



ACUTE LOW BACK PAIN

PATIENT INFORMATION LEAFLET

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This leaflet is based on recent research but because no two back problems present in the same way it is difficult to produce a *'recipe'* for care. The following advice will help recovery in the majority of people.

We know that acute low back pain is often distressing and painful, whether it be your first episode or a recurrence of an existing problem. It is very common, affecting 90% of the general population at some time in their life.

Most back pain is not due to any serious damage or disease.

Whether you have long-standing pain or are suffering from an acute episode, most of the pain comes from the muscles, ligaments and joints in your back - they are simply not working as effectively as they should. Think of your back as being *'out of condition'*. You now need to get it working properly again.

Your back is designed for movement, therefore, normal activities will not produce any damage. Keeping yourself moving and continuing with most most daily activities will help to keep the muscles and joints working as normally as possible.

Bed rest for any more than 1-2 days is not advisable. Your joints will become stiff and your muscles will become weaker, making it harder for you to get moving. Getting moving after bed rest may produce a temporary increase in discomfort. Be assured that this is normal and it is important to continue.

You must stay active. Even when you are sore you can make a start without putting too much stress on your back. Walking, swimming, and doing the exercises advised in this leaflet should all help.



Painkillers and anti-inflammatory drugs can help to control the pain initially and so allow you to start moving around normally. Take these as prescribed. Do not wait until the pain becomes out of control.

Heat or cold may provide some short term relief - apply hot or cold packs to the affected area for 20 minutes as often as is required and then follow with gentle exercise.

When in acute pain a firm sleeping surface is best. Avoid sagging mattresses or sofas. Sit/drive as little as possible and then for only short periods, making sure the lordosis (inward curve found at the base of the spine) is maintained and supported either using a small cushion or a rolled up towel.

Again, avoid soft, sagging surfaces if you have to sit. In the car for instance it may be necessary to sit on a firm cushion in addition to using a rolled up towel to prevent rounding of your back. Try to avoid staying in one position for longer than 20-30 minutes - keep moving around.

Avoid bending and lifting as much as possible until your symptoms settle. Then aim to lift and bend properly by bending your knees and keeping the lower spine straight whilst you gently pull in your lower stomach muscles.

Research has shown that returning to work as quickly as possible can help your recovery. Your symptoms will settle in time.

Whilst this is happening, your aim is to keep yourself moving by taking the medication prescribed and by following the advice and exercises in this leaflet.

EXERCISES

REPEAT each exercise 10 times, 2-3 times daily



Pelvic Tilt

Lie on your back with both knees bent. Tilt your pelvis back so as to flatten the curve at the base of the spine. Then let go to repeat again.

Knee rolling/Rotation

Lie on your back with your knees bent.



Keeping the knees together, slowly roll them from side to side, keeping your shoulders flat on the ground.

Side Bends

Standing to one side as far as pain allows and repeat to the other side



Try to resume any previous exercise or sporting activity as soon as your pain allows.

If you have previously done no exercise you must give consideration to making some form of exercise part of your lifestyle. Discuss this with your GP or Physiotherapist.

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