

Back pain

Introduction

Back pain is a common problem that affects most people at some point in their life. It usually feels like an ache, tension or stiffness in your back.

The pain can be triggered by bad posture while sitting or standing, bending awkwardly, or lifting incorrectly.

Back pain is not generally caused by a serious condition and, in most cases, it gets better within 12 weeks. It can usually be successfully treated by taking painkillers and keeping mobile.

Types of back pain

Backache is most common in the lower back, although it can be felt anywhere along your spine, from your neck down to your hips. You can find information on the specific types of back pain on the following pages:

neck pain

whiplash

shoulder pain

frozen shoulder

ankylosing spondylitis

slipped disc

sciatica

Treating back pain

If you have back pain, you should try to remain as active as possible and continue with your daily activities. In the past, doctors recommended rest for back pain, but most experts now agree that being inactive for long periods is bad for your back. Moderate activity, such as walking or doing everyday tasks, will help your recovery.

You can take painkillers, such as paracetamol or ibuprofen, if you feel the need to. Hot or cold compression packs may also help reduce the pain. You can buy compression packs from your local pharmacy, or a bag of frozen vegetables and a hot water bottle will work just as well. Find your nearest pharmacy.

Your state of mind can also play an important role. Although it can be difficult to be cheerful if you are in pain, research has shown that people who remain positive tend to recover quicker than those who get depressed.

Some people choose to have manual therapy, such as physiotherapy or osteopathy, as soon as the pain starts.

For back pain that lasts more than six weeks (which doctors describe as chronic), treatment typically involves a combination of painkillers and either acupuncture, exercise classes or manual therapy.

Spinal surgery is usually only considered when all else has failed.

Backache in pregnancy

It's quite common to get backache in pregnancy. If you're pregnant, you may not want to take painkillers, but there are other ways of easing the discomfort.

When to see your DOCTOR

Most cases of back pain get better on their own and you do not need to see a doctor.

However, you should visit your DOCTOR if you are worried about your back or you are finding it difficult to cope with the pain.

You should seek immediate medical help if your back pain is accompanied by:

fever of 38°C (100.4°F) or above

unexplained weight loss

swelling in the back

constant back pain that doesn't ease after lying down

pain in your chest or high up in your back

pain down your legs and below the knees

loss of bladder or bowel control

inability to pass urine

numbness around your genitals, buttocks or back passage

pain that is worse at night

These are known as 'red flag symptoms' and could be a sign of something more serious.

Preventing back pain

How you sit, stand, lie and lift can all affect the health of your back. See the back pain guide for how to sit, stand and lift correctly to avoid backache.

Try to avoid placing too much pressure on your back and ensure your back is strong and supple. Regular exercise, such as walking and swimming, is an excellent way of preventing back pain. Activities such as yoga or pilates can improve your flexibility and strengthen your back muscles.

Symptoms of back pain

The main symptom of lower back pain is pain in the lower back that is felt as soreness, tension or stiffness.

Lower back pain

The pain will often only affect the lower back, but it may also be felt down the front, side, or back of your leg.

The pain can develop suddenly after lifting something heavy or twisting your back awkwardly, or it can develop gradually as a result of years of poor posture. Occasionally, it may occur for no apparent reason.

The pain may be worse at night, during activity, or after sitting in the same position for a long time, such as after a long car journey. Sometimes, lying down flat may help ease the pain.

Upper or middle back pain

Upper or middle back pain can occur anywhere from the base of your neck to the bottom of your rib cage. This area is known as the thoracic spine.

If you have a trapped or injured nerve in an area of your back behind your rib cage, you may also have pain in other areas, such as your arms, legs and chest.

Upper and middle back pain is less common than lower back pain. This is because the bones in this area of your back are not as flexible as those in your lower back and neck.

Upper or middle back pain often causes a dull, burning, or sharp pain. Your muscles may also be tight or stiff. If you also have the following symptoms you should seek immediate medical treatment:

weakness in your arms or legs

a numb or tingling sensation in your arms, legs, chest, or abdomen (stomach area)

loss of bowel or bladder control

Other types of back pain

Pain in your upper back, legs, neck and shoulders can sometimes be caused by another condition such as those described below.

