LOWER BACK PAIN

PHYSIOTHERAPY

0330 555 6789

nhft.nhs.uk/physiotherapy

#weareNHFT
UNDERSTANDING THE LOWER BACK PAIN

Back pain is very common, about 8 out of 10 people will get lower back pain at some point in their lives; it often re-occurs from time to time but will settle for most people in a matter of weeks as people gradually return to their daily activities. Persistent (chronic) lower back pain develops in some cases. Although lower back pain is common, it is very rare that it is caused by a serious disease.

The best recommendations are to stay active, return to normal activities as much as possible and return to work as soon as you can.

HOW DOES THE BACK WORK?

The spine is made up of many bones called vertebrae. The bones (vertebra) of the spine are connected by a disc in the front and joints (called facet joints) at the back. The discs help to absorb loads on the spine and, along with the facet joints, give the spinal column its flexibility. The ligaments and many muscles are attached to the spine which supports and protect it. The nerves from the spinal cord are continuation of the brain. This spinal cord and nerves are guarded by spine. The Lumbar spine is situated in the lower back area as described in the picture.
YOU CAN HAVE BACK PAIN WITHOUT ANY DAMAGE OR INJURY

Pain doesn’t equal harm. There are many reasons which can contribute back pain and often a combination of these are involved.

Physical factors such as protecting the back and avoiding movement

Psychological reasons include a fear of damage or not getting better, being stressed or feeling down.

General health and life style reasons like being tired and not getting enough good quality sleep, being overweight or not getting enough physical activity.

Social triggers such as difficult relationships at work or home, low job satisfaction or stressful life events like a family death or illness.

These above factors can turn up the volume on your pain and having a greater understanding of when that can happen puts you in a greater position to identify them and learn how to turn down the dial again.

CAUSES OF BACK PAIN

Non-specific

Your back is very stronger than you think and is a very stable structure as described above and not easily damaged so in most situations it is a simple sprain or strain. It can be caused by an injury or strain, but most of the time it isn’t and may be due to sustained posture, lack of exercise or stiffness. Back pain due to simple sprain or strain is more commonly described as ‘non-specific’ or ‘simple’ back pain. This usually means that the clinician is not concerned that you have a serious medical condition after your examination. This is the type of back pain that is likely to get better over the next few weeks as you gradually return to normal activities and work.
Sciatica
This affects less than 1 in 20 people and it is far less common. It is most often caused by pressure or irritation of nerves as they come out of the lower back. The indications are pain, tingling and numbness that spread down the leg(s), sometimes reaching the calf or foot. More commonly pain is more intense in the leg than in your lower back. Usually an episode will improve in 6-8 weeks.

Rare causes
In less than 1 % cases back pain has a more serious cause. These include infection, fracture, tumour or inflammation.

MANAGING PAIN
PAINKILLERS
It is advisable to take painkillers when pain is limiting your movement and function; this can be guided by your GP, pharmacist, extended nurse or physio practitioner. It is best to take them regularly rather than taking them now and again. This will enable you to continue with routine activities more comfortably. Remember some pain medication may take at least 3-4 weeks to get the full benefits.
Also, evidence suggests that painkillers should only be used in conjunction with other measures such as exercise and activities.

HEAT AND COLD
In the first 48 hours you can try a cold pack on your back for 5-10 mins at a time - a bag of frozen peas or ice cubes wrapped in a damp towel. Some people prefer heat - a bath, shower or hot water bottle/microwavable heat pack wrapped in a towel.

PHYSIOTHERAPY
A physiotherapist can provide you a variety of treatments, educate you about your problem and get you back to your normal activities. They can provide advice on how to prevent
symptoms returning in the future. They can also provide you a relevant exercise for your conditions.

Remember exercises can take few weeks before you get the desired effect. Trying to do it more consistent and regular is ideal.

**EXERCISES**

Exercises helps to build up muscle strength and stamina, reduce stiffness and pain. Improve your flexibility and general fitness.

Remember lack of movement can cause the muscles to become weak. This makes it more likely that you’ll strain them in future. Regular exercises may also help to prevent the back pain from returning. Try to set a new goal everyday, build up gradually - for example, a walk around the house on one day and a walk to the shops the next day. If possible aim for a specific, measurable and achievable goal.

Remember no one type of exercises is proven to be more effective than others so just pick an exercise you enjoy, that you can do it in the long term and suits your routine. This include walking, swimming, cycling, dancing, yoga and Pilates.

- Lie on your back with legs flexed and feet flat.
- Assisting with your hands, gently bring one leg towards the chest until you feel a comfortable stretch in the lower back.
- Repeat with the other leg.
- Hold 5-10 secs Repeat up to 5 – 8 reps
• Sit on a chair that have been placed against the wall to prevent slipping.
• Reach forward with your arms or cross your arms.
• With your feet slightly apart and lean forward so your shoulders are over your feet and stand up fully.
• Slowly return to sitting.
• Repeat 10 – 15 reps and 2 sets.

• Lie on your back with your knees bent and feet flat on the ground.
• Let the knees fall to one side and gently assist the motion by placing the opposite hand on the top knee.
• Hold the position for the Hold 5 -10 secs.
• Keep the shoulders on the ground during the exercise.
• Repeat up to 5 – 8 reps.
- Lie on your back with your knees bent.
- Contract your buttocks while lifting your buttocks off the ground followed by the lower back until your thigh is level with your trunk if possible.
- Slowly return to the initial position and repeat.
- Hold 5 -10 secs Repeat up to 5 – 10 rep.

