

Tips for Managing Acute Back Pain

80% of Americans will experience back pain sometime in their lives. Although this may sound troublesome, the **good news is that 90% of acute (new) back pain will get better within six weeks**. The following questions and answers address the most common concerns you may be having about back pain. These recommendations are based on results from many studies designed to help healthcare providers best help their patients recover from back pain.

▪ Is my back pain a sign of something “more serious”?

Back pain is a common and often temporary type of discomfort, which is rarely a sign of a serious medical condition. Your medical history and the physical exam performed by your doctor will allow him/her to identify any signs of more serious conditions.

▪ What is causing the pain?

Most temporary back pain comes from problems with the position and/or strain to vertebra (the bones in your spine), discs (cushioning between the vertebra), and muscles, ligaments or nerves in the back. These can cause pain or stiffness. If nerves from the spine, which are connected to every part of the body, are irritated, then pain, numbness or weakness may spread to other areas.

▪ Did I do something to make this happen?

Back pain can be caused by many things. Sometimes, you can pinpoint a specific activity or injury that caused back pain. Other times, there's no obvious reason for the pain. In either case, there are probably underlying causes which can include:

- A lack of exercise, which weakens the muscles that support the back.
- Improper body positions (lifting, sitting, working), which cause muscles or vertebra to be strained or rub against each other once or repeatedly over an extended period of time.
- Smoking and being overweight, which can strain the body and affect back health.
- Mental or emotional distress, which can also affect the back. Our minds and our bodies are all part of the same delicately balanced system, so stresses or unpleasant events can be felt in our bodies (such as muscle tension when you feel stressed).

Regardless of what may be causing your back pain, it is likely to get better but may return again unless you take care of the things that affect back health.

▪ Do I need an x-ray or an MRI?

In some cases routine imaging exams, such as an x-ray or an MRI, may help identify a problem before you feel it. However, imaging tests are not usually recommended unless your doctor notices unusual symptoms in your physical exam.

▪ How long will this pain last? Do I need to stay in bed?

Acute (new) back pain should gradually decrease within 6 weeks. Bed rest is not usually recommended, but, if you are in severe pain, bedrest for 3 days or less, may help decrease pain. Staying in bed for 4 days or more may weaken your muscles and significantly slow your recovery.

▪ What treatments are best for my back pain?

Talk to your doctor about treatment options. He/she will probably recommend a non-prescription medication (see below). In the first 48 hours of pain, applying a cold pack for 5-10 minutes may relieve discomfort. After 48 hours, a heating pad or a hot shower may help.

Questions *continued*

▪ Is it safe to go to work?

Light activity will not cause further injury, even if you are experiencing pain. You may need to modify your work activities if they include prolonged sitting, heavy lifting or bending and twisting while lifting. Your outlook about work can have an affect on back pain too. If your work is especially stressful or unsatisfying, think about how you could make improvements in your work life that could also improve your back pain. Talking about this with a mental health counselor could also help you make decisions about things you can do to improve your situation (see *Resources* below for more information).

▪ Is it safe to exercise?

It is safe, and even advisable, to continue gentle exercises, like walking or swimming. Sexual activity is fine, if you and your partner can find a comfortable position. Your healthcare provider might recommend specific back exercises to improve your back pain now and prevent flare-ups in the future. Remember that pain does not necessarily mean that you are harming your back.

▪ Is it safe to lift?

While you are healing, it might be wise to avoid any heavy lifting. It is important to learn to lift things properly: bend your knees and use your leg muscles holding the object close to your body. Back belts and supports have not been shown to be of benefit, unless used as part of a back care training program or as an aid to recovery after back surgery. Ask your doctor or employer for information on proper lifting techniques, or ask for help when lifting something heavy.

▪ What medications will help me?

Acetaminophen (Tylenol) and non-steroidal anti-inflammatories (Ibuprofen, Naproxin Sodium) can help reduce lower back pain. Avoid muscle relaxants and narcotics, as these are rarely successful in reducing pain. If you think your back pain is causing you more distress due to emotional stresses or low mood, discuss this with your doctor or a mental health counselor. Some people with low mood benefit from anti-depressant medications. Your doctor will be able to help you decide if this is right for you.

▪ When should I see my doctor again?

Most pain will resolve itself in 6 weeks. As long as you are improving steadily over that time, you probably won't need to visit your doctor again. If your pain worsens, or you suffer from urinary incontinence or retention, an unexplained fever or other worrisome symptoms, contact your doctor.

▪ Are there other healthcare providers who might help me?

Both chiropractic and physical therapy have been shown to shorten the time it takes for low back pain to improve. Ask your physician if he/she feels this is appropriate for you. Though it is rarely needed for most types of back pain, your doctor will refer you to a specialist such as an orthopedist, physiatrist (physical medicine doctor) or surgeon if he/she feels it is appropriate.

Questions *continued*

▪ What other things can I do to alleviate my pain?

Along with taking NSAIDS (non-steroidal anti-inflammatory medications such as ibuprophen, naproxen, etc.), for the first few days after you have neck or back pain, you can apply an ice pack to the area for 10-15 minutes every 1-2 hours. This helps decrease inflammation & provides a localized anesthetic effect. Always protect your skin and wrap the ice pack with a small towel or cloth. Warm, moist heat can also provide beneficial effects. Use heat after using ice for the first few days. Try this simple moist heat application method: take a towel, soak it in warm (not hot) water, and wring it out; place towel in a sealable plastic bag; wrap bag in another towel and place on affected area. Sitting in a warm bath or spa is another option that can produce similar effects. Remember to protect your skin from direct heat to prevent burning.

Taking the right steps today can help protect your back in the future.

You can help yourself avoid future back pain by staying active to improve your muscle strength. Practice the exercises recommended by your healthcare providers. Take action to reduce the stresses in your current life, (or any past ones) by taking a class or consulting a mental health professional. Keep your weight at an appropriate level for your build. If you smoke find ways to stop smoking now. Lift properly and practice safe positioning and movement at work and at home.

Resources

Learn more at www.HillPhysicians.com/BackPain

Here you will find information about courses that may help you address the issues that are contributing to your back pain.

Hill Physicians and Community Psychiatry Associates offer a co-sponsored group course. Participants in the Coping Skills Pain Group are charged one office visit co-pay (refer to your insurance information for amount). If you are interested in this course, or to find a mental health counselor in your area, please call Community Psychiatry Associates at **1-888-737-7712**.

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