

A guide for people with back pain

Physiotherapy

Information for Patients

Last reviewed: March 2024

Updated: July 2024

Next review: March 2027

Leaflet number: 822 Version: 3.1

Introduction

New back pain research challenges some of the things that we thought were true before about back pain. This booklet provides you with up-to-date information about back pain and things that you can do to help it get better.

What is back pain?

Back pain is very common, nearly everyone has had to deal with at some point in their lives. Back pain is usually the result of strain. The recovery is excellent for this type of back pain. Most people are back to normal within a few weeks. Back pain can be painful but it is very rare (less than 1%) that it is caused by cancer, infection, inflammation of the spine or a broken bone.

Are there different types of back pain?

Yes, specific and non-specific. Only 5% of people will have specific back pain. This may include pain in the back and in 1 or both of your legs. This may be due to pressure on the nerves in the lower back. This can sometimes reduce the power or feeling in the legs, and is also known as sciatica. The good news is that most people (95%) with back pain **do not** have a specific cause. Instead it is often due to a strain or when we are tired, 'run down', stressed or inactive. This is known as non-specific back pain.

Screening back pain

Your clinician will do an in-depth check up to rule out any specific cause. If we think there may be a specific cause for your back pain, you may be referred to a specialist for further tests. If your back pain is non-specific your healthcare professional may offer you advice

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and exercise to help you in your recovery.

Do I need further tests and scans?

X-rays and scans are **not needed** for most people with back pain. They may help for some people if we think there is a specific cause. Your healthcare professional will decide if a scan is needed based on your symptoms, general health and physical examination.

Studies have found that the MRI scans of people **without** back pain show disc bulges, disc degeneration, small tears (disc fissures) and 'arthritic' changes to the joints. Remember these people **do not** have pain. These findings are thought to be a normal part of ageing, just like grey hair or wrinkles in the skin. They cannot foresee who may get back pain.

These types of findings on a scan can create worry and cause a person to protect their back. We now know that can make the pain last longer than it should.

The table on page 5 shows normal age-related findings on MRI scan by age.

Signs and symptoms to look out for:

The following symptoms are **rare**. It is important to see a doctor if you have any of them:

- Recent difficulty going to the toilet, for example, controlling when you pee or not having the feeling that you need to pee.
- You notice a change in feeling around your bottom or genitals, such as numbness or pins and needles.
- You cannot control your bowel function.
- Reduced sexual function, such as loss of feeling during sex.
- A change in your normal walking pattern, such as unexplained weakness of your legs.
- Feeling unwell with your back pain, such as a fever or too much sweating that wakes you from sleep.

What happens if I have 'specific' back pain?

Your healthcare professional will talk to you about how to manage this. The most common cause is due to pressure on the nerves in your lower back usually from a disc prolapse. Although very painful, the recovery is excellent. Surgery is not usually needed for this unless you have, or start having any of the signs and symptoms listed in the section above.

What can I do to help myself?

The following sections will give you the most up-to-date information to manage your back pain.

Avoid rest and keep moving in a relaxed way

It is ok for you to take things a little easier in the first few days of having back pain. But, bed rest of more than 24 hours can slow down your recovery.

People with back pain often move slower and more carefully in order to protect their back. This can cause muscle tension around your back which can make pain worse and slow down your recovery.

Although it may be painful at first, gradually getting yourself moving again in a relaxed way and doing normal activities will speed up your recovery. It will not cause any harm to your back.

Stay at work

Try to remain at work or get back to work as soon as possible. To begin with you may have to modify some of your duties but we know that staying at work and carrying on with your usual activities (including the things you enjoy) has been shown to help speed up your recovery.

Medication

Pain medication may help in the first few days of back pain. But, recent research has shown paracetamol is not effective. Weak opioid medications such as codeine are only recommended when anti-inflammatory medication like ibuprofen is not suitable or is not effective. Opioid medications for example, codeine, tramadol are not recommended for long-term use in back pain. You can discuss your medication with your doctor.

Lifestyle changes

There are a number of things to take into account when trying to help your back pain. Making some simple changes to your lifestyle can be very helpful.

How you feel can influence the amount of pain you experience. **Stress, low mood and anxiety** can contribute to your pain. Making time for the things you enjoy and taking time out for relaxation can help. Stomach breathing exercises and meditation are great ways to calm your sensitive pain system.

If you are already **active** then keep it up. It may seem a little scary to start a new type of exercise, but when you begin exercising some muscle soreness is normal. An increase in your back pain does not usually mean you are causing harm.

There is no one particular type of exercise that is better than another. The important thing is you choose something you are likely to continue with in the longer term. This can be walking, swimming, cycling, running, making sure you take the stairs instead of the lift or activities such as gardening. Pace your activity rather than over or underdoing it will help your recovery.

Sleep is important for recovery and it helps to settle down your pain system. When in pain our sleep can become disrupted. Regular sleep times in a quiet room, free from distractions such as televisions or tablet devices can prepare you for a good nights sleep. Avoid alcohol and caffeine.

