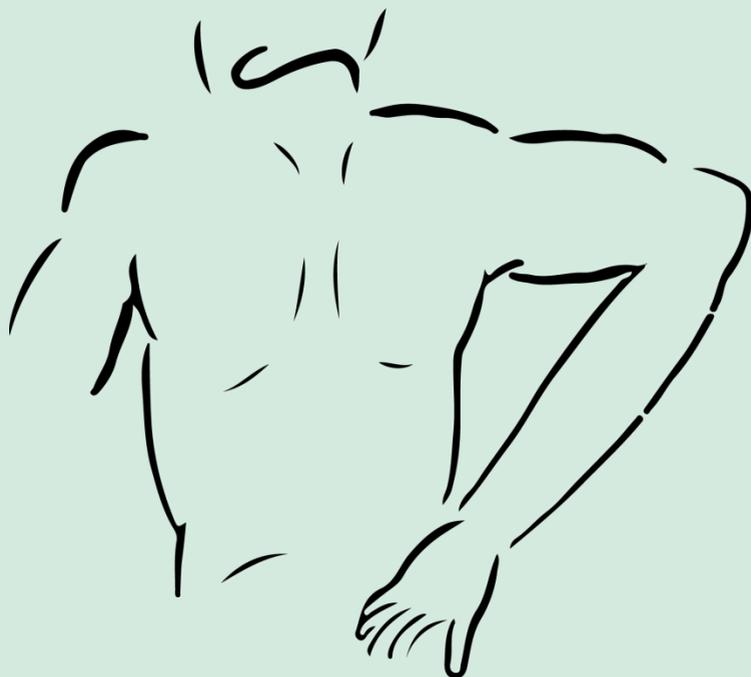


Acute Low Back Pain

So Your Back Hurts...

Learn what works, what doesn't,
and how to help yourself



Introduction

The goal of this brochure is to give you a better understanding of acute low back pain. It contains important facts and explains what you can expect in the next few weeks. It answers common questions about acute low back pain and offers advice about how to get back to your normal activities.

This brochure is not meant to replace the care provided by your healthcare provider, but rather to remind you of things he or she may have already discussed with you. If you have questions about anything in this brochure, please discuss them with your healthcare provider.

The information in this brochure is based on an extensive review of medical research conducted by the Institute of Health Economics and healthcare providers from across the province of Alberta. This team has also developed a guideline for the assessment and treatment of acute low back pain by Alberta community-based healthcare providers. The guideline, patient information sheets and an instructional video on acute low back pain are available at: tinyurl.com/lowbackpaininfo.

This brochure was adapted for Alberta in 2015 with permission from the Institute for Work & Health (IWH) in Toronto.

These recommendations are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances. They should be used as an adjunct to sound clinical decision-making.

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My Back Hurts. What Should I Do?

Right now, your lower back is probably hurting a lot. The pain may have started suddenly after you lifted something or bent down to pick something up. The symptoms may have developed gradually without any obvious cause. In any event, the effect is the same: you aren't able to carry on with your normal activities.

During the first four to six weeks, an episode like this is known as “acute” low back pain.

Here's what you should know:

- In most people, the pain and stiffness are not caused by a serious problem with the spine. Rather, the pain is caused by a problem with the muscles, joints, and ligaments.
- While lifting or bending can trigger acute low back pain, no one really knows why some people get it and others don't.
- Most people who experience an acute attack of low back pain will feel somewhat better within two weeks and much better within six weeks.
- In the past, people with low back pain were told to rest and limit their activity until they felt better. We now know that this approach doesn't work. In fact, too much rest may make low back pain worse and delay recovery. The key to feeling better sooner is to stay as active as you can.

Test Yourself: How Much Do You Really Know About Acute Low Back Pain?

What people think about low back pain can affect how quickly they will recover. Here are some common beliefs:

“I can hardly move. Something must be seriously wrong with me.”

