

Acute Non-Specific Low Back Pain Information for Patients



St. Vincent's University Hospital
Physiotherapy Department

WHAT IS NON-SPECIFIC LOW BACK PAIN?

Back pain is rarely due to a dysfunction in a specific anatomical structure. In the majority of cases the cause may simply be overstretching of a ligament or muscle, poor & sedentary postures, exposure to repetitive and sustained positions or inadequate exercise.

BACK PAIN: THE FACTS

- ◆ Approximately 8 out of 10 of us will experience non-specific low back pain at some point in our lives.
- ◆ Most non-specific low back pain eases and resolves within a week.
- ◆ In 9 out of 10 cases, the pain has eased or resolved within 6 weeks.
- ◆ A proportion of people who experience back pain may experience a repeated episode at some point in their lives.
- ◆ Your back is designed for movement; lots of movement. The sooner you get moving the better.
- ◆ X-rays & MRI's are usually unhelpful in the assessment and management of non-specific low back pain. Findings may often be misleading.
- ◆ Your doctor may mention the term 'Degeneration'. This does not necessarily mean damage or arthritis. It simply refers to the normal changes that occur through the process of ageing.

HOW CAN I MANAGE MY BACK PAIN

KEEP ACTIVE

- ◆ **KEEP ACTIVE** and continue with normal activities as much as possible.
- ◆ **GENTLE EXERCISE** promotes healing and reduces muscle tension by increasing blood flow.
- ◆ **AVOID BED REST** and sedentary postures which are likely to make your symptoms worse.
- ◆ **AVOID SITTING** for more than 20-30 minutes without getting up to move around and/or stretch.



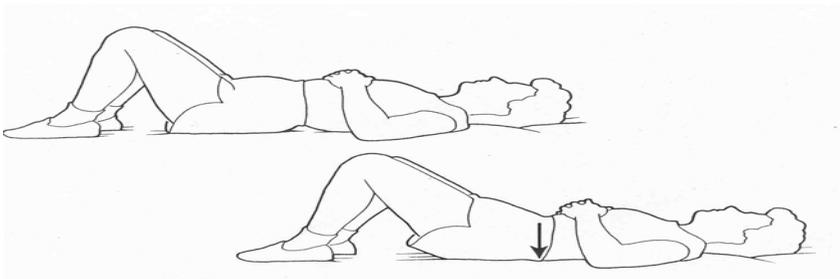
EXERCISES

Lie on your back with your knees bent and the feet on the bed. Gently lower your knees from side to side. Start with very small movements and increase as able. Continue the movement for 30 seconds to 1 minute.



In the same position, flatten your lower back onto the bed so that the front of your pelvis tilts towards your ribs and then slowly release.

Continue this gentle rocking motion for 30 seconds to 1 minute.



EXERCISES

In the same position grab your right knee and gently pull it towards your right shoulder . Try to keep your shoulders on the bed. Hold for 20-30 seconds and return to the starting position.

Repeat with the left leg. Repeat 3 times with each leg. As you feel more comfortable with this exercise, you can try it with both knees together.

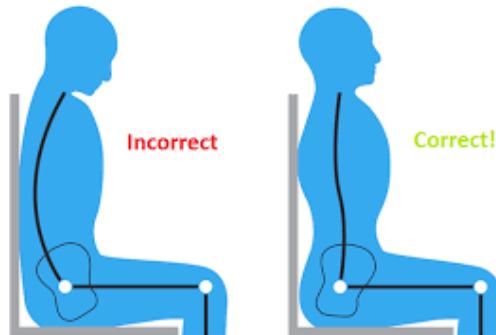


Lying face down on the bed with both hands under your shoulders. Your elbows can be pointing out to the side or down to your toes, whichever is most comfortable for you. Straighten your arms, so that your upper trunk lifts off the bed. Keep the front of your hips on the bed and your pelvis and legs relaxed. You may find that you can only partially straighten your arms. Repeat up to 10 times.



POSTURE

Pay attention to maintaining a good posture as illustrated below. Optimise your work station, car seat or areas where you spend a lot of your day.



ANALGESIA

You may require simple analgesia such as paracetamol or ibuprofen (Nurofen) (please read the package information leaflet and do not exceed the stated dose) initially to ease your symptoms and allow you to move. Talk to your GP or pharmacist if you require guidance on the best option for you.

USE OF HEAT AND COLD

Heat and cold packs may also provide short term relief. Wrap the hot/cold pack in a tea-towel and place on the affected area for 15 minutes.

RESTING POSITIONS

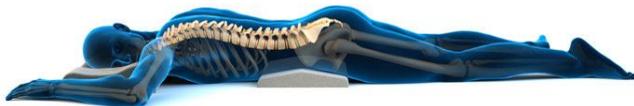
If you have to rest, adopt a supported resting position keeping your back straight. Consider the following resting positions:



Lie on your back with a pillow under your knees



Lie on your back with a pillow between your knees



Lie on your front with a pillow under your tummy

FURTHER INFORMATION

For larger font size and different language versions of this leaflet please contact Eimear Horan (01) 2214491

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