



## Lower back pain

### Understanding the lower back

The lower back is also called the 'lumbosacral area' of the back. It is the part of the back between the bottom of the ribs and the top of the legs and is made up of the spine bones (vertebrae), discs, nerves, muscles and ligaments.

### What is lower back pain?

This is the most common type of back pain. About 19 in 20 cases of acute (sudden onset) low back pain are classed as 'non-specific'. This is the type of back pain affects 7 out of 10 people at some point in their life. It is called 'non-specific' because it is usually not clear what is actually causing the pain. In other words, there is no specific problem or disease that can be identified as to the cause of the pain. The severity of the pain can vary from mild to severe.

### What is the cause of non-specific low back pain?

It is thought that in some cases the cause may be a sprain (an over-stretch) of a ligament or muscle. In other cases the cause may be a minor problem with the disc between two vertebrae, or a minor problem with a small 'facet' joint between two vertebrae. There may be other minor problems in the structures and tissues of the lower back that result in pain. It is not possible to identify these causes of the pain by tests. Therefore, it is usually impossible for a doctor to say exactly where the pain is coming from, or exactly what is causing the pain.

To some people, not knowing the exact cause of the pain is unsettling. However, looked at another way, many people find it reassuring to know that the diagnosis is non-specific back pain which means there is no serious problem or disease of the back or spine.

### What are the symptoms of non-specific low back pain?

Sometimes a pain may develop immediately after you lift something heavy, or after an awkward twisting movement. Sometimes it can develop for no apparent reason. Some people just wake up one day with low back pain.

Although non-specific back pain is sometimes called 'simple' back pain, simple does not

mean that the pain is mild. The severity of the pain can range from mild to severe.

Typically the pain is in one area of the lower back, but sometimes it spreads to one or both buttocks or thighs. The pain is usually eased by lying flat. It is often made worse if you move your back, cough, or sneeze. So, non-specific low back pain is 'mechanical' in the sense that it varies with posture or activity.

Most people with a bout of non-specific low back pain improve quickly, usually within a week or so, sometimes a bit longer. However, once the pain has eased or gone it is common to have further bouts of pain (recurrences) from time to time in the future. Also, it is common to have minor pains 'on and off' for quite some time after an initial bad bout of pain. In a small number of cases the pain persists for several months or longer. This is called chronic back pain.

### How is non-specific back pain diagnosed?

Most people who develop low back pain that comes on suddenly (acutely) have non-specific low back pain. If there are no other associated symptoms and the pain is not too bad, many people are confident to just 'get on with it' and treat it themselves - and indeed most get better quickly. However, if in doubt, see your GP for a check-over and advice.

The Emergency Department doctor will usually be able to diagnose non-specific low back pain from the description of the pain and by examining you. Therefore, in most cases, no tests are needed. There is no test that can prove or confirm non-specific low back pain. Current UK guidelines are clear that routine tests such as x-rays and scans should not be done if there is a diagnosis of non-specific low back pain.

### What are the treatments for non-specific low back pain?

The usual advice is to keep active, and do normal activities as much as possible.

Painkillers can help until the pain eases. In most cases, the pain clears within a week or so but may recur from time to time. Chronic (persistent) pain develops in some cases, and further treatment may then be needed.

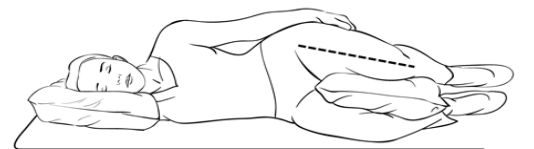
Move around as soon as you are able, and get back into normal activities as soon as you can. As a rule, don't do anything that causes a lot of pain. However, you will have to accept some discomfort when you are trying to keep active.

Sleep in the most naturally comfortable position on whatever is the most comfortable surface.

Some people find that a small firm pillow between the knees when sleeping on the side helps to ease symptoms at night,

Or on your back with the hips and knees bent and lower legs supported on a pillow.

