.

Key Points:

- Hold the prone plank for 30 seconds.
- Progress and work up to holding the prone plank for 60 seconds (one minutes), 90 seconds (one and half minute), 120 seconds (two minutes).
- Engage and contract your gluteal muscles and abdominal muscles.
- Keep your body in a straight plank position with thighs in line with your back. Don't dip your pelvis and don't elevate your buttocks.
- Can be done once a day, either morning or evening.

Quadruped with Arm Raises



Step 1

Start on your hands and knees. Then raise your right arm off the floor.

Step 2

Bring your right hand back to the ground and raise the left arm off the floor.

Key Points:

- Hold the arm up for 1 second and alternate sides for 10 reps.
- Work up to 3 sets of 10 repetitions.
- Engage your gluteal muscles and abdominal muscles by contracting them.
- Can be done once a day, either morning or evening.

Quadruped with Leg Extensions

Step 1

Start on your hands and knees. Then raise your right leg off the floor. Keep the leg straight.

Step 2

Bring your right leg back to the ground and raise the leg off the floor.

Key Points:

- Hold the arm up for 1 second and alternate sides for 10 reps.
- Work up to 3 sets of 10 repetitions.
- Engage your gluteal muscles and abdominal muscles by contracting them.
- Can be done once a day, either morning or evening.

Quadruped Cross Crawls

Step 1

Start on your hands and knees. Then raise your right arm off the floor and raise the left leg off the floor at the same time.

Step 2

Alternate the movement by returning to all fours again and then raising the left arm off the ground as your raise the right leg off the floor.

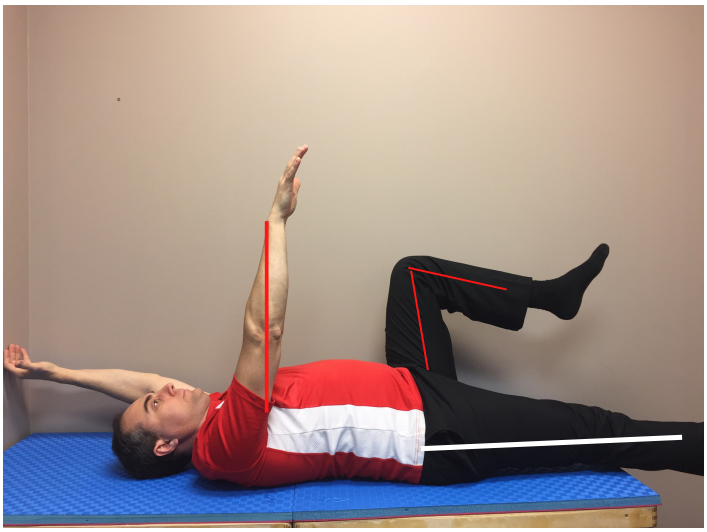
Key Points:

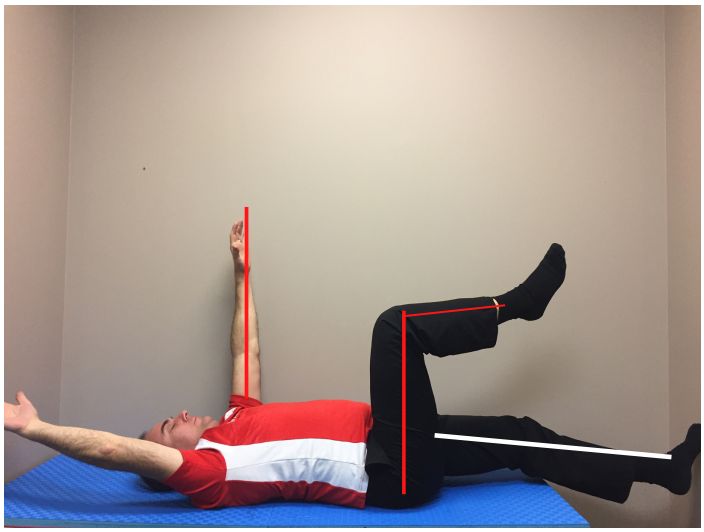
- Hold the arm and leg up for 1 second and alternate for 10 reps.
- Work up to 3 sets of 10 repetitions.
- Engage your gluteal muscles and abdominal muscles by contracting them.
- Keep your leg and arm straight in the elevated position.
- Can be done once a day, either morning or evening.