Pain in your lower back that moves down the buttocks into one or both of your legs may be a symptom of sciatica.

Soreness in your lower back, muscle weakness and tight muscles may be caused by a slipped disc. If you have a slipped disc, the pain usually radiates down your leg.

Lower back pain, buttock pain, neck pain and stiffness and pain in the sacroiliac joint (the joint that connects the pelvis to the spine) are all possible symptoms of ankylosing spondylitis.

Pain in the joints (including the back) when walking and stiffness first thing in the morning are symptoms of arthritis.

Painful stiffness of the shoulder, which makes it difficult to dress, drive or sleep, may be a sign of frozen shoulder.

Neck pain and stiffness, headaches and lower back pain following an accident are common symptoms of whiplash.

Causes of back pain

Your back is a complex structure made up of bones, muscles, nerves and joints. This can often make it difficult to pinpoint the exact cause of the pain.

Most cases of back pain are not caused by serious damage or disease but by sprains, minor strains, minor injuries or a pinched or irritated nerve.

Back pain can be triggered by everyday activities at home or at work, or it can develop gradually over time as a result of prolonged sitting or standing or lifting badly. Other causes of back pain include:

bending awkwardly or for long periods

lifting, carrying, pushing or pulling incorrectly

slouching in chairs

twisting

over-stretching

driving in a hunched position or driving for long periods without taking a break

overuse of the muscles, usually due to sport or repetitive movements (repetitive strain injury)

Sometimes back pain develops suddenly for no apparent reason. Some people just wake up one morning with back pain and have no idea what has caused it.

Risk factors

Certain risk factors increase your chances of developing back pain. These include:

being overweight – the extra weight puts pressure on the spine; you can use the BMI healthy weight calculator to find out if you need to lose weight

smoking – this may be due to tissue damage in the back caused by smoking or the fact that smokers tend to have unhealthier lifestyles than non-smokers; get help quitting

being pregnant – the extra weight of carrying a baby can place additional strain on the back

long-term use of medication known to weaken bones – such as corticosteroids

stress – stress is thought to cause tension in the back muscles which can result in back pain

depression – back pain can make people feel depressed, which can sometimes result in weight gain which leads to increased pain and worsening depression

Read more about medical tests for back pain.

In a small number of cases, back pain is caused by a specific medical condition – for example:

whiplash

shoulder pain

frozen shoulder

ankylosing spondylitis

slipped disc

sciatica

[Diagnosing back pain](#)

Most cases of back pain do not require medical attention and can be treated with over-the-counter painkillers and self-care.

However, you should visit your DOCTOR if you are worried about your condition or struggling to cope with the pain. Your DOCTOR will discuss your back pain symptoms with you and examine your back.

Examination and previous history

The examination will usually assess your ability to sit, stand, walk and lift your legs, as well as testing the range of movement in your back.

Your DOCTOR may ask you about any illnesses or injuries you may have had, as well as the type of work you do and your lifestyle.

Your back is a complex structure, so finding the exact cause of the pain can often be difficult.

Below are some of the questions your DOCTOR may ask you. It may be helpful to consider these ahead of your appointment.

When did your back pain start?

Where are you feeling pain?

Have you had back problems in the past?

Can you describe the pain?

What makes the pain better or worse?

Your DOCTOR will want to make sure that your back pain isn't being caused by a more serious condition. They will ask you some questions to rule out an infection or fracture, although these are uncommon.

If your DOCTOR thinks there may be a more serious cause, they will refer you for further tests, such as an X-ray or an MRI scan.

You will be offered information about what you can do to reduce the effects of the pain.

Long-term back pain

If your back pain lasts for more than six weeks (chronic back pain), you may be referred to a specialist trained in providing a particular treatment. This may be a physiotherapist, osteopath, chiropractor, psychologist or an acupuncturist

Some people choose to go straight to one of these specialists as soon as the pain starts. However, in these circumstances, you would have to pay for this care privately.