Or on your front with or without a pillow under your tummy.



A cold compress, such as a bag of frozen vegetables or ice cubes wrapped in a wet tea towel, may reduce the inflammation for the first few days, after this heat pads or hot water bottles may help reduce the pain.

If you have a job, aim to get back to work as soon as possible. There is no need to wait for complete freedom from pain before returning to work. Returning to work often helps to relieve pain by getting back to a normal pattern of activity and providing a distraction from the pain.

### Signs to look out for

The vast majority of people with low back pain do not have any of the following symptoms or features. Seek further medical help if you experience any of the following after leaving the Emergency Department.

- Numbness around genitals or back passage
- Inability to control bladder or bowels
- Pins and needles or weakness in legs

### What is the outlook (prognosis)?

- Most non-specific back pains ease and go quickly, usually within a week or so.
- In about 7 in 10 cases, the pain has either gone or has greatly eased within four weeks.
- In about 9 in 10 cases the pain has gone or has greatly eased within six weeks.

However, once the pain has eased or gone it is common to have further bouts of pain (recurrences) from time to time in the future. Also, it is common to have minor pains 'on and off' for quite some time after an initial bad bout of pain. In a small number of cases the pain persists for several months or longer. This is called chronic back pain.

### Can further bouts of back pain be prevented?

Evidence suggests that the best way to prevent bouts of low back pain is simply to keep active, and to exercise regularly. It is also sensible to be 'back aware', for example, do not lift objects when you are in an awkward twisting posture; sit in chairs that support the spine with your feet flat on the floor.

#### Exercises:

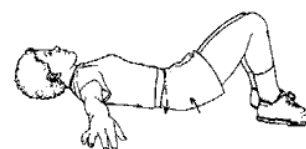
##### – Knee rolling

Lying on your back with your knees bent, let both your knees drop to one side then the other slowly and gently, you should feel a slight stretch in your lower back.



##### – Pelvic tilt

Lying on your back with your knees bent, place your hand in the small of your back. Press back on to your hand, hold a few seconds then release.



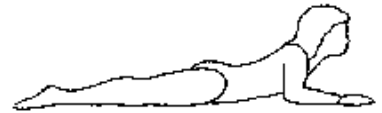
– Alternate leg hugs

Lying on your back with your knees bent, bend one knee up and hold it with your hands. Gently draw it up towards your chest, hold for a couple of seconds then gently lower, repeat with the other leg.



– Back extensions

Lying on your front, push up on to your elbows, hold approx 10 seconds, then lie back down flat.



Further information and advice

More information is available on the Clinical Knowledge Summeries:

<http://cks.nice.org.uk/back-pain-low-without-radiculopathy>

or,

Backcare (The National Back Pain Association)

[www.backcare.org.uk](http://www.backcare.org.uk)

Tell us your views

If you wish to discuss any aspect of your treatment and care, please speak to a senior member of staff or to the nurse looking after you. The matrons are also available during normal working hours and they welcome your views.

Friends and Family Test

Whatever your experience you can give feedback by answering the Friends & Family test question – How likely are you to recommend our A&E Department to family and friends if they needed similar care or treatment?

This can be completed online at <http://surveys.this.nhs.uk> using tag name **chftae** or by completing the form available within the department.

**If you have any comments about this leaflet or the service you have received you can contact :**

Manager

Emergency Department

Huddersfield Royal Infirmary

Telephone No: 01484 342396

[www.cht.nhs.uk](http://www.cht.nhs.uk)

or

Calderdale Royal Hospital

Telephone No: Halifax: 01422 222325

[www.cht.nhs.uk](http://www.cht.nhs.uk)

**If you would like this information in another format or language contact the above.**

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Amennyiben ezt az információit más formátumban vagy nyelven szeretné megkapni, vegye fel a kapcsolatot fenti részlegünkkel.

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਰ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਰੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ میں یا زبان میں درکار ہوں، تو برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