

Low Back Pain

If you have low back pain, you're not alone. Acute low back pain (pain that lasts 8 weeks or less) is very common. In fact, it's the second most common reason that people visit their doctor.

More than 80% of people will have an episode of acute low back pain sometime in their lives. Over the years, scientific evidence has disproved many back pain myths, revealing the basic prevention and treatment options that work best.

What causes acute low back pain?

The exact cause of low back pain is often hard to pinpoint. Most acute low back pain is probably caused by muscle strain — usually from doing an activity you're not used to (such as yard work, moving furniture, or heavy lifting). Or, you may have sprained the ligaments between your vertebrae (the bones in your back) or in the sacroiliac (SI) joint in the lower back.

Less often, one of the discs that normally cushions your vertebrae can push out and press on a nerve. **The good news is that acute back pain is rarely caused by damage to your spine or by any other serious medical condition. In fact, in most cases you can recover quickly on your own** — at least to the point where you can do normal daily activities.



Back pain MYTHS



MYTH 1: *Bed rest is best.*

Not true. In fact, research has shown that bed rest for more than a day or two can be harmful. To keep from getting worse, keep moving!

MYTH 2: *If the pain is bad, there must be spinal damage — or something is out of place.*

That's usually not true. Fortunately, your back is blessed with a strong and flexible bony spine that is reinforced by ligaments and surrounded by large, powerful muscles. So it's very difficult to damage the spine or dislocate anything. However, there are times when you should call your doctor (see page 4).

MYTH 3: *Low back pain always requires special tests and treatments ordered by a doctor.*

Not true. Imaging tests, such as x-rays or MRIs, are usually not needed. They may even lead to unnecessary procedures. Your doctor can usually rule out serious causes with a medical history and physical exam.

What can I do to ease my back pain?

Not all back pain episodes require a doctor's visit. You can often manage your pain on your own and return to normal activities as soon as you're ready. Try these suggestions:

- **Keep moving.** It's natural to want to avoid using your back when it hurts. However, for most types of back pain, inactivity — especially bed rest — can slow the healing process and make your muscles weaker, tighter, and more painful. Although you do want to avoid activities that make your pain worse, stay as active as possible.
- **Find a comfortable position.** When you do rest, you may have to experiment with positions to relieve your pain. Try lying on your back with a pillow under your thighs or on your side with your knees bent and a pillow between your legs.
- **Apply heat or cold.** Cold (an ice pack or bag of frozen peas) can lessen your pain, while heat (a hot water bottle, heating pad, or warm bath) can loosen tight muscles. Apply ice or heat for 15 minutes at a time each hour, alternating the two for best results.
- **Try simple pain medicine.** Control your pain with the following over-the-counter medicines:
 - **Anti-inflammatories**, such as ibuprofen (generic, Advil, Nuprin, or Motrin) or naproxen (Aleve), relieve pain and also help reduce inflammation.
 - **Acetaminophen** (generic, Tylenol, Excedrin) helps relieve pain.

Pain medicine should control the pain enough that you can be active. **If you take medicine for any other medical condition (such as high blood pressure, diabetes, or arthritis), check with your doctor before taking any over-the-counter pain reliever.** Also, be sure to follow the directions on the packaging.

What can my doctor do?

There's no magic cure for acute back pain. In fact, your doctor may not be able to pinpoint the exact cause of your pain. However, your doctor CAN:

- **Rule out any serious underlying condition.** In most cases, your doctor can rule out serious conditions from a medical history and physical exam alone. Typically, you DON'T need special lab tests, x-rays, or MRIs — in fact, these tests usually don't help. If your doctor does suspect a serious condition, he or she will refer you to an appropriate medical specialist.
- **Recommend treatments to help control your pain and prevent disability.** Based on the information gathered in your medical history and physical exam, your doctor may provide a range of treatments. The most common treatments include:
 - **Education and activity recommendations.** Your doctor will talk with you about avoiding bed rest, staying active, and practicing good body mechanics.
 - **Medicines for pain relief.** Your doctor may recommend over-the-counter or prescription-strength anti-inflammatories (such as ibuprofen or naproxen) or acetaminophen. For more severe cases, you might need to take a short course of muscle relaxers to reduce muscle tension and increase ability to move. Acute back pain rarely requires treatment with steroids or narcotics.
 - **Referral to a physical therapist.** A physical therapist can create and supervise an individual exercise program for increasing your flexibility and strength. Earlier treatment tends to produce better results than waiting. (If your insurance doesn't cover physical therapy, ask your doctor for exercise recommendations.)