If you are not happy with your DOCTOR's diagnosis, or if your symptoms keep returning, go back to your DOCTOR or get a second opinion.

Treating back pain

Treatments for back pain will vary depending on how long you have had the pain, how severe it is and your individual needs and preferences.

Short-term back pain

Most cases of back pain that last no longer than six weeks can be treated with over-the-counter painkillers and home treatments.

Painkillers

Paracetamol is effective in treating most cases of back pain. Some people find non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, more effective. A stronger painkiller, such as codeine, is also an option and is sometimes taken in addition to paracetamol.

If you also experience muscle spasms in your back, your DOCTOR may recommend a short course of a muscle relaxant, such as diazepam.

Painkillers can have side effects, some can be addictive and others may not be suitable, depending on your state of health. Your DOCTOR or a pharmacist will be able to give you advice about the most appropriate type of medication for you

Hot and cold treatments

Some people find that heat – for example, a hot bath or a hot water bottle placed on the affected area helps ease the pain.

Cold, such as an ice pack or a bag of frozen vegetables, placed on the painful area is also effective. Do not put the ice directly on to your skin because it might cause a cold burn. Wrap the frozen pack in a wet cloth before applying it to the affected area.

Another option is to alternate between hot and cold using ice packs and hot compression packs or a hot water bottle. Hot compression packs can be bought at most larger pharmacies.

Sleeping position

Changing your sleeping position can take some of the strain off your back and ease the pain.

If you sleep on your side, draw your legs up slightly towards your chest and put a pillow between your legs. If you sleep on your back, placing a pillow under your knees will help maintain the normal curve of your lower back.

Relaxation

Trying to relax is a crucial part of easing the pain because muscle tension caused by worrying about your condition can make things worse.

Research suggests that people who manage to stay positive despite the pain tend to recover quicker and avoid long-term back pain.

Keep moving

Most experts now agree that staying in bed, lying down or being inactive for long periods is bad for your back.

People who remain active are likely to recover more quickly. This may be difficult at first if the pain is severe, but try to move around as soon as you can and aim to do a little more each day.

Activity can range from walking around the house to walking to the shops. You will have to accept some discomfort but avoid anything that causes a lot of pain.

There is no need to wait until you are completely pain-free before returning to work. Going back to work will help you return to a normal pattern of activity, and it can often distract you from the pain.

Exercise and lifestyle

Try to address the causes of your back pain to prevent further episodes. Common causes include being overweight, poor posture and stress.

Regular exercise and being active on a daily basis will help keep your back strong and healthy. Activities such as walking, swimming and yoga are popular choices.

The important thing is to choose an enjoyable activity that you can benefit from without feeling pain.

Long-term back pain

If you have had back pain for more than six weeks (known as chronic back pain), your DOCTOR will advise you about which painkillers to take and recommend the treatments listed below.

Exercise – your programme should involve up to eight sessions over a period of up to 12 weeks. It will usually be a group class supervised by a qualified instructor. The classes may include exercises to strengthen your muscles and improve your posture, as well as aerobic and stretching exercises.

Manual therapy – there are different types of manual therapy including manipulation, mobilisation and massage, usually carried out by chiropractors, osteopaths or physiotherapists. If you choose a course of manual therapy, it should include up to nine sessions over a period of up to 12 weeks.

Alexander technique – is a method that teaches you how to eliminate unnecessary muscular tension from your body. The aim is to make you aware of any bad postural habits that you have while sitting or standing, as well as any inefficiencies in the way you move. You will learn how to improve the balance and alignment of your body.

Acupuncture – an ancient Chinese treatment where fine needles are inserted at different points in the body. Acupuncture has been shown to help reduce lower back pain. A course should include up to 10 sessions over a period of up to 12 weeks.

These treatments are often effective for people whose back pain is seriously affecting their ability to carry out daily activities and who feel distressed and need help coping.

