HealthPartners®

Understanding your lower back pain

You're not alone

About 80 percent of adults have had back pain at some time in their lives. Fortunately, most occurrences of lower back pain go away in a few days and are not associated with any serious medical conditions.

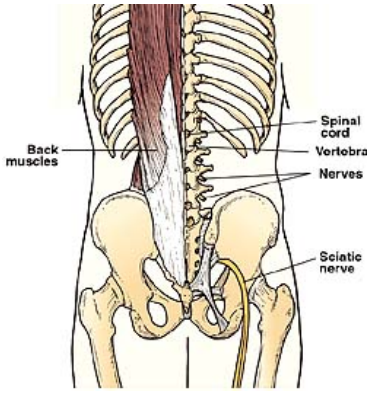
Acute, short-term lower back pain lasts a few days to a few weeks. Most acute back pain is the result of lifting or prolonged sitting or standing. It can also be caused by poor posture. Symptoms range from muscle ache to shooting or stabbing pain, limited flexibility or an inability to stand straight.

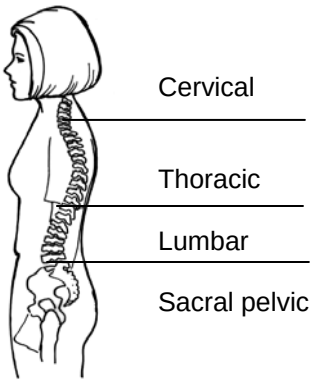
Recurrent means a repeat episode of acute symptoms. Most people have at least one episode of recurrent low back pain.

Chronic refers to symptoms that are present for 6 weeks or longer. Chronic pain symptoms may vary in intensity, but never completely go away. Chronic back pain is often the result of poor posture, spinal instability and improper body mechanics.

A look at your back

Your spine is the central support for your entire skeletal system. It has more than 30 individual bones called vertebrae that encircle and protect the spinal cord. It is reinforced by ligaments, and surrounded by muscles. Your spine should be S-shaped with three natural curves. To maintain alignment you need to have muscle strength and flexibility in your back, legs and abdomen.





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Causes of lower back pain

It's not always possible to determine the exact cause of lower back pain. Lower back pain is related to weak abdominal and back muscles due to lack of physical conditioning and overall fitness. Lower back pain is usually intensified by heavy lifting and twisting, or by psychological stress. Contributing factors for lower back pain are:

- Inactivity and poor conditioning
- Long periods of sitting and standing
- Stress and depression

Rarely, back pain is caused by serious problems, such as infections or other conditions. A health care provider can distinguish this type of back pain from the more common types based on a good history and physical examination.

Back facts

- About 70 to 90 percent of people with lower back pain improve within four to six weeks.
- About 50 percent of people with lower back pain will have a flare-up in the next year. This doesn't mean it's serious. Prolonged lower back pain and delayed recovery can be related to: incorrect posture, lack of strength and flexibility, inactivity, depression, stress, job dissatisfaction, pursuit of disability, litigation, substance abuse, and other psychological and social factors. Talk with your health care provider about these situations.
- X-rays (or diagnostic imaging) are usually considered unnecessary in the early stages of treatment because inflamed muscles and discs will not appear. X-rays are rarely useful except in cases of significant trauma (e.g., a fall or motor vehicle accident) in patients over age 55, in patients who don't improve after 4-6 weeks of conservative treatment, or in patients who have other serious medical problems such as cancer.
- Surgery is rarely needed for back pain. Many studies show that non-surgical treatment emphasizing exercise is often as effective as surgery to relieve pain and prevent relapses. Surgery is usually only considered **immediately** for severe pain and nerve damage resulting in a loss of control of your bladder or bowel functions. Surgery may be considered if conservative management fails to ease the pain or improve the function of the back.
- **Physical therapy:** back pain will usually resolve without any specific treatment. However, if your pain lasts longer than two weeks, your physician may recommend a spinal therapist. The therapist can teach you postural retraining, ergonomics, conditioning, stretching and strengthening exercises that will help reduce your pain and speed your recovery. Occasionally, manipulation is needed.

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Rest and Activity

The old way to treat back pain was rest. We now know that in the majority of cases bed rest is not necessary and may worsen your symptoms by weakening the muscles and bones. If bed rest is prescribed it should be for 1 to 2 days only. Be sure to get up every few hours during bed rest to move around, even if it feels uncomfortable.

Keeping active will strengthen bones, tendons, ligaments and muscles. It will also improve muscle control and coordination. Your goal is to get moving and gradually return to activity. *You have a choice: rest and get worse, or become more active and recover.*

Mild discomfort is common as you return to your normal activities and does not mean you are damaging your spine. Even when your back hurts, you can be active without putting too much stress on it by walking, swimming, biking and doing daily activities and hobbies.

