

Non-Specific Low Back Pain

Initial Advice

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Non-specific low back pain (NSLBP) is tension, soreness and/or stiffness in the back, between the bottom of the rib cage and the top of the legs. Most people's low back pain is described as 'non-specific', meaning that it is not possible to identify a specific cause of their pain. Several structures may contribute to the symptoms including the joints, discs and connective tissues.

This type of back pain is very common – in the UK, around 8 out of 10 people are affected by it at some time in their lives. Fortunately, most people find that their back pain goes away in a few days or within six weeks. This booklet is designed to help you through those first few weeks and return to your normal lifestyle.

Rest or stay active?

In the past, treatment for back pain was rest. We now know that general activity and exercise is good for your back. Move as comfort allows and change your position frequently.

Why exercise?

When you develop pain some muscles can become tight or spasm. This can increase tension on joints or nerves and in turn cause stiffness and pain. Moving gently can help to ease this and provide other benefits such as:

- reducing pain by increasing the blood flow, which helps healing;
- lubricating your joints, which helps reduce stiffness;
- stretching and stimulating your joints, ligaments, muscles and nerves, which helps to reduce pain;
- reducing tissue swelling by increasing the local circulation; and
- releasing natural chemicals which help to reduce pain.

How long will my back pain last?

Everyone's back pain will vary. However, the body's healing processes start straightaway after injury or an episode of pain.

Current research suggests:

- 60–80% of people with acute low back pain improve in six weeks;
- 80–90% of people are pain free in three months.

Managing your pain

Your pain will vary during the day and may also alter with different positions. The key to managing your back pain well is:

- changing your position frequently;
- pacing yourself – not doing an activity for too long but only as comfort allows;
- carrying on with normal activities as your pain allows; and
- taking medication, if required, to help manage the symptoms.

Medication

Medication can play an important role in the management of your back pain. It is often only required for a short period whilst your back pain settles. Pain will often stop you moving naturally and cause stiffness in your joints. It may also prevent muscles working effectively to support your spine. Medication will not mask your pain or cause damage to your back. Pain relief may assist you by reducing your pain, letting you move as normally as possible and allowing you to carry out the exercises your physiotherapist has prescribed.

Pain relief is worth considering if pain is:

- limiting your movement;
- disturbing your sleep;
- getting worse throughout the day; or
- affecting your ability to work or be a carer.

Your physiotherapist may be able to give you specific advice about the most appropriate medication to help your back. Please ask for advice or see your pharmacist.

Posture

This is the position we hold ourselves in. Our lifestyles often mean we spend prolonged periods in one position or carrying out repetitive tasks. Often the positions we adopt can put extra strain on the spine. An ideal posture is when the weight of our upper body is distributed evenly throughout our spine. If our posture deviates from this, we then start to put extra strain on joints, ligaments, muscles or nerves, which can cause pain.

Your posture will be assessed by your physiotherapist, who may recommend some changes to your posture to help reduce your symptoms. The most important thing to remember is to change position frequently.

Should I use ice or heat?

Ice should be used for the first 48 hours. Protect your skin with a damp tea towel and use for 15–20 minutes. After 48 hours you can continue with the ice or, if you prefer, use heat instead. This may be in the form of a wheat bag or hot water bottle. Always ensure you protect your skin and do not use for longer than 15–20 minutes. You should never use ice and heat one after the other.

Please note: you should not use either ice or heat if your circulation is compromised (for example, if you have diabetes, Raynaud's disease etc).

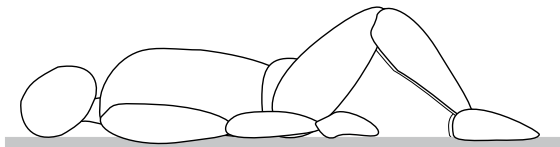
Sleep

Finding a comfortable position is important but you may need to move more frequently through the night than usual. If you are being disturbed at night talk to your physiotherapist or pharmacist about whether medication is appropriate.

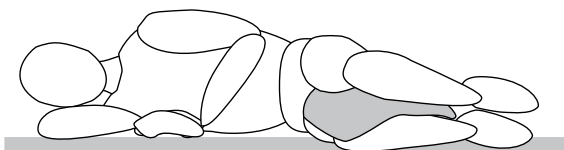
Positions of comfort

Not every position will suit you, so choose the one you find most comfortable.

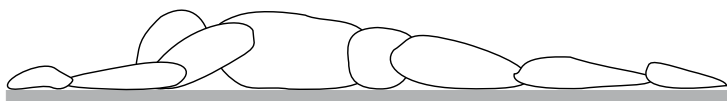
- 1 Lying on your back with your knees comfortably bent.



- 2 Lying on your side with your knees bent and a pillow between them.



- 3 Lying on your tummy (you may find a pillow under your hips more comfortable).



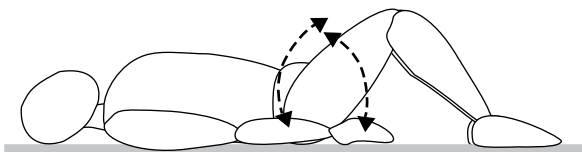
Exercises

Your physiotherapist will help you decide which exercises are most suitable for you.