ACTIVITY

Bending or lifting are often portrayed as causes of back pain and while an injury can occur if something is picked up in an awkward or unfamiliar way, it’s more likely to be a strain or sprain. Remember even a very good sports player need a prior warm up and training to prevent injuries and play efficiently. In the initial stage do simple exercises to keep it moving, then gradually practice and get your body used to carrying different loads and weights in a way you find comfortable and efficient. Research suggests people who do the most lifting and bending do not necessarily get more lower back pain.

Why it is important to pace your activity

BOOM AND BUST CYCLE

Increased experience of pain & reduction of activity

Doing ‘too much’ on good days

Often followed by increased pain

Forcing the person to rest and needing to rest more

leads to reduced fitness and/or fear of activity
GET GOOD QUALITY SLEEP

Sleep reduces stress and improves your overall feeling of wellbeing. If you struggle sleeping due to pain then discuss with your GP, you may need advice on pain medications.

Remember there is no scientific evidence supporting any best position or type of mattress- whatever you feel most comfortable is best.

WORK

If you have a job, try to return to work as soon as possible. It is safe to return to work before you are pain-free. Talk to your GP and your employer about this at an early stage to assist your speedy return to work. The longer you stay off work, the more likely you are never to return.

Remember research tells us that prolonged rest and avoidance of activity for people with back pain actually leads to higher level of pain, greater disability, poorer recovery and longer absence from work.

WHEN TO SEEK MEDICAL HELP

Worsening pain with severe weakness, numbness or unsteadiness in your legs.

If you have difficulty or changes in passing urine or opening your bowels.

Numbness around your genitals or back passage.

Unable to get an erection.

If you experience any of the above warning signs you may have cauda equina and you should seek urgent medical attention.

You may also need to seek advice for

Severe pain that doesn’t improve

If you notice progressive muscles weakness in your leg(s) especially if you can’t pull
your foot up towards you.
If you have had history of cancer in the past.
If you have had a fall that caused your back pain to start.
If you are taking steroid tablets or have osteoporosis.
If you have a fever or generally unwell.

**INVESTIGATIONS**

The doctor or physiotherapist will be able to diagnose your problem by taking a full history of your problem and an examination of your back and legs. Investigations such as X-rays and MRI scans are rarely needed as they usually don’t help the clinicians to diagnose your problem and they don’t provide a cure. X-rays involve a dose of radiation so need to be used responsibly.

In very rare cases there may be something more serious or underlying that requires medical advice. A scan may require sometimes to identify this, but these account for only 2% of cases. So, if your physio or GP doesn’t send you for one, you should consider it as a good sign as there is nothing concerning going on.

**DID YOU KNOW THAT MRI CAN BE MISLEADING?**

The scientific evidence suggests that if you take people without back pain and put them through an MRI or CT Scan, you get some surprising results

<table>
<thead>
<tr>
<th>Age</th>
<th>Have ‘disc degeneration (wear)’</th>
<th>Have ‘disc bulging’</th>
</tr>
</thead>
<tbody>
<tr>
<td>In 20 years olds</td>
<td>37%</td>
<td>30%</td>
</tr>
<tr>
<td>In 50 years olds</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>In 80 years olds</td>
<td>90%</td>
<td>84%</td>
</tr>
</tbody>
</table>
Suggested that some of these changes are just a normal part of the aging process.

**SURGERY IS RARELY NEEDED**

For unsettled leg pain due to nerve irritation, surgery can help the leg symptoms. But it is important to understand that on average, the results for back surgery are no better in the medium and long term than non-surgical interventions like exercises. Sonon-surgical options such as exercise and activity should always come first.

**TOP TIPS:**

Back pain can be alarming and very painful, here’s some facts and useful tips to help you manage:

- Back pain is very common, in most cases aren’t caused by a serious problem.
- People who stay active and try to return to normal routine cope better and recover quicker.
- There are lots of things you can do to help yourself
- Reduce sustained posture, do regular exercise and pace your activities.
- Pain does not necessarily mean harm.
- Take painkillers if needed, allows you to continue your daily routine.
- If the pain is severe doesn’t clear up, seek help but don’t worry.
- Serious or permanent damage is rare.
- If you have persistent (chronic) pain, then accept it, learn about it, overcome it.
FURTHER READING & REFERENCES

The recommendations for lower back pain and sciatica from National Institute for Health and Care Excellence are below
https://www.nice.org.uk/guidance/ng59/chapter/Recommendations

Staying healthy at work is easier than you might think.
If your nature of job is desk based, follow the below link for desk-based exercises.
https://www.csp.org.uk/publications/do-you-sit-desk-all-day-leaflets

If you have persistent (chronic) lower back pain, the below link would be useful
www.paintoolkit.org

The below 5 minutes video helps you to understand and how to tackle the persistent (chronic) low back pain.
https://www.youtube.com/watch?time_continue=299&v=gy5yKbdugKc

To understand lower back pain in details refer the link below,
https://patient.info/health/back-and-spine-pain/lower-back-pain

FURTHER HELP & INFORMATION

Arthritis Research UK Tel: 0300 790 0400
Web: www.arthritisresearchuk.org

BackCare Tel: 0208 977 5474
Web: www.backcare.org.uk