

MANAGING ACUTE LOW BACK PAIN

Dispelling back pain myths

■ myth 1:

BED REST IS BEST.

In fact, research has shown that bed rest for more than a day or two can be harmful. To avoid disability, keep moving!

■ myth 2:

IF THE PAIN IS BAD, THERE MUST BE SPINAL DAMAGE—OR SOMETHING OUT OF PLACE.

Fortunately, your back is blessed with a strong and flexible bony spine that is reinforced by ligaments and surrounded by large, powerful muscles. Therefore, it's very difficult to damage the spine or dislocate anything. However, there are times when you should call your doctor. These are listed on page 3.

■ myth 3:

LOW BACK PAIN REQUIRES SPECIAL TESTS AND TREATMENTS ORDERED BY A DOCTOR.

Imaging tests like x-rays and MRIs are only helpful in specific circumstances. Usually, your doctor can rule out any serious causes by taking a medical history and doing a basic physical exam.

If you have low back pain, you're not alone. Low back pain is very common. In fact, it's the second leading reason that people visit their doctor. Although low back pain is most common between 35 and 55 years of age, it can affect anybody at any age. More than 80% of people will develop low back pain sometime in their lives.

Over the years, scientific evidence has helped dispel many back pain myths—and has reinforced some basic prevention and treatment options that work best. This handout summarizes the following information:



- **What causes low back pain**
- **What you can do to prevent low back pain**
- **What you can do to relieve low back pain**
- **When you should call your doctor**
- **What to expect from your doctor**

WHAT CAUSES LOW BACK PAIN?

The exact cause of low back pain is often hard to pinpoint. Most low back pain is probably caused by muscle strain—usually from doing an activity you're not used to (such as yard work, moving furniture, or heavy lifting). Or you may have sprained the ligaments between your **vertebrae** (the bones in your back) or in the sacroiliac (SI) joint in the lower back. Less often, one of the discs that are like cushions between your vertebrae can push out and press on a nerve.

The good news is that back pain is rarely caused by damage to your spine—or any other serious medical condition. In fact, in most cases you can recover quickly on your own—at least to the point where you can do normal daily activities.

HOW CAN I PREVENT LOW BACK PAIN?

Doctors and researchers have discovered factors that can lower your chances of having problems with your back. Here are some suggestions:

- **Practice good body mechanics.** The term “body mechanics” refers to how you move and hold your body. Developing good habits is one of the most important things you can do to protect yourself from painful back episodes. The table below lists some DOs and DON'Ts for good body mechanics.
- **Get regular exercise.** Regular activity keeps your body strong and flexible to help support your back. Establish and maintain a regular exercise program that includes aerobic training (such as walking, swimming, or cycling) as well as stomach and back strengthening.
- **Manage your weight.** Extra pounds put extra stress on your back. To lose weight, eat more fruits, vegetables, and low-fat foods. Keep portions small, avoid junk food, and exercise regularly!
- **Avoid activities that require heavy lifting, trunk twisting, or bodily vibration.** These activities can place lots of stress and strain on your back. Avoid them when possible—and always use proper body mechanics.
- **Reduce stress.** Stress has also been shown to affect low back pain. Stress can cause muscular tension and sometimes spasm. Look at ways to reduce or manage the stress in your life.
- **Don't smoke.** Studies show that smokers have twice as much back pain as non-smokers. Ask your doctor about these and other resources to help you quit:

Journey to Freedom booklet

Smoke Breakers™ class:
(801) 442-5599

Free and Clear® program:
(800) 292-2336



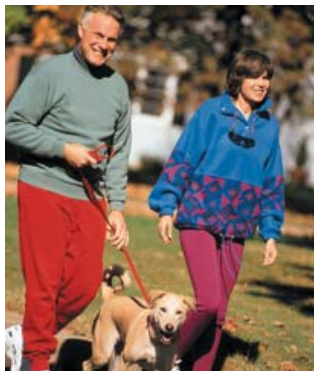
Use better body mechanics!

ACTIVITY	DO	DON'T
LIFTING	<ul style="list-style-type: none"> ■ DO lift and carry objects close to your body. ■ DO bend your knees as you lift—make your legs do the hard work, not your back. ■ DO turn with your feet as you lift. ■ DO know your own strength. Only lift as much as you can handle comfortably. 	<ul style="list-style-type: none"> ■ DON'T lift objects away from your body, with arms outstretched. ■ DON'T lift with your legs straight. ■ DON'T lift and twist in one motion. ■ DON'T lift objects that are too heavy for you.
SITTING	<ul style="list-style-type: none"> ■ DO sit in an upright chair with your knees level with, or higher than, your hips. Keep your ears, shoulders, and hips in a vertical line. ■ DO sit with a rolled-up towel or other support behind your lower back. ■ DO stretch and walk around after 30 minutes of sitting. 	<ul style="list-style-type: none"> ■ DON'T slouch in your chair. ■ DON'T sit without back support. ■ DON'T sit for a long period of time.
STANDING	<ul style="list-style-type: none"> ■ DO put one foot on a low box or stool. Switch feet every few minutes. ■ DO have your work surface at a comfortable height. 	<ul style="list-style-type: none"> ■ DON'T stand for a long period of time without changing position. ■ DON'T use a work surface that is too low (requires you to bend over) or too high (encourages you to raise your shoulders).
SLEEPING	<ul style="list-style-type: none"> ■ DO use a firm mattress, or put a board beneath your mattress to add support. ■ DO sleep on your back with a pillow under your knees. Or sleep on your side with your knees bent and a pillow between them. 	<ul style="list-style-type: none"> ■ DON'T sleep on a too-soft mattress. ■ DON'T stay in bed too long. ■ DON'T sleep on your stomach.

