

*Better
Together*

Patient information

Low Back Pain (LBP)

Therapies Directorate – Physiotherapy Department

What is Low Back Pain (LBP)?

Low Back Pain is a common symptom. Between 60%-80% of people will experience it at some point during their lives. The pain may be recurrent, and you may feel this pain in your leg also. Most cases of LBP settle within six weeks. However, you should not be worried if symptoms continue beyond six weeks.

General Advice

- Return to normal activity as soon as possible. You may need to pace yourself.
- Keeping active and exercising may hurt but you will be doing no harm.
- **Discomfort after exercise often is simply the result of getting fit again.**
- Getting your back fit enough to do the things you want to do **will** improve your quality of life.
- Regular movement every twenty to thirty minutes helps to maintain flexibility.

Exercise

There is strong evidence that patients with LBP who regularly exercise their back and maintain cardiovascular fitness – such as swimming, cycling or brisk walking 20 to 30 minutes daily recover best. This will improve overall fitness which includes strength, endurance and flexibility.

If you have any concerns regarding your fitness to exercise, please seek appropriate advice.

It is important to remember that unaccustomed activity or exercise can cause back pain. It is important to build these exercises/activities up gradually and it may take several months to feel the full benefit. Simple warm up exercises will allow you to ease into more demanding activity or exercise.

Return to work

- Returning to work with LBP will actually help you return to your normal activity levels, even though you may feel some discomfort.
- Longstanding back pain need not be a hindrance to work or other leisure activities. Research shows that patients who continue with their activities fare better than patients who reduce or stop activities all together.
- There is no direct link between body weight and LBP. However, the fitter you are, the greater will be your ability to cope with any symptoms.

Intervention

Physiotherapists can advise you on the best form of treatment for you using questionnaires, a consultation and a physical examination.

This may be advice and guidance, on self-management, hands on therapy, exercise classes, education groups or a combination of all these. A treatment plan will be devised between you and your Physiotherapist.

Research has shown that corsets or walking aids are of no benefit to LBP.

Pain Control

- Ice or heat can be useful to ease LBP.
- Heat may be more beneficial for muscle spasm.
- Ice may be useful over areas of inflammation.

Caution: to prevent burning do not apply heat or ice directly to the skin.

- Use a wet towel for ice / dry towel for a hot pack between the pack and the skin. Use for a maximum of 20 minutes.

Medication

The general rule is to take the simplest type of medication for the shortest possible time to help you cope with pain as you return to normal activities.

Paracetamol is a good painkiller with few side effects, and can be tried first. Do not exceed the stated dose.

Anti-inflammatory medicines can be used. However, with continued use, these can cause serious stomach problems. Therefore it is best to take them only for a few days.

Do not continue beyond two weeks if there is no obvious benefit. Stop if you are developing stomach complaints and seek advice if these persist.

Morphine based painkillers, such as Codeine can be taken, but it is best to avoid these if you possibly can.

If you have any concerns about taking any medication, or which medication to take, then please talk to your family doctor (GP) or Pharmacist.

X-rays and MRI for Low Back Pain

- X-rays are rarely useful. X-rays only show the bones of the spine. They are not a good indicator of serious spinal problems and deliver high doses of radiation.
- MRI scans show muscles, nerves, and discs, as well as bones and are still only appropriate in 5-10% of patients.

It is important to note that X-rays and scans of the spine will show normal age-related changes, such as worn joints, bulging or narrowed discs, and irregular alignment.

In 90% to 99% of cases these findings are not important and do not denote disease or that surgery is required – so do not be worried about them.

Further information

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Review date: February 2019

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