Dead Bug

Start

Start lying down flat on your back. Raise your arms straight up. Bend your knees and thighs by flexing your hip up to 90 degrees to your body.





Step 1

Lower your left arm toward the floor as at the same you lower your right knee toward the floor.

Step 2

Alternate the movement by returning to start position and then lowering your right arm toward the floor as at the same time you lower your left leg toward the floor.

Key Points:

- Hold the opposite arm and leg in the down position for 1 second and alternate for 10 reps.
- Work up to 3 sets of 10 repetitions.
- Engage your abdominal muscles as your do the dead bug alternating movements.
- Be sure you do dead bug in a fluid alternating movement.
- Can be done once a day, either morning or evening.

Part 4: Balance Exercises

Balance exercises are often missed in a low back rehabilitation program. And yet, they are a crucial component in exercising and rehabilitating the lower back.

When a back injury is sustained, the joint receptors in the spinal joints that tell the brain about the body's position in space get disrupted. This can lead to compensation in posture and accompanying posture displacements. It may even lead to issues with overall balance and coordination.

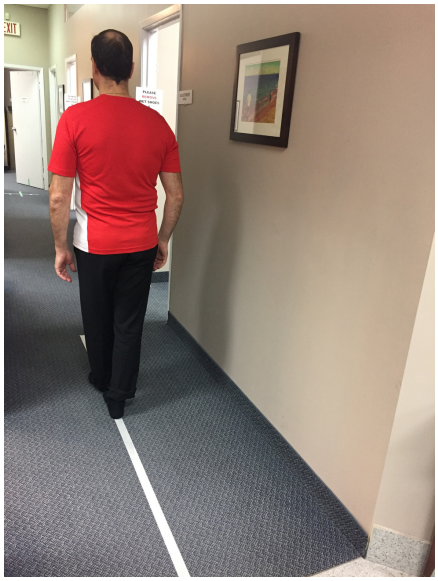
There are may types of balance exercises. Some even involve equipment like balance boards, rocker boards, sliders, Bosu balls, or gym balls.

In this guide, I will demonstrate two simple, yet powerful balance exercises that can be done without equipment.

Let's take a look at these balance exercises.

Turn the page...

Tandem Walking (Heel Toe Walking)



Step 1

In this exercise, you are walking on a straight line by placing one feet in in front of the other, touching your heel to your toe. Start by taking your right foot and place it in front of your left foot.

Step 2

Continue walking forward by alternating and placing the left foot in front of the right. Do this for 10 feet.

Key Points:

- To make it easier, place a piece of masking tape on the floor, 10 feet long, that can be used a guide.
- Focus on a target point in front of you as you are doing the heel-toe walking.
- You may be wobble or move off the line at the start. This improves over time.
- Start with 10 feet distance, 5 reps forward and backward, Work up to 10 reps as you get better.
- To progress, once you improve and can do this without moving off the line, do the same heel-toe walking, but backwards on the line.
- Can be done once a day, either morning or evening.

Single Leg Stance

Step 1

Lift your left foot off the ground so that your knee is bent and thigh is parallel to the ground. Keep balanced on one foot.

Step 2

Alternate side. Lift your right foot off the ground so that your knee is bent and thigh is parallel to the ground. Keep balanced on one foot.

Key Points:

- Hold the balance for 30 seconds. As you improve, progress to 60 second (one minute, 90 seconds (one and half minute), 120 seconds (two minutes). Alternate side.
- Focus on a target point in front of you as you are doing the single leg stance.
- If you have difficulty holding your balance, you can lightly hold onto a chair or wall with your hand. Eventually work up to no supporting with your hand.
- Can be done once a day, either morning or evening.

Bonus Section: A Word about Disc Bulges

Is the disc bulge really the problem? This question may be shocking to some people, especially if you have been suffering from pain resulting from a disc bulge.

If you have been diagnosed with a lumbar (lower back) disc bulge or a disc herniation, which has been confirmed on an MRI report, and this disc bulge / disc herniation is the source of back pain, buttock pain, thigh pain, leg pain, calf pain, foot pain, or numbness and tingling, in no way am I minimizing or dismissing that the disc bulge is causing you distress and suffering. I have seen many patients come to my office with lumbar disc injuries and disc bulge conditions that have caused them severe pain and suffering.