Many people who suffer a first episode of low back pain think something is seriously, medically wrong. It’s natural to be concerned, especially if the pain is severe and you can’t function normally at home and at work. Even though your back hurts a lot, your doctor, osteopathic physician, nurse practitioner, chiropractor, or physiotherapist’s questions and physical examination will rule out any medically serious causes.

“If I just take it easy for a week and rest on the sofa, the pain will go away.”

Many people believe that resting is the best way to heal. While this is true for other kinds of injury such as a sprained ankle, when it comes to low back pain it’s important to understand that “hurt doesn’t equal harm”. Resting in bed is not helpful and can actually make your back pain worse over time. Stay as active as comfortably possible, even if moving around is somewhat uncomfortable or painful. This will help you feel better sooner.

Test Yourself: How Much Do You Really Know About Acute Low Back Pain? (cont'd)

“I have to see my doctor right away or maybe even go to the hospital.”

If this is your first bout of low back pain, you have done the right thing by seeing your family doctor or other primary care provider. He or she will make sure nothing is seriously wrong and give you advice about how to manage your pain.

“Going back to work too soon after hurting my back will make the pain worse, and it will take me even longer to recover.”

Most people who experience an episode of low back pain do better if they return to work fairly quickly. This may mean returning to your job before your back feels completely better. It may also mean that your usual job needs to be modified until you feel well enough to take on your full duties. Speak to your doctor and employer about planning your return to work in a sensible way (see **Getting Back to Normal on the Job** on page 15).

Test Yourself: How Much Do You Really Know About Acute Low Back Pain? (cont'd)

“I must have hurt my spine in some way. I probably need an x-ray.”

Because most acute low back pain is related to muscles, joints, and ligaments, back x-rays (which only show bones) are not useful. It’s important to avoid exposure to unnecessary radiation.

Magnetic resonance imaging (MRI) scans do not help you get better faster, and are only useful when your doctor is planning a treatment such as spine injections or back surgery.

For more information, see the McMaster Pain Assistant – Radiology at: mcmasterpainassistant.ca/clinician-resources/videos, and Choosing Wisely Canada at: www.choosingwiselycanada.org/materials/imaging-tests-for-lower-back-pain-when-you-need-them-and-when-you-dont/.

Questions and Answers About Acute Low Back Pain

When should I seek professional help for acute low back pain?

- When it's severe
- When it's getting worse not better
- When you're having trouble controlling your legs or bodily functions (bowel and bladder control)
- When you're over 50, but particularly over 65, and it's your first episode of severe low back pain
- When you have other questions or concerns that haven't been answered

What will my doctor do?

The doctor will ask you questions and examine your back and legs. Your doctor will pay attention to both your own explanation of your pain and the physical examination, in order to detect any “red flags.”

What are “red flags”?

This is the term doctors use to describe signs and symptoms that they look for during the patient interview and physical examination. Red flags, such as significant trauma, fever, weight loss, or history of cancer, are a clue that the reasons for your back pain might be more complex. If your doctor suspects this, he or she will explain the findings and discuss further testing and treatment.

Questions and Answers About Acute Low Back Pain (cont'd)

Does low back pain get better on its own?

Yes. In most people, acute low back pain improves within days or weeks, whether they receive treatment or not. The key to feeling better as soon as possible is to follow your doctor's advice about keeping active.

If this happened to me once, will it happen again?

It's possible to have a single episode of low back pain which gets better and never returns. But once you have had an episode of low back pain, it is likely that you will experience another episode at some point.

The good news is that by following the advice that helped you feel better the first time, you can help yourself recover again. And remember, keeping physically active can help prevent future back pain episodes.

Treating Acute Low Back Pain

It's important to understand that treatment for acute low back pain is not meant to cure the problem. The goal is to control your pain and help you return to normal activity as soon as possible.

Because low back pain is so common, many treatments have been suggested and tried. But while a specific treatment seems to work in some people, others may find it useless.