Relaxation techniques such as mindfulness can also help. Changing to a **healthy diet** has also been found to be very helpful. Increased belly fat is a known predictor of back pain. As described above, exercise is a great way to start losing this fat but changing what we eat is important too. Sometimes this can be hard to do, but your surgery will have information on support available to help and guide you.

Quit smoking! There are strong links between smoking and back pain. Speak to any healthcare provider to help you kick the habit.

Pain flare-ups

A flare-up of pain may happen for many reasons, such as illness or life events that are beyond your control - sometimes we do not know why they happen. Remember these flare-ups are normal and it is safe for you to start moving again and build up slowly.

What is not true (myths) about common back pain.

Studies show that beliefs and attitudes of people with back pain can greatly influence their recovery. Here are some common ideas **that are not true** about back pain:

- **My back pain is due to something being out of place.** No evidence suggests that bones or joints move out of place. Also discs do not pop in and out of place. X-rays and scans can show some slight change of alignment and disc bulges but these are generally not related to pain.
- **I need an operation.** Surgery is very rarely needed for back pain, and only occasionally if there is a specific or serious cause.
- **Lifting and bending are dangerous.** Research shows poor links between lifting and bending and back pain.
- **The more pain I feel the more damage I have done.** This is not true. Different people with similar back problems can have different levels of pain. There are many factors that influence the pain we feel such as previous pain experiences, anxiety, fear, worry, stress levels and how we cope.
- **I must keep an upright posture.** No posture is better than another. Different postures suit different people. Slouching is not damaging for your back and in fact it can be helpful to vary your posture in a relaxed way.
- **My back pain is here to stay.** Lots of factors are associated with back pain and many people have previously received treatments focussed on one factor, such as massage for sore muscles. This can lead to frustration and reduced hope for the future. Treatments that look to address all these factors can be more helpful.
- **Exercise is not safe for my back.** The exact opposite is true. Regular exercise that you gradually build up is great for your body and mind. It can usually help to reduce pain and discomfort.

Age (Years) of individuals without any back pain							
Positive Imaging Findings	20	30	40	50	60	70	80
Disc Degeneration (the discs lose a bit of fluid)	37%	52%	68%	80%	88%	93%	96%
Disc Signal Loss (the disc contains less water)	17%	33%	54%	73%	86%	94%	97%
Loss of disc height (the disc shrinks a bit)	24%	34%	45%	56%	67%	76%	84%
Bulging discs (a small bit of the disc changes shape)	30%	40%	50%	60%	69%	77%	84%
Disc protrusion (the disc changes shape)	29%	31%	33%	36%	38%	40%	43%
Annular fissure (the disc has a scratch on it)	19%	20%	22%	23%	25%	27%	29%
Facet degeneration (the small joints change shape)	4%	9%	18%	32%	50%	69%	83%
Spondylolisthesis (1 vertebra bone moves forward on another)	3%	5%	8%	14%	23%	35%	50%

Brinjikji et al, 2015

If I have nothing serious, what is causing my back pain?

Many times, pain comes on itself without any visible signs of damage or injury. This can be a very difficult question for many. 70% of people get better after a serious episode.

For a smaller group it may

- last longer than 6 to 12 weeks,
- affect their life

You may benefit from seeing a healthcare practitioner to help you understand the contributing factors.