However, the question, "Is the disc bulge really the problem?", is aimed to turning your focus away from the pain (the symptom) to understanding the source of the disc injury (the cause). Even though a disc bulge or disc herniation in the lower lumbar spine is a serious and severe pain generator, there must have be a mechanism of injury that caused that disc injury.

One of the most common causes of disc injury is an abnormal alignment of the spine (a distortion or displacement in spinal alignment).

The discs of the spine are very strong structures made up an external tough cartilage shell, called the annulus fibrosis and a jelly-like material on the inside, called the nucleus pulposus. This disc is designed to withstand a lot of load (weight) and to absorb impact. However, it is best equipped to do this when the spine is aligned in it natural, normal alignment, which is straight from the front with three curves from the side.

From the side, neck approximates the shape of circle, the mid-back approximates the shape of an ellipse, and the lower back also approximates the shape of an ellipse. You see, when the spine is sitting in its ideal alignment and position, the discs are fully capable and equipped to withstand and uphold the load or weight distributions of the body in an normal capacity.

The problem occurs when the spine has been chronically misaligned, perhaps for months, years, or even decades. The misalignment of the spine may present as a lateral shift, a lateral curve, a decreased saggital curve, buckled segments or a combination of any of these, just to name a few scenarios.

Over time, these spinal misalignment scenarios will inevitably lead to degeneration of discs, tears in the annulus (called annular tears), and eventually disc bulges and disc herniations.

A disc injury produces a massive inflammatory response. This is the body's first stage in the healing process. But inflammation has consequences. Inflammation always cause the injured area to swell, get hot, get red, and trigger a pain response. These are the cardinal signs of inflammation. And inflamed injured discs are very painful.

Sometimes, there can be disc bulge and there are no symptoms or pain associated with it. This is actually very common. However, even in the absence of pain, this does not decrease the seriousness of the disc bulge and spinal condition associated with it.

When there are symptoms or pain associated with a lumbar disc bulge, something needs to be done to get the pain under control, reduce or eliminate the pain, and return back to a normal quality of life.

These four steps must be considered by both the patient and the doctor:

1. A thorough consultation, spinal examination, and case review:
   This must include an assessment for spinal misalignments, functional leg length inequality, structural leg length inequality, posture, neurologic testing (like muscles strength, deep tendon reflexes, and light touch dermatome testing), and relevant orthopedic testing, balance testing, full spinal analysis by xray in the weight bearing (standing erect) position, and MRI (if necessary).

   The success of a spinal care program in the treatment of disc bulge condition is highly dependent on the assessment and exam. It is crucial that a thorough spinal exam is done right at the start.

2. Diagnosis:

All the data gathered in step one, the assessment, exam, and case review, is then used to make a diagnosis. The diagnosis does not simply entail the naming of the condition. For instance, patients come into my office with their lumbar MRI report in hand. They already were told they have a disc bulge, like an L4 L5 disc bulge or an L5 S1 disc bulge. Except, that they were given this diagnosis one year ago, or two years ago, or longer. But they still have the pain and limitation associated with the disc bulge and they were never told how their spinal alignment correlates to their disc injury. Part of the diagnosis is discovering what the spine is doing, how it is positioned, if it's in relatively good alignment or in a bad alignment position. This information can be determined from a spinal xray. You see, an MRI is great for looking at the disc bulge or the disc herniation, seeing exactly where it is and what it is doing to the nerves and surrounding tissues. However, a spinal xray help us determine how a spinal misalignment correlates to the disc bulge injury. This is important information. Also, just as the spinal xray tell us if there is a misalignment that correlates with the disc bulge, the xray can also dictate the direction of the corrective spinal care. This is very important. More about that in the next section.

3. Corrective methods:

There are all sorts of treatment methods for spinal conditions, ranging from medications like pain relieving drugs, injections, muscles relaxers, and antiinflammatory, physiotherapy, chiropractic, acupuncture, and exercises. There is a place for all types of treatment methods. However, they are all different, as you can imagine, and they may also be used in combination with each other. This is called a multimodal method of care. But one part is often missed, and that is corrective care.

Corrective spinal care or structural rehabilitation of the spine involves methods that work on restoring the alignment of the spine closer to its ideal normal alignment. It also involved postural correction methods as well. This is a unique approach that aims not only at reducing the pain and symptoms but also at restoring structural integrity, stability, and alignment of the spine. By restoring spinal alignment or reducing the abnormal alignment, the abnormal stresses and loads on the discs get reduced thereby giving the disc a favourable chance to heal. Abnormal alignment of the spine causes degenerative damage to discs.