The treatments listed here have been carefully studied in large groups of people with acute low back pain. Knowledge in this area is not perfect. In some cases, we can be quite sure treatments do or don't work. In other cases, there isn't enough good research to say anything definite.

Treatments That Work

Staying active

Some people with acute low back pain are confused by advice telling them not only to stay active, but also to avoid back exercises! In fact, this advice is correct.

Staying active is the KEY to speeding your recovery. Staying active means moving around as much as possible within the limits of your pain, and trying to be more active each day.

However, you shouldn't begin specific back strengthening or abdominal exercises right away. These exercises are recommended later on when your acute back pain has started to ease up. You don't need to be completely pain free to start an exercise program.

Once you're ready to start exercises, choose those recommended by your doctor or another health professional. It's also important that you learn to do each exercise properly. The most important thing to remember is that research has shown staying active will help lessen your pain and make your recovery faster.

Heat and cold applications

The application of heating pads or heated blankets is effective for short-term relief of acute low back pain. Also, clinical experience supports a role for cold packs and alternating heat and cold as you prefer. Heat or cold should not be applied directly to the skin, or for longer than 15 or 20 minutes at a time, as a precaution to prevent burns or frostbite of the skin. It can be repeated again in another 20 minutes.

Treatments That Work (cont'd)

Pain relieving medication

In most cases, using non-prescription pain relievers like acetaminophen (e.g. Tylenol®) or ibuprofen (e.g. Motrin® or Advil®) for a few days is a safe and effective way to help control acute low back pain. If you take a non-prescription pain reliever, always read and follow the directions on the package.

You can accidentally take too many of these pain relievers, as they can be in other over-the-counter medications for coughs, colds, and sleep. If you have any questions, please discuss with your pharmacist, physician, or prescribing practitioner.

If the non-prescription pain relievers don't help, your doctor may suggest something stronger. If you are over 45 or at a higher risk for stomach complications, your doctor may recommend additional medication to take alongside the anti-inflammatory drugs to help protect the stomach.

Sometimes, muscle relaxant medications (e.g., methocarbamol with acetaminophen, Aspirin®, or ibuprofen, such as Robaxacet® or Robaxisal®) are helpful in the short term to stop muscle spasm, but these can have troublesome side effects such as dizziness or sleepiness. Talk to your doctor about trying this type of medication.

Opioids are only helpful for short-term pain relief in people who have severe low back pain, usually caused by a fracture or a compressed nerve.

Treatments That Work (cont'd)

Spinal manipulation

This kind of therapy is delivered by trained practitioners, including chiropractors, physiotherapists, and some medical doctors. During the treatments, the practitioner will use his/her hands to move certain joints in your spine in a very specialized way. Spinal manipulation offers short-term relief for acute low back pain and may improve your ability to move with less discomfort. If spinal manipulation is going to be helpful for you, you should see improvement within one to three visits.

No matter which of these treatments you try, you should start feeling better within two to four weeks. If this doesn't happen, it's time to see your family doctor again.

Treatments That Don't Work

Bed rest

In the past, doctors routinely told people with acute low back pain to rest in bed until they felt better. But now we know staying in bed actually slows recovery. It weakens bones and muscles, you become stiff, and your level of fitness goes down. Staying in bed can also leave you feeling depressed and make the pain seem even worse when you do get up.

Traction

This involves applying a force or weights to stretch your spine. Research results have shown that motorized or other forms of traction are not helpful.

According to the research, the following treatments that you may have heard about also don't work for acute low back pain:

- Antibiotic treatment for modic changes (changes in bone structure seen on MRI scans)
- Steroids (tablets or muscle injection)
- Spinal steroid injections when you don't have radiating leg pain (sciatica)
- Therapeutic ultrasound
- Transcutaneous electrical nerve stimulation (TENS)

Treatments That We Aren't Sure About

There hasn't been enough research to tell us whether or not these treatments are helpful for people experiencing acute low back pain.