WHAT CAN I DO TO RELIEVE MY BACK PAIN?

Not all back pain episodes require a doctor's visit. You can often manage your pain on your own and return to normal activities as soon as you're ready. Try these suggestions:

- **Keep moving.** It's natural to want to avoid using your back when it hurts. However, for most types of back pain, inactivity—especially bed rest—has been shown to do more harm than good. Bed rest can slow the healing process and make your muscles weaker, tighter, and more painful. Although you do want to avoid activities that make your pain worse, stay as active as possible.



- **Find a comfortable position.** When you do rest, you may have to experiment with positions to relieve your pain. One position that works well for many people with back pain is to lie on your back with your hips and knees bent, with pillows under your knees. Lying on your side with your knees bent and a pillow between them may also help.

- **Try heat or ice.** Ice can lessen your pain, while heat can loosen tight muscles. Apply ice or heat for 15 minutes at a time each hour. Some people find that alternating heat and ice treatments works best.

For icing, try an ice pack or a bag of frozen peas. For heating, try a hot water bottle or a heating pad—or take a warm bath.

- **Try simple pain medication.** The simplest and safest pain relievers are also usually the most effective. These include the following over-the-counter medications:
 - **Anti-inflammatories**, such as **ibuprofen** (generic, Advil, Nuprin, or Motrin) or **naproxen** (Aleve). These medications not only help relieve your pain, but also help reduce inflammation.
 - **Acetaminophen** (generic, Tylenol, Excedrin) can also help with pain relief.

Pain medications may not eliminate your pain, but they should control it enough that you can be active.

NOTE: If you take medications for any other medical condition (such as high blood pressure, diabetes, or arthritis), check with your doctor before taking any over-the-counter pain reliever. Also, be sure to follow the usage directions on the packaging.



WHEN SHOULD I CALL MY DOCTOR?

The following symptoms require **IMMEDIATE** attention. If you can't reach your doctor, go to the nearest emergency room:

- **Difficulty urinating or controlling urine—or blood in your urine**
- **Loss of bowel control**

If you develop any of the following symptoms, call your doctor:

- **Sudden, severe pain**
- **Severe pain that gets worse over several weeks, instead of getting better**
- **Worsening numbness or weakness in your legs**
- **Fever**

KEEP TRACK OF WHAT HELPS

What makes my pain BETTER:

- _____
- _____
- _____

What makes my pain WORSE:

- _____
- _____
- _____

WHAT CAN MY DOCTOR DO FOR MY BACK PAIN?

There's no magic cure for back pain. In fact, your doctor may not be able to pinpoint the exact cause of your pain. However, here's what your doctor CAN do:

- Rule out any serious underlying condition—and reassure you that your back pain is not due to anything serious.
- Recommend various treatments to help control your pain and prevent disability.

Treatment options

Based on the information gathered in your medical history and physical exam, your doctor may provide the following:

- **Education and activity recommendations.** Your doctor will talk with you about many of the same things presented in this handout, including avoiding bed rest, staying active, and practicing good body mechanics.
- **Medications for pain relief.** Your doctor may recommend over-the-counter or prescription-strength anti-inflammatories (such as ibuprofen or naproxen) or acetaminophen. For more severe cases, your doctor may recommend a short course of muscle relaxers to help reduce muscle tension and increase ability to move. Back pain rarely requires treatment with steroids or narcotics.
- **Referral to a physical therapist.** A physical therapist can create and supervise an individual program of exercises to increase your flexibility and strength. So if your doctor refers you to physical therapy, don't delay your visit. Early treatment tends to produce better results than later treatment.
- **Other.** For most episodes of low back pain, the treatments above should help control your pain and allow you to return to your usual activities. In specific circumstances, your doctor may recommend other treatment options.

**Remember, back pain is rarely due to any serious problem.
BE POSITIVE AND STAY ACTIVE!**



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ruling out a serious condition

In most cases, your doctor can rule out serious conditions from a **MEDICAL HISTORY** and **PHYSICAL EXAM** alone. Special tests—such as lab tests, x-rays, or MRIs—are rarely needed and usually don't help. If your doctor does suspect a serious condition, he or she will refer you to an appropriate medical specialist.