Questions for my doctor: _____

How can I prevent low back pain?

Doctors and researchers have discovered factors that can lower your chances of having problems with your back. Here are some suggestions:

- **Practice good body mechanics.** The term “body mechanics” refers to how you move and hold your body. Developing good habits is one of the most important things you can do to protect yourself from painful back episodes. The table below lists some DOs and DON'Ts for good body mechanics.
- **Get regular exercise.** Regular activity keeps your body strong and flexible to help support your back. Establish and maintain a regular exercise program that includes aerobic training (such as walking, swimming, or cycling) as well as stomach and back strengthening.
- **Manage your weight.** Extra pounds put extra stress on your back. To lose weight, eat more fruits, vegetables, and low-fat foods. Keep portions small, avoid junk food, and exercise regularly.
- **Avoid activities that require heavy lifting or trunk twisting, or that cause your body to vibrate.** These activities can place lots of stress and strain on your back. Avoid them when possible — and always use proper body mechanics.
- **Reduce stress.** Stress has also been shown to affect low back pain. Stress can cause muscular tension and sometimes spasm. Look at ways to reduce or manage the stress in your life.



Use better body mechanics!

Activity	DO	DON'T
Lifting	<ul style="list-style-type: none"> • Lift and carry objects close to your body. • Bend your knees as you lift—make your legs do the hard work, not your back. • Turn with your feet as you lift. • Know your own strength. Only lift as much as you can handle comfortably. 	<p>DON'T lift objects:</p> <ul style="list-style-type: none"> • Away from your body. • With arms outstretched. • With your legs straight. • And twist in one motion. • That are too heavy for you.
Sitting	<ul style="list-style-type: none"> • Sit in an upright chair with your knees level with your hips. Keep your ears, shoulders, and hips in a vertical line. • Sit with a rolled-up towel or other support behind your lower back. • Stretch and walk around after 30 minutes of sitting. 	<ul style="list-style-type: none"> • Slouch in your chair. • Sit without back support. • Sit for a long period of time.
Standing	<ul style="list-style-type: none"> • Put one foot on a low box or stool. Switch feet every few minutes. • Have your work surface at a comfortable height. 	<ul style="list-style-type: none"> • Stand for a long period of time without changing position. • Use a work surface that is too low (so you have to bend over) or too high (so you raise your shoulders).
Sleeping	<ul style="list-style-type: none"> • Use a firm mattress, or put a board under your mattress to add support. • Sleep on your back with a pillow under your thighs. Or, sleep on your side with your knees bent and a pillow between your legs. 	<ul style="list-style-type: none"> • Sleep on a too-soft mattress. • Stay in bed too long.

• **Don't smoke or use tobacco.** Studies show that smokers have twice as much back pain as non-smokers. Ask your doctor about these and other resources to help you quit:

- Intermountain's booklet **Quitting Tobacco: Your Journey to Freedom**
- Utah Tobacco Prevention and Control program:
1-877-220-3466
www.tobaccofreeutah.org
- Utah QuitNet:
www.utah.quitnet.com



When should I get medical help?

See your doctor immediately or go to the nearest emergency room if you have any of these symptoms:

- Difficulty urinating or controlling urine
- Blood in your urine
- Loss of bowel control

Make an appointment to see your doctor if you develop any of these symptoms:

- Sudden, severe pain
- Severe back pain that gets worse over several weeks instead of getting better
- Back pain that lasts longer than 8 weeks or returns regularly
- Numbness or weakness in your legs
- Fever



Keep track of what helps the pain

What makes my back pain BETTER:

What makes my back pain WORSE:

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