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Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Emergency department
Patient Information
Back pain advice

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Advice for managing acute back pain

This leaflet provides some basic advice to help you manage your back pain. The key message is to keep active to prevent secondary muscle spasm and stiffness. A gradual increase in activity will help you to feel in control of your pain as well as maintaining your fitness levels and general sense of well-being. Evidence consistently demonstrates the benefits of exercise for preventing and overcoming back pain.

What causes back pain?

Back pain is not uncommon. In fact 84% of people will experience back pain at some point during their life. The pain can be severe and come on quite suddenly.

Back pain is rarely due to a specific anatomical structure. The spine is complex and symptoms are influenced by the interplay between a number of physical and social factors. These include poor and sedentary postures, exposure to repetitive and sustained positions and inadequate exercise.

Most cases will resolve within a few weeks.

However some people may develop more persistent pain by altered movement patterns, physical deconditioning and loss of fitness and inadequate muscle strength, compounded by the nerves becoming more sensitive to movement.

Back and leg pain caused by spinal disc problems

The terminology ‘slipped disc’ is a misnomer as discs do not slip out of place. In some cases of back pain, the nucleus material in the centre of the disc can create a bulge by pushing on the weaker outer fibres of the disc. This can result in pain, tingling or weakness in the leg(s) due to inflammation or pressure around the nerve root as it emerges from the spine. Again, in most cases, symptoms will gradually ease over several weeks.
Can further bouts of back and leg pain be prevented?

- NICE guidelines and systematic reviews show strong evidence for the role of exercise in managing back pain. Exercise should target spinal flexibility, core strength and cardiovascular fitness to reduce the likelihood of flare-ups and protect your back from day-to-day stresses and strains.
- National guidelines recommend exercising for 20 to 30 minutes, two to four times a week.
- Back pain tends to come and go with good and bad days so pace yourself accordingly.

Further information

- www.nhs.uk/conditions/back-pain
- Backcare www.backcare.org.uk
- Back pain and work www.hse.gov.uk/msd/backpain

What tests do you need?

In the majority of cases, scans are not helpful. Clinical examination by a doctor or physiotherapist is more accurate at diagnosing the cause of your symptoms than imaging and helps to direct rehabilitation. The Royal College of Radiology guidelines state that x rays and scans should not be performed for mechanical back pain.

When should you go to A&E?

Back pain rarely requires urgent medical attention unless it is associated with:

- sudden or recent difficulty emptying or controlling your bladder or bowels
- numbness around your bottom and genital area
- pain down both legs, weakness or difficult walking
- recent significant trauma affecting your back

How can you treat your acute back pain?

Self help measures are the mainstay of treatment for the majority of episodes. The key aim is to restore normal movement patterns as soon as pain allows.

- **Keep active** and continue daily activities as far as you are able. Gentle exercise promotes healing and reduces muscle tension by increasing blood flow. Avoid bed rest and sedentary postures which are likely to make symptoms worse by causing stiffness.
- Attention to good posture, optimising your work station and maintaining a healthy weight are encouraged.
- Since pain can cause muscle tension, relaxation strategies can help reduce pain by reducing muscle tension.
- Simple pain relief such as paracetamol or ibuprofen may assist with pain control allowing you to move more easily. Physiotherapy is recommended if symptoms remain more protracted. Contact your GP if simple analgesia is proving inadequate.
- Heat and cold packs may help with comfort.
Early Back Exercises

Pelvic tilts:
Rock pelvis backwards to flatten spine into the floor.
Release and repeat 10 times.

Knee Rolling:
Rock knees from side to side twisting from your waist.
Repeat 10 times.

Back extensions:
Push up onto forearms ensuring hips remain in contact with floor.
Repeat 10 times.

More advanced exercises to begin as pain improves

Bridging:
Lift buttocks off the bed/ground. Lower slowly.
Repeat 10 times.

Engage pelvic floor and core:
Raise your opposite arm and leg keeping your body still.
Hold for 10 seconds. Change to other arm and leg and hold for 10 seconds.
Repeat 10 times.

If any of the exercises causes a sharp pain or makes you feel worse, stop for a few days and then try again.