

Lower back pain



Physiotherapy Department

Lower back pain

This leaflet is intended for people who have been diagnosed with generalised lower back pain by their GP or Orthopaedic Consultant. It is a guide only and the advice given may not suit everyone. If your back pain continues to worsen with the exercises and advice then please consult your doctor.

How is my spine formed?

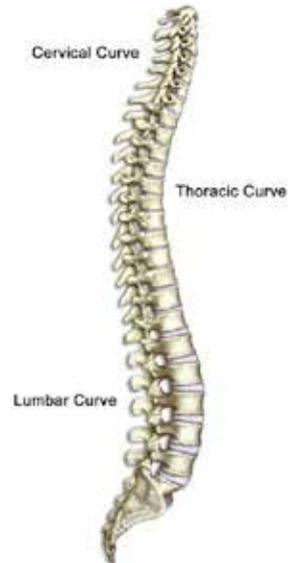
The spine consists of 24 bones called vertebrae. There are 7 in the neck (cervical spine), 12 in the mid back (thoracic spine) and 5 in the lower back (lumbar spine). Through the centre of these bones runs a canal housing the spinal cord; the structure responsible for carrying all nerve signals from the brain to the limbs and back again.

The bones in the lower back are large and strong and take a lot of stress through them during movement. Due to this, the lower back is most susceptible to injury and during our lives most of us will experience some form of low back pain.

In between each bone is a disc made from fibrous tissue called cartilage. The centre of each disc has a gel like consistency ideal for shock absorbance.

As part of the general ageing process this gel gradually solidifies and the disc weakens becoming more susceptible to injury.

There are many other structures that make up the anatomy of the back including ligaments, tendons, muscles and nerves. All of these can be responsible for causing pain within the back and understanding this can be the start of the recovery process.



What causes lower back pain?

Lower back pain can be caused by many things and research has found that no one structure can be held responsible for the symptoms you may feel.

Some people may be told they have a 'bulging disc' pressing on their nerves causing pain. This is otherwise known as a disc prolapse and is caused by the gel like centre of the disc working its way to the edge over time and causing a bulge that presses on the nerves. This normally resolves by itself and you may be referred to a physiotherapist for exercises and advice to help with this. If your symptoms persist despite relative rest, advice and prescribed exercise, you may be referred to a Consultant for further investigation.

Other causes of lower back pain can be strains or pulls. These can be caused by a simple twist or much larger injuries such as car accidents and may involve many different structures.

Lower back pain can also be caused by degeneration as part of the ageing process and can present as a pattern of 'flare ups'. This can usually be effectively managed with simple exercises and advice.

How can I help my recovery?

It is important to remember that back pain is rarely due to anything serious and most will resolve on its own within 6 weeks.

Bed rest is no longer recommended and gentle movement is shown to speed up the recovery process. You will have good and bad days, that is normal.

Don't worry about the pain. Remember that just because your back hurts it doesn't necessarily mean you are doing any damage.

What should I do on a daily basis?

How to best manage personal and household tasks

Back care in daily activities

Washing & Dressing

It may be more comfortable to have a shower or a strip wash. Avoid getting in and out of a bath.

If it is difficult to bend down to dress your lower body, long handled aids may be of benefit. Alternatively, lie flat on a bed to put on your trousers or socks.

Housework

Doing housework can be difficult and tiring. The principles listed below may help you to manage the housework more easily.

Plan & Prioritise – organise your daily household tasks into the following categories:

Do: tasks which are absolutely necessary and can only be done by yourself

Delegate: tasks which can be done by others to family and friends

Delay: tasks which are not essential to a later date

Dump: tasks which are not important

Face - break tasks into small manageable chunks. Spread them across the day/week taking rests in between.

If you have any concerns regarding specific tasks please discuss them with an Occupational Therapist.

Posture:

Posture is a very important part of back care. Maintaining good posture will assist with your recovery and help prevent recurrence of your pain.

Changing your position frequently will help with your discomfort. Do not spend more than 20-30 minutes in one position and split your day into manageable chunks of time taking regular rests between activities.

Sitting:

Your chair should be comfortable but supportive, preferably with a back high enough to provide head support. The seat should be firm and at a height where your knees are slightly lower than your hips and you can place your feet flat on the floor.



Avoid crossing your legs or sitting with both feet on a foot stool. Placing a rolled towel in the small of your back may improve comfort.

Walking:

If your pain allows take regular short walks daily, gradually increasing the distance. Setting small daily goals to achieve can be important.

Avoid using walking aids where possible as they can lead to altered posture and limping.

Even if you are still experiencing pain, try and avoid bed rest and walk short distances around the house to relieve symptoms.

Sleeping:

A firm mattress with one pillow can be the most comfortable way of sleeping with back pain. Avoid sleeping on the floor or in a chair as this will not help your symptoms.



A mattress more than 10 years old may well need replacing.

Resting lying on your front with a pillow under your tummy for 30min at a time can also help relieve symptoms.

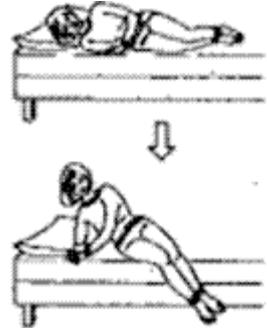
Lifting:

Avoid lifting where possible but if unavoidable try to make the load as light as you can. Remember to use your knees and not your back to lift. Place one foot in front of the other and bend the knees. Lift the object in both hands keeping it as close to the body as possible.



Getting in/out of bed:

The log roll technique is normally the most comfortable method of getting in and out of bed with back pain. Lying on your back, roll onto one side, take your legs over the edge of the bed and use your arms to push up into sitting trying not to twist the back.



Reverse the process to get into bed. Sit on the edge, lie onto your side lifting the legs onto the bed and roll onto your back.

Exercises

1. Pelvic Tilts

Lie on your back with knees bent.

Tilt your pelvis so that your low back flattens against the bed. Then arch your back and return to the starting position.



Hold for ___ seconds

Repeat ___ times

2. Knee rolling

Lie on your back with knees bent.

Slowly roll your knees from side to side keeping your upper trunk still.

Repeat ___ times



3. Prone lie

Try to spend a short period of time lying on your front.

You can put a pillow under your hips to start with if that is more comfortable.



4. Knees to chest

Lie on your back with your legs straight

Using your hands, gently draw one knee towards your chest as far as is comfortable.

Hold approx ___ seconds

Repeat ___ times on both legs



5. Tabs

Lie on your back with knees bent.

Place your hand on your lower stomach, below the navel.

Breathe in and as you breathe out slowly tighten and pull your stomach muscles away from your hand.

Hold and try to breathe normally for 10 seconds.

Repeat ___ times



6. Bridging

Lie on your back with knees bent.

Squeeze your buttocks together and lift your bottom off the bed.

Hold for 5 seconds.

Slowly lower.

Repeat ___ times



Reference source(s):

Advice For Patients with Low Back Pain, Worcester Acute Hospitals NHS Trust, Issue No:1, September 2005

Further information:

- www.patient.info/health/nonspecific-lower-back-pain-in-adults.
- www.nhs.uk/Conditions/Back-pain/Pages/Introduction.aspx

Contact details

For further information, please do not hesitate to contact Physiotherapy.

Physiotherapy Services

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PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–4.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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