- Acupuncture
- Anticonvulsants (gabapentin, topiramate)
- Antidepressants (amitriptyline, other tricyclic antidepressants, serotonin-norepinephrine reuptake inhibitors [SNRIs])
- Back schools
- Craniosacral massage
- Dried marijuana or other cannabinoids
- Herbal medicine
- Interferential current therapy
- Low-level laser therapy
- Massage
- Operant conditioning provided by a physiotherapist
- Shock-wave treatment
- Short-wave diathermy
- Spinal injections when you have radiating leg pain (sciatica)
- Spinal mobilization
- Topical nonsteroidal anti-inflammatory drugs (NSAIDs)
- Touch therapy

Getting Back to Normal on the Job

When is it time to return to your job after an episode of acute low back pain?

There is no one answer to this question because it depends on what kind of a job you have and whether or not your employer is able to offer you a “work accommodation”. Work accommodation means changing your job tasks or hours so you are able to work while your back continues to get better.

If you aren't sure whether a work accommodation is possible, discuss this with your employer.

As a worker who is experiencing back pain, you are an important link between your workplace and your family doctor. For example, you can provide your doctor with information about possible work accommodation and ask if he/she thinks this will be helpful. Or you can give your doctor the name and telephone number of your employer, in case the physician would like to discuss your return to work needs.

Remember: You don't have to feel completely recovered before you return to work. Getting back to your normal routines can be an important part of recovering from an episode of acute low back pain.

Can Back Pain Be Prevented?

For many people, back pain is a condition that comes and goes. Researchers are looking for ways to prevent back pain from recurring, but so far there is no “magic solution.”

What researchers do know is that staying active can help.

You may be wondering about products that claim to prevent back pain. Research has shown some products – lumbar supports and shoe insoles/orthoses – don’t help prevent back pain, except in specific circumstances. We don’t have enough research information on other products, such as specially designed chairs or mattresses, to say one way or the other.

Similarly, the research is unclear on whether long-term spinal manipulative therapy or spinal mobilization prevents future episodes of back pain.

Living With Acute Low Back Pain

As soon as your back is feeling better, it's time to focus on some specific back and abdominal exercises. For general fitness, choose an activity you like or you think you can stick with. It could be walking, cycling, swimming, or any other physical activity that keeps you moving. The important thing is that you keep doing it regularly.

An exercise program designed for you may help keep you functioning normally. A healthcare practitioner like a doctor, physiotherapist, chiropractor, or kinesiologist can teach you the back and abdominal exercises appropriate for your situation.

The Bottom Line on Acute Low Back Pain

- You aren't alone. Low back pain is among the top five reasons people consult their doctors.
- Even though your back hurts a lot, chances are there is nothing seriously wrong with you. By managing your activity properly, you can expect your low back pain to improve within a few days or weeks.
- Most low back pain and stiffness are related to a problem with the muscles and ligaments that surround and support the spine, and not to the spine itself.
- Your doctor, osteopathic physician, nurse practitioner, chiropractor, or physiotherapist will rule out any serious causes for your low back pain. Unless certain warning signs or “red flags” are present, you will not need a back x-ray or MRI scan, or specific treatments.
- Normal activity will not harm your back. In fact, staying active is the key to getting better sooner.
- Non-prescription medications and/or spinal manipulation can help you deal with the pain.
- Regular exercise may help you prevent further episodes of back pain.
- The causes of acute low back pain are not well understood, but you can take steps to help yourself get over it more quickly. This will also help you take control and deal with flare-ups of low back pain if they happen.

This publication is available for free download from the IHE website at <http://www.ihe.ca>.

Also available are the following topic-specific information sheets on the TOP website (<http://www.topalbertadoctors.org/cpgs/885801>):

What You Should Know About Acute Low Back Pain

What You Should Know About Chronic Low Back Pain