

BACK PAIN, LOW



BASIC INFORMATION

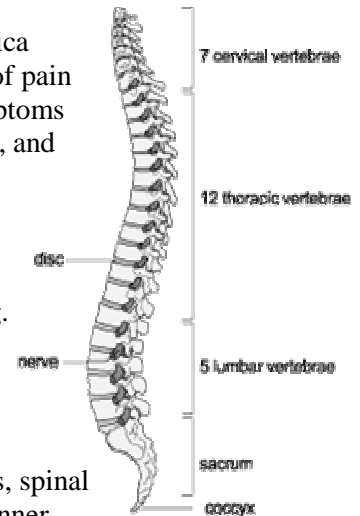
Pain in the lower back often caused by muscle strain. It may also include sciatica (pain that radiates from the back to the buttock and down into the leg). Onset of pain may be immediate or occur some hours after an activity or an injury. The symptoms develop into a cycle, starting with a muscle spasm, the spasm then causes pain, and the pain results in additional muscle spasm.

FREQUENT SIGNS AND SYMPTOMS

Pain and stiffness. It may be ongoing, or only occur when you are in certain positions. The pain may get worse by coughing, sneezing, bending, or twisting.

CAUSES

- Strain or sprain. Muscles, tendons, or ligaments of the lower back become stretched or torn.
- Bone and joint conditions of the back. These include arthritis, osteoporosis, spinal nerve irritation or inflammation, disk problems, infections, weaker and thinner bones from aging, and others.
- Injury or a fracture.
- Congenital problem (i.e., something you were born with).
- Pregnancy, certain illnesses, or infections.
- Kidney problems



RISK INCREASES WITH

- Exertion or lifting; a severe blow, or a fall, bending
- Jobs that require a lot of sitting.
- Aging. After age 20, bones start to lose their strength.
- Strenuous gardening and other yard work.
- Strenuous sports and exercise activities.
- Driving for long periods of time.
- Poor diet, overweight.
- Poor body mechanics and poor posture (e.g. crossing legs, carrying heavy loads, non-ergonomic chairs, unsuitable mattress)
- Stress, depression

PREVENTIVE MEASURES

- Being in good physical condition.
- Exercises to strengthen lower back muscles.
- Learn how to lift heavy objects.
- Use good posture when sitting and standing.
- Lose weight, if overweight.

EXPECTED OUTCOMES

Gradual recovery over time with good treatment.

POSSIBLE COMPLICATIONS

Chronic low back pain.



DIAGNOSIS & TREATMENT GENERAL MEASURES

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- Your doctor will do a physical exam and ask questions about your back pain symptoms. Tests may include blood studies, x-rays of the spine, and other imaging studies. These can help determine the specific cause of the back pain.
- Treatment will depend on the cause of the pain. Usually a combination of drugs and reduced activities for a short period of time is all that is needed.
- Recent medical studies indicate that staying more active is often better for back disorders than prolonged bed rest.
- An ice pack, cold massage, heating pad, or hot water bottle applied to the area may help to reduce pain.
- Physical therapy may be prescribed.
- Massage may help. Be sure that the person performing the massage is well trained, or massage could cause more harm than help.
- Other options are available depending on degree of injury, such as surgery (if a disk is damaged), electrical nerve stimulation, acupuncture, special shoes, etc.

MEDICATIONS

- Use mild pain drugs such as aspirin (used with caution if you suffer from stomach problems or notice blood in your stool) or ibuprofen.
- Stronger pain drugs, muscle relaxants, and drugs to reduce inflammation may be prescribed.
- Note: Drugs do not hasten healing. They only help to reduce symptoms.

ACTIVITY

- Try to continue with daily schedules to the extent possible. Use care in resuming normal activities.
- Avoid strenuous activity for 6 weeks.
- After healing, an exercise program will help prevent re-injury.

DIET

No special diet. A weight-reduction diet is recommended if being overweight, osteoporosis is a problem.



NOTIFY OUR OFFICE IF

- You or a family member has mild, low back pain that persists (pain into legs or buttocks) for 3-4 days after self-treatment.
- Back pain is severe or recurrent.
- New or unexplained symptoms develop (e.g. fever, redness, swelling, unexpected weight loss, changes in urine appearance). Drugs used in treatment may cause side effects.
- You have any other questions or concerns, call Canadian Medical Care (+420) 235 360 133, CMC in The Park (+420) 272 913 593, or after hours (+420) 724 300 303.

SOURCES

- Moore, Stephen. Griffith's Instructions for Patients, 7th Edition. Elsevier: 2005.

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