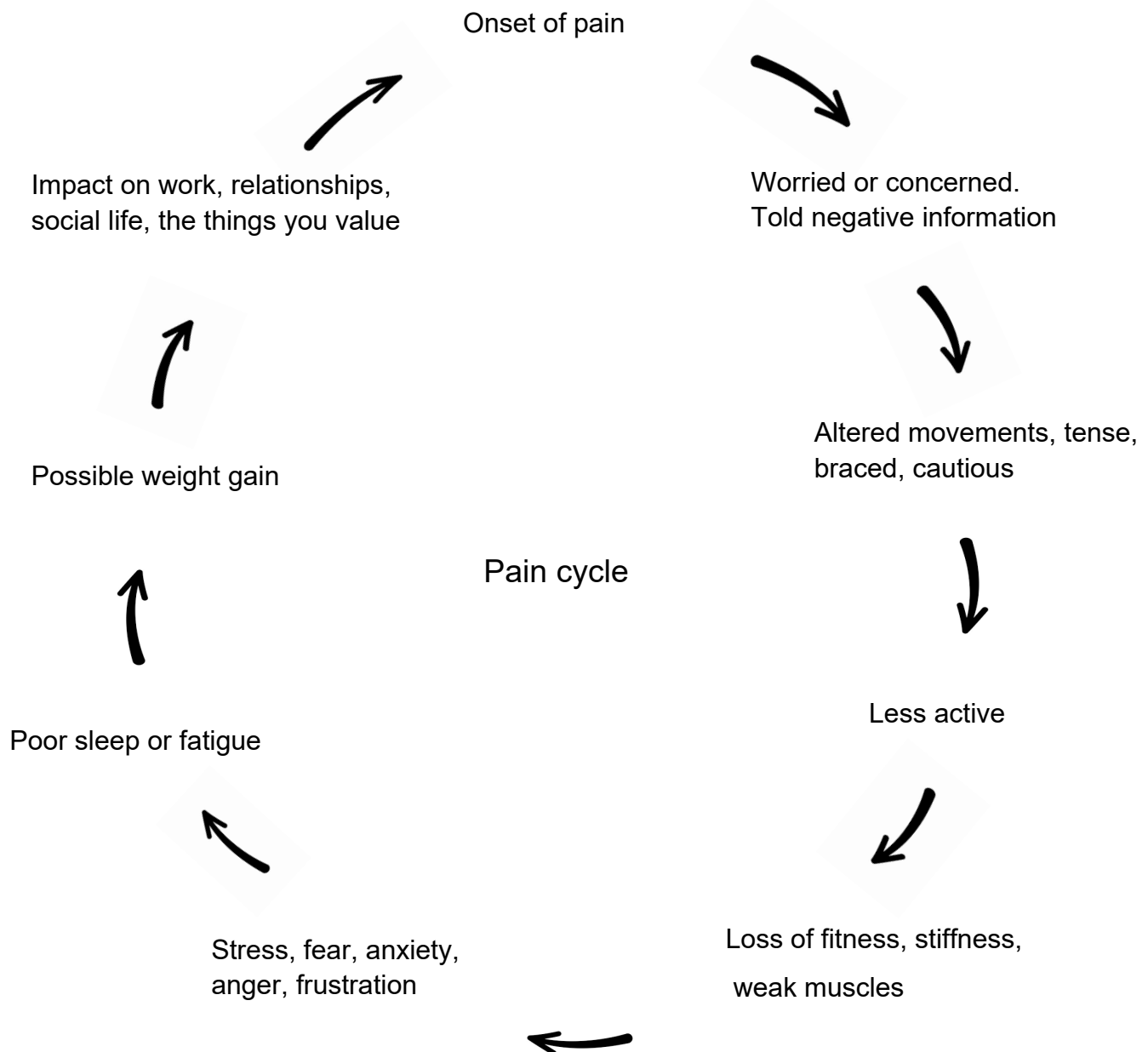
These factors can include:

- avoiding movement or activities because they hurt or lead to a sprain or strain
- having a negative mindset about the back (“my back is damaged and can’t be trusted”)
- high levels of stress
- worries or anxiety
- low mood
- fear of pain and or movement
- resting too much
- carrying excess body weight (especially around the belly)

These factors can contribute to increasing or decreasing your pain. Gaining more knowledge of what factors trigger your back pain, will help you to manage your pain, especially during a flare-up. We know that the nervous system plays a major role when it comes to how much pain you feel. Reducing the nervous system's reaction to your triggers will help you to resolve your back pain in the end. For instance, stress worsens pain by making the neurological system's reaction more intense. Understanding the link between for example stress and pain means that if you are able to reduce your stress, this will then reduce your back pain.

The picture below shows an example of how ongoing pain can happen. This is very unique to each person and there may only be some aspects which relate to you.

Example of a pain cycle



Personalised plan

This section allows you to make your own notes with your health care professional. To create a personalised plan for you to help with your back pain.

It may include:

- An **explanation of factors which may contribute towards your pain**
- **Strategies to help you are moving your back and make lifestyle changes towards your own valued goals** (sometimes an increase in pain is common but does not mean you are causing more harm)
- **A flare up plan** (to help get you back on track if needed)

Key points to remember:

- Most back pain recovers quickly.
- The back is a strong structure that is designed to move and be used.
- Serious or permanent damage is rare.
- A scan is not needed to be able to effectively treat back pain.
- Keep moving in a relaxed way. It is normal to experience some pain as you recover. Remember, hurt does not always equal harm.
- Focus on meaningful activities. Give yourself priority over your pain. This might include going for a walk, playing with grandchildren or going for a meal.
- Stay at work or return to work as soon as possible.
- Try to maintain social relationships. Nurture relationships that are important to you. Groups, classes and talking openly with family can help
- A healthy lifestyle including regular exercise, good sleep and reducing stress decreases your risk of ongoing pain, it will help to keep you and your back healthy.

Useful websites and resources

- **Cochrane collaboration**

<http://www.cochrane.org/evidence> search 'low back pain'.

- **National Institute for Health and Care Excellence**

www.nice.org.uk/Guidance search 'low back pain'.

- **www.pain-ed.com/public**

Has latest evidence-based information about pain with excellent videos, check out 'Back pain—separating fact from fiction'.

- NHS exercise videos—www.nhs/conditions/nhs-fitness-studios
- Self referral for talking therapies—www.vitahealthgroup.co.uk
- Leicester dietetics service—www.lnds.nhs.uk
- Stop smoking services— Stopping Smoking - Live Well Leicester

Physiotherapy contact details:

Glenfield Hospital 0116 2583595

Leicester Royal Infirmary 0116 2585816

Leicester General Hospital 0116 2584070

If you have any questions, write them down here to remind you what to ask:

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