Nerve root blocks

A nerve root block is where a steroid or anaesthetic is injected into your back. If your back pain is caused by a trapped or inflamed nerve in your spinal column, the injection can help relieve the pain in your back, plus any associated leg pain.

To be effective, the injection needs to be made at exactly the right place in your back, so the procedure will be carried out under X-ray or CT guidance.

Facet joint injections

It is also possible to have anaesthetic or steroid injections in the facet joints. The facet joints are the joints that connect one vertebrae to another so that your spine is kept aligned. The joints are sometimes affected by arthritis. Facet joint injections are not always effective at relieving back pain.

Antidepressants

If the painkillers do not help, you will probably be prescribed tricyclic antidepressants (TCAs), such as amitriptyline. TCAs were originally intended to treat depression, but they are also effective at treating some cases of persistent pain.

If you are prescribed a TCA to treat persistent back pain, the dose is likely to be very small. See medicines for back pain for more information.

Counselling

If the treatments described above are not effective, you may be offered counselling to help you deal with your condition.

While the pain in your back is very real, how you think and feel about your condition can make it worse. Cognitive behavioural therapy (CBT) works by helping you to manage your back pain better by changing how you think about your condition.

Studies have shown that people who have had CBT later reported lower levels of pain. They were also more likely to remain active and take regular exercise, further reducing the severity of their symptoms.

Surgery

Surgery for back pain is usually only recommended when all other treatment options have failed.

Surgery may be recommended if your back pain is so severe or persistent that you are unable to sleep or carry out your day-to-day activities. The type of surgery will depend on the type of back pain you have and its cause.

For example, a procedure known as a discectomy may be used if you have a prolapsed disc. The discs are the circular, spongy tissue between the vertebrae that help cushion your spine. A prolapsed disc is where the hard outer membrane of the disc is damaged, causing the soft, jelly-like fluid inside to leak out.

A discectomy involves removing the damaged part of the disc through an incision made in your back. It is now possible for surgeons to carry out the procedure using a very small incision and a microscope or magnifying lenses to find the damaged disc. This minimizes the amount of trauma to the surrounding tissue, reduces the pain and discomfort in the affected area and results in a smaller scar.

Spinal fusion surgery is a less common surgical procedure where the joint that is causing pain is fused to prevent it moving.

As bone is living tissue, it is possible to join two or more vertebrae together by placing an additional section of bone in the space between them. This prevents the damaged vertebrae irritating or compressing nearby nerves, muscles and ligaments, and reduces the symptoms of pain.

Spinal fusion is a complicated procedure and the results are not always satisfactory. For example, you may still experience some degree of pain and loss of movement following surgery.

Before you agree to have surgery to treat back pain, you should fully discuss the risks and benefits of the procedure being recommended with your surgeon.

Other treatments

A number of other treatments are sometimes used to treat long-term back pain. However, they are not recommended by the National Institute for Health and Care Excellence (NICE) due to a lack of evidence about their effectiveness. They include:

low level laser therapy – where low energy lasers are focused on your back to try to reduce inflammation and encourage tissue repair

interferential therapy (IFT) – where a device is used to pass an electrical current through your back to try to accelerate healing while stimulating the production of endorphins (the body's natural painkillers)

therapeutic ultrasound – where ultrasound waves are directed at your back to accelerate healing and encourage tissue repair

transcutaneous electrical nerve stimulation (TENS) – where a TENS machine is used to deliver small electrical pulses to your back through electrodes (small sticky patches) that are attached to your skin; the pulses stimulate endorphin production and prevent pain signals travelling from your spine to your brain

lumbar supports – where cushions, pillows and braces are used to support your spine

traction – where a pulling force is applied to your spine

injections – where painkilling medication is injected directly into your back

Preventing back pain

Keeping your back strong and supple is the best way to avoid getting back pain. Regular exercise, maintaining good posture and lifting correctly will all help.

