

Low Back Pain

I have chosen to do a generalised advice sheet regarding low back pain as this is the most common source of injury we come across at the clinic. Also, since closing the clinic due to the coronavirus pandemic we have continued to receive calls from patients requesting treatment for low back pain that we sadly are unable to carry out at the moment. Due to the multitude of anatomical structures involved in the lower back there are wide ranging causes for pain that may benefit from varied treatment protocols. For this reason it is difficult to provide a specific structured rehabilitation programme in an advice format such as this, at the risk of issuing exercises that may aggravate your injury. Hopefully the information provided will offer some assistance in the management of your low back pain.

Contributing factors to lower back pain

- Repetitive bending or lifting activities
- Sedentary postures, such as sitting for prolonged periods at a computer desk or driving
- Landing awkwardly after jumping could cause acute pain
- Impact traumas, such as those acquired in a car accident
- Forward lean postures significantly increase pressure in the lumbar discs
- Previous injury to the lower back
- Abnormal foot biomechanics

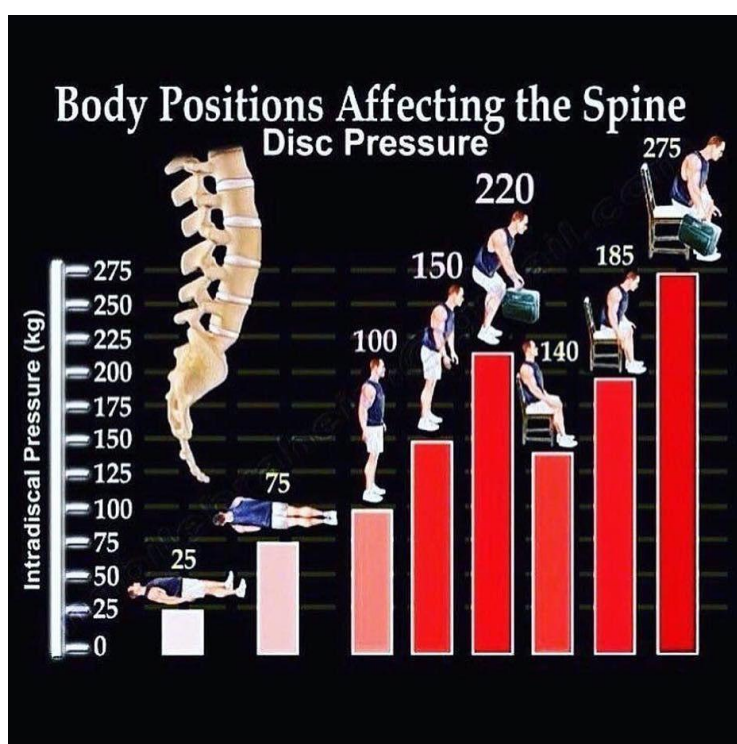


Fig 1 – See forward lean postures significantly increase disc pressure

Symptoms of low back pain

Symptoms can be wide ranging depending on the specific structure injured in the lower back. It could be that you present with one or two of the list below or a multitude of them. It is very possible that more than one structure may be involved in the event of a low back injury, causing varied symptoms.

- Acute sudden onset of pain with a specific injury cause or gradual onset of pain with no obvious cause.
- Patients may report pain as a band across the lower back. Pain can also be unilateral where you may feel pain on either the left or right of the lower back.
- In the event of nerve root irritation in the lumbar spine, patients may feel pain referred into the buttocks or even into the leg(s). Other neural symptoms include pins and needles, numbness, burning/cold and weakness.
- Typically with disc injuries patients feel better in extended positions with pain increasing when bending forwards.
- Sitting may be uncomfortable, though typically pain and stiffness is identified when standing from a seated position.
- More severe back pain can be constant even at rest making sleeping difficult. Turning in bed can increase pain.
- With increased muscle spasm in the lower back, the pain may radiate further up the back to the lower thorax.
- Disc injuries can be aggravated by coughing or sneezing, reproducing acute pain.
- Typical mechanical back pain will ease with activity and stiffen with periods of non-movement.
- Sacroiliitis (inflammation of the sacroiliac joints) may present a burning/dull ache sensation at the very base of the lower back, discomfort in the buttocks, hips and thighs.
- ***Should you present with pain in both legs, feel numbness or altered sensation in your saddle region or notice reduction in bladder/bowel control contact 111 or go to A&E as a matter of urgency to rule out Cauda Equina syndrome.***

At this current time, should your symptoms be severe in nature and cannot be managed by over the counter medications or self-management strategies, do contact your GP or 111 to be advised on the appropriate next steps to help you overcome your injury.

Self-management strategies

- In the event of acute or constant low back pain it would be recommended in the first week to primarily rest taking the necessary analgesia to manage pain symptoms. This would be predominant bed rest (commonly lying on your back with your knees bent up will minimise stress on your lower back), gradually increasing walking around the house as pain allows.
- Minimise bending and lifting. Ensure that any lifting is performed with a straight back, driving through your legs and not the back.
- Avoid sitting for long periods as this will increase stiffness in the lower back.
- As acute pain settles though aching and stiffness remains it is important to increase your mobility through exercise. Similar to any other joint your back is designed to move and will recover more quickly with increased movement.
- Heat packs, including hot water (wrapped in a dry towel) or wheat packs, can be used for pain control and to manage muscle spasm.
- Gentle exercises to encourage early mobilisation. Lying on your back with your knees bent rock your knees side to side – work into resistance but only to the point of pain. From the same starting position try and lift your hips off the floor/bed and hold for 5-10 seconds. Pull your knees to your chest lying on your back and hold for 20 seconds.
- In standing perform side flexions (sliding your hand down the side of your leg) to each side, extend your back (arching) and flex your back (sliding hands down the front of your legs). Perform exercises to the point of pain; do not push through the pain.
- As pain further reduces stretches can be progressed. Search advanced lumbar stretches online and a variety of exercises will be available. It is also important to stretch your gluteal muscles (search gluts and piriformis stretches).
- Progress to core strengthening exercises to help improve trunk stability and minimise risk of re-injury. This is crucially important before returning to normal working/sporting activity.
- Long-term management for low back pain could include activities such as pilates, yoga and gym exercise.