



Acute Low Back Pain

Information for patients
Physiotherapy Department



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 85% 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 can be strained like any other body-part and will take a while to settle or 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 a strong and stable structure that is designed for movement, therefore, normal activities will not produce any damage. Keeping yourself moving and continuing with most daily activities will help to keep the muscles and joints working as normally as possible.

Avoid bedrest - scientific evidence now shows that prolonged bedrest is associated with higher levels of pain, greater disability, poorer recovery and longer absence from work. Your joints will become stiff and your muscles will become weaker, making it harder for you to get moving.

You must stay active. Even when you are sore you can make a start without putting too much stress on your back. In the first few days after an initial injury, avoiding aggravating activities may help to relieve pain.

However, there is very strong evidence that keeping active and gradually returning to usual activities is important in aiding recovery. 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. It is now recommended any medications used are done so in conjunction with other measures, such as exercise.

Heat or cold may provide some short term relief – apply hot or cold packs to the affected area for 10-15 minutes as often as is required and then follow with gentle exercise. When applying an ice pack wrap it in a damp towel to prevent an ice burn.

If lying down or sitting try to adopt a relaxed, supported position and try to adjust position before any increase in pain. Try to avoid staying in one position for longer than 20-30 minutes – keep moving around.

Avoid specific activities, initially, that you know increase your symptoms. However, as your symptoms settle you should gradually return to doing these.

While a lifting or bending incident could initially give a person back pain, bending and lifting are normal activities and should not, in themselves, be feared. Activities can be practiced again to help strengthen the region similar to gradually returning to running after spraining an ankle.

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



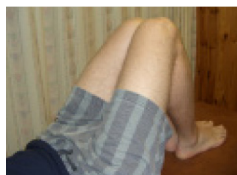
Lie on your back with both knees bent. Tilt your pelvis back so as to flatten the curve at the base of the spine. Then let go to repeat again.

Knee Rolling/Rotation



Lie on your back with both knees bent.

Keeping the knees together, slowly roll them from side



to side, keeping your shoulders flat on the ground.

If you need this information in another language or format, please e-mail: Translation. Services@lanarkshire.scot.nhs.uk

These leaflets have been adapted from information leaflets originally produced for NHS Greater Glasgow by Heather Sharp and Jayne Moyles.

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.

If your symptoms continue to worsen or do not show signs of improvement after a period



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of 6-12 weeks of following the advice above, a self-referral to physiotherapy can be made on our website:

<https://www.nhslanarkshire.scot.nhs.uk/services/physiotherapy-msk/> or via your GP.

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