Applying corrective spinal and postural methods is essential to the treatment of spinal conditions likes disc bulges. This is the approach I take in my office as a corrective care chiropractor.

4. Supportive Care / Stabilization Care:
This is an important step of this four part process. There are two parts to supportive care. Part one is supportive care that is prescribed during the corrective phase of care. This consists of exercise such as the ones described in this guide. Exercises can be done in combination with the corrective methods either in the office with the doctor or a home. Part two is continuing with stabilization care. There comes a time when the patient reaches a maximum spinal and posture correction. This is determined by the doctor with various testing and analyses, as well with the input of the patient. At this time, the patient should still be continuing supportive home exercises and getting spinal check ups periodically to ensure corrections are holding well and the spine continues to be stabilized. Stabilization care is important to the success of long term spinal health and quality of life.

You see, treating a patient with a spinal condition like a disc bulge or other degenerative spinal conditions requires an all encompassing approach by a qualified doctor or health practitioner. It's not enough to just get an MRI or just be given a diagnosis of an L4 L5 disc bulge or and L5 S1 disc bulge. A thorough analysis and corrective approach should be considered by the patient.

If you ever need a referral to a corrective care chiropractor, you can reach out to me at my office number, (905) 303-1009 or email me at frontdesk@ibthcc.com. I will do my best to help you find a corrective care chiropractor in your city area. And if you are in the Greater Toronto Area, I am located in Vaughan, Ontario, Canada. If you are looking for corrective care, give us a call.

One last thing I want to say before we wrap this up.

DON'T LOSE HOPE!

I mean it. Don't lose hope and don't give up. I have seen people crawl in my office with pain, cry because of the pain, tilted and shifted to the side, their life completely stopped because of pain. Even if you haven't found the right solution now it just means you have not found it yet.

I believe the body has a remarkable ability to heal when it's supported well. Also,m I believe surgery should be left as the last resort, unless their is an urgent need, neurologic compromise, or emergency. If you have tried all sorts of therapies and treatments like drugs, injections, physiotherapy, massage, or acupuncture, and they didn't work out for you, it's no fault of your own. Every practitioner does the best they can with their experience and knowledge base. If you have not tried corrective chiropractic care, look into it and see what it can do for you. It could be the missing piece of the solution.

I thank you for downloading and reading this guide. I hope you find it useful.

I wish you the best health, today and always.

Dr. Walter Salubro

Other Spinal-Related Conditions That May Be Helped With Corrective Chiropractic Care:

- Sciatica / Leg Pain
- Low Back Pain
- Numbness / Tingling in Legs and Feet
- Abnormal Posture
- Abnormal Spinal Alignment (Flat Back, Straight Back, Hunched Back, Hyperkyphosis, Kyphosos of Cervical Spine)
- Neck Pain
- Headaches
- Shoulder Pain
- Mid Back Pain
- Arm Pain
- Numbness / Tingling In Hands and Fingers
- Scoliosis
- Degnerative Arthritis
- Headaches

About the Author

Dr. Walter Salubro is a corrective care chiropractor, the owner of Back To Health Chiropractic Centre in Maple, Ontario, and the author of Back to Health by Choice.

Dr. Salubro graduated from York University in 1996 and from the National College of Chiropractic in 1999. He has been practicing chiropractic and serving his community of Maple and Vaughan for 20 years.

Dr. Salubro is on a mission to give hope to people who are sick and suffering, especially when all other types of treatment they have tried have failed them. His purpose is help as many people get well with chiropractic care so they can live a long lasting, healthy, and happy life.

Dr. Walter Salubro is dedicated to providing exceptional chiropractic care for all his patients. Dr. Salubro provides chiropractic care to people of all age groups. He is trained in applying specific chiropractic techniques that are just as suitable for children as they are for adults.

Dr. Walter Salubro is trained and certified in Chiropractic BioPhysics (CBP®). Dr. Walter Salubro is Certified ScoliBrace provider. He also caters to the care of infants and pregnant mothers. Dr. Salubro is certified from the Academy of Chiropractic Family Practice and the Council on Chiropractic Pediatrics (CACCP). Dr. Walter Salubro is Webster Technique Certified, which is certified and recognized by the International Chiropractic Pediatric Association (ICPA).

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