Warning symptoms of more serious conditions

While most people with acute lower back pain usually recover within a few days to a few weeks, you should call your health care provider immediately if you have any of the following warning symptoms:

- Difficulty controlling or emptying your bowel or bladder
- Fever, greater than 101.5 degrees for longer than 24 hours
- Leg weakness
- Unexplained weight loss, greater than 5 percent of body weight over four weeks
- Severe back or abdominal pain
- Severe trauma
- History of cancer

What can I do at home to manage my back pain?

Gradually return to activity. Medical studies show that prolonged bed rest is unnecessary for most back problems. In fact, staying in bed for more than two days is likely to increase the pain and stiffness. Returning to work and daily activities with modified light duties or limited hours is an important part of your recovery. You can expect some discomfort, but this prevents your back from becoming weak and stiff.

Use ice and heat. Ice or cold packs can reduce the pain and swelling of a muscle strain or spasm. Use them for 15 minutes, three to four times a day, during the first few days. After that, a hot bath or heating pad, alternated with ice, may reduce pain and stiffness. To avoid burning yourself, keep heating pads on a low setting.

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Use medication. Anti-inflammatory medicines, like ibuprofen (Motrin®, etc.) or aspirin can help ease the pain and swelling in your lower back. These medications should be used with caution if you have stomach problems or kidney disease. If they cause stomach upset, then try acetaminophen (Tylenol®, etc.). You can also use muscle relaxers during the first few days to ease muscle spasms, but they can cause drowsiness and don't work better than ice and heat. Narcotics are needed only rarely in cases of severe acute back pain. It is generally not a good idea to use narcotics in the treatment of chronic back pain, because long-term use of these medications can cause addiction and higher tolerance levels.

Improve your posture and sleep position. One of the most important ways to prevent and treat back pain is to maintain good posture. Good posture keeps your body's weight aligned and reduces stress on back muscles. Sit upright with support for your lower back, arms and legs. Comfortable positions for sleeping are lying on your back with a pillow under your knees, or on your side with a pillow between your knees.

Avoid lifting, bending and twisting. To manage lower back problems, back pain experts suggest you avoid lifting heavy objects, and repetitive bending and twisting during the first month after the onset of your back pain. It is also important to change positions frequently. Use a chair with adequate lower back support and avoid prolonged standing. Place a back support in your car.

Manage your stress. Family or work pressures and financial worries can affect back pain. Learning to accept and manage everyday stress can help you recover from back pain. If you have concerns about stress, please discuss them with your health care provider.

Do back strengthening and stretching exercises. Start exercises after acute back pain improves. It is important to keep your back flexible and strong. Back exercises can help you prevent back problems and improve your posture.

Will diagnostic tests be ordered?

After four to six weeks of continued lower back pain, you should see your provider for re-evaluation. A thorough history and examination may be all that is needed to rule out serious conditions. Consultation with a medical spine specialist or surgical spine specialist may be suggested. Occasionally further diagnostic tests such as X-rays, CT, MRI scan or blood tests may be indicated.

Low back pain with sciatica

Low back pain which radiates to the leg is referred to as lumbar radicular pain or sciatica (*pain along the sciatic nerve*). It is a symptom not a disease. If you continue to experience lumbar radicular pain after at least six weeks of physical therapy and anti-inflammatory medications, further diagnostic tests (MRI and/or CT scan) may be ordered. The findings of such tests will be compared with your symptoms and physical exam findings. At this time, your provider/spine specialist will assess the possible cause(s) of your low back pain and your best treatment plan

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Treatment option for sciatica

Epidural steroid injections may be a recommended treatment for only pain control of your chronic sciatica. The specialist, guided fluoroscopically (Xray) injects steroid medication in the epidural (spinal fluid) space. Such medication is believed to reduce inflammation causing the radiating low back pain.

However, ***where*** this medication is delivered by your spine specialist is dependent upon the approach your specialist takes. There are three approaches for this procedure.

1. Transforaminal. Medication is delivered directly to the target area, the front epidural space *(spinal canal)*. Study trials have shown this approach as most effective.
2. Interlaminar. Medication is injected to the back epidural space alongside the spinous processes *(boney projections of the vertebrae)*. Studies completed report mixed results on effectiveness.
3. Caudal (tailbone). This approach typically involves injection of high volumes of medication through an opening in order to reach the target area. Studies also report mixed results of the effectiveness.

Whether or not epidural steroid injections are the best treatment option for you is determined by several factors (including but not limited to):

- Complaint of leg pain which corresponds to physical exam findings
- Severe pain which limits daily living and quality of life
- CT/MRI findings which correspond to your complaints and exam findings
- Absence of contraindications (ex., pregnancy, infection, bleeding disorder).

Other important facts to know:

- Your specialist must inform you of the possible side effects of such a procedure.
- Your specialist scheduled to perform this procedure should be experienced.

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