If you have recurring bouts of back pain, the following advice may be useful:

lose weight – too much upper body weight can strain the lower back; you can use the healthy weight calculator to find out whether you need to lose weight.

wear flat shoes with cushioned soles as they can help reduce the pressure on your back

avoid sudden movements which can cause muscle strain

try to reduce any stress, anxiety and tension, which can all cause or worsen back pain – Tips for managing stress

stay active – regular exercise, such as walking and swimming, is an excellent way of preventing back pain (see below)

Exercise

Exercise is both an excellent way of preventing back pain and of reducing it. However, if you have had back pain for more than six

weeks, you should consult a healthcare professional before starting any exercise programme.

Exercises such as walking or swimming strengthen the muscles that support your back without putting any strain on it or subjecting it to a sudden jolt.

Activities such as yoga or pilates can improve the flexibility and the strength of your back muscles. It is important that you carry out these activities under the guidance of a properly qualified instructor.

Below are some simple exercises you can do at home to help prevent or relieve back pain.

Wall slides – stand with your back against a wall with your feet shoulder-width apart. Slide down into a crouch so that your knees are bent to about 90 degrees. Count to five and then slide back up the wall. Repeat five times.

Leg raises – lie flat on your back on the floor. Lift each heel in turn just off the floor while keeping your legs straight. Repeat five times.

Bottom lifts – lie flat on your back on the floor. Bend your knees so that your feet are flat on the floor. Lift your bottom in the air by tightening your stomach muscles while keeping your back straight. Repeat five times.

At first, you should do these exercises once or twice a day, before gradually increasing to six times a day, as your back allows.

These exercises are also useful for warming up your back. Many people injure their back when doing everyday chores at home or work, such as lifting, gardening or using a vacuum cleaner. Warming up your back before starting these chores can help prevent injury.

Posture

How you sit, stand and lie down can have an important effect on your back. The following tips should help you maintain a good posture.

Standing

Stand upright, with your head facing forward and your back straight. Balance your weight evenly on both feet and keep your legs straight.

Sitting

Make sure you sit upright with support in the small of your back. Your knees and hips should be level and your feet should be flat on the floor (use a footstool if necessary). Some people find it useful to use a small cushion or rolled-up towel to support the small of the back.

If you use a keyboard, make sure that your forearms are horizontal and your elbows are at right angles.

Driving

Make sure that your lower back is properly supported. Correctly positioning your wing mirrors will prevent you from having to twist around. Your foot controls should be squarely in front of your feet.

If you are driving long distances, take regular breaks so that you can stretch your legs.

Sleeping

Your mattress should be firm enough to support your body while supporting the weight of your shoulders and buttocks, keeping your spine straight.

If your mattress is too soft, place a firm board (ideally 2cm thick) on top of the base of your bed and under the mattress. Your head should be supported with a pillow, but make sure your neck is not forced up at a steep angle.

Lifting and handling

One of the biggest causes of back injury, particularly at work, is lifting or handling objects incorrectly. Learning and following the correct method for lifting and handling objects can help prevent back pain. You should:

Think before you lift – can you manage the lift? Are there any handling aids you can use? Where is the load going?

Start in a good position – your feet should be apart, with one leg slightly forward to maintain balance; when lifting, let your legs take the strain – bend your back, knees and hips slightly, but do not stoop or squat; tighten your stomach muscles to pull your pelvis in; do not straighten your legs before lifting as you may strain your back on the way up.

Keep the load close to your waist – keep the load close to your body for as long as possible with the heaviest end nearest to you.

Avoid twisting your back or leaning sideways, particularly when your back is bent – your shoulders should be level and facing in the same direction as your hips; turning by moving your feet is better than lifting and twisting at the same time.

Keep your head up – once you have the load secure, look ahead, not down at the load.

Know your limits – there is a big difference between what you can lift and what you can safely lift; if in doubt, get help.

Push rather than pull – if you have to move a heavy object across the floor, it is better to push it rather than pull it.

Distribute the weight evenly – if you are carrying shopping bags or luggage, try to distribute the weight evenly on both sides of your body.