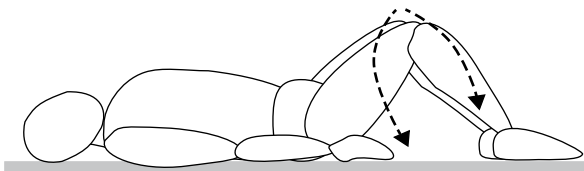
If you feel stiff in the morning, exercises 1–5 may be helpful.

Repeat times times a day.

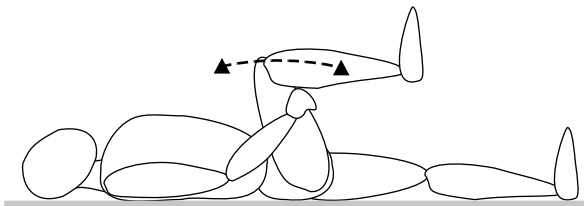
- 1 Pelvic tilt – lying with your knees bent, gently press the small of your back into the bed, then arch away, moving as comfort allows.



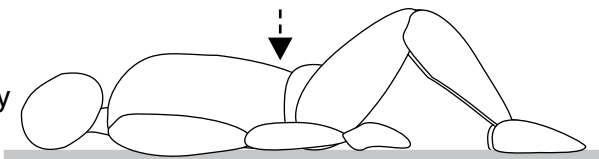
- 2 Knee rolling – lying with your knees bent, slowly roll one way and then the other as far as is comfortable.



- 3 Hip flexion – lying on your back with your knees bent, gently bend your knee towards your chest, assisting with your hand. Repeat on the other side.



- 4 Lying on your back with your knees bent, gently take your tummy button down towards the bed. Breathe normally.



Hold for seconds, repeat times.

- 5 Bottom clenching – you can do this standing, sitting or lying (find your most comfortable position).

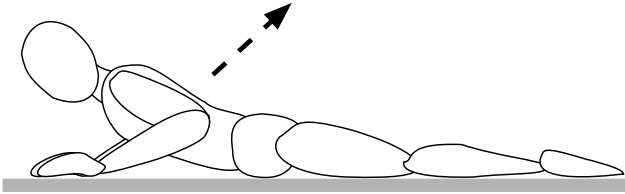
Hold for seconds, repeat times.

Other movement exercises

Repeat times times a day.

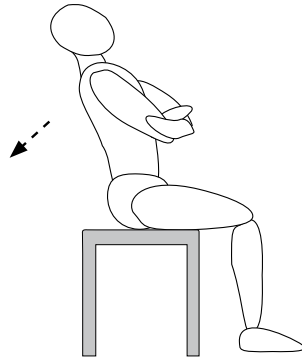
Lying

- 6 On your tummy with your hands resting by your shoulders and elbows bent, slowly push up through your hands keeping your pelvis on the surface. Go as far as is comfortable.

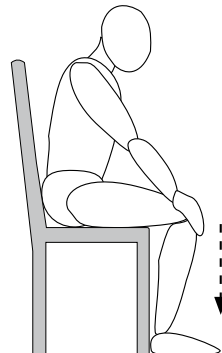


Sitting

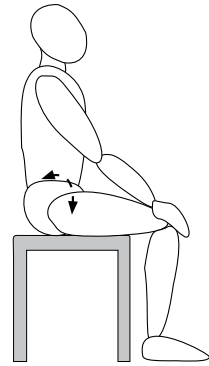
- 7 Extension – Slowly arch your back as far as is comfortable. Return to neutral then repeat.



- 8 Flexion – Run your hands down the front of your legs towards your ankles, then return to an upright position.

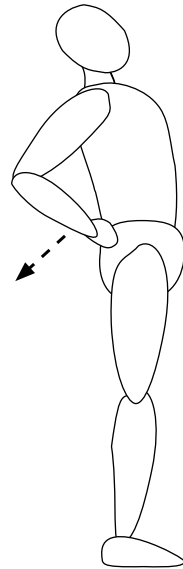


- 9 Pelvic tilting – Slowly tilt your pelvis backwards to flatten your spine, then tilt it slowly forwards creating an arch. Return to neutral.



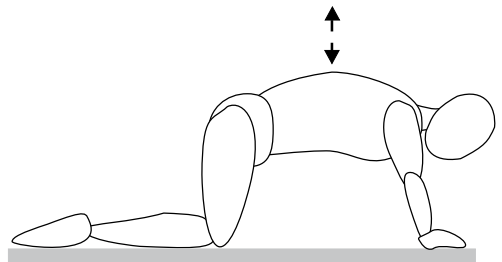
Standing

- 10 Extension – Place your hands in the small of your back and arch back slowly. Return to neutral.



Kneeling

- 11 Keep your shoulders still. Hollow your back, as if you are letting your tummy move towards the floor, then arch your back up towards the ceiling. Move as far as comfort allows.



Further information

The Back Book: The Best Way to Deal with Back Pain; Get Back Active
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www.backcare.org.uk (National charity for healthier backs)

www.csp.org.uk (Chartered Society of Physiotherapy)

www.nice.org.uk (National Institute for Health and Clinical Excellence)

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