

MANAGING BACK PAIN

GET BACK ON TRACK

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We're part of a global family, who reinvests our profits to provide better services for our members. We proudly offer affordable, highquality health cover to more than three million Australians.



This guide offers practical advice, current research and information to help people living with chronic back pain. It may also be a useful resource for family and friends who want to know more about back pain and how they can help.

Inside this guide, you will find the following:

- information about back pain and how to help reduce its impact on your health and everyday life
- a Back Pain Action Plan that you can prepare together with your doctor (found at the back of this guide).

Take this guide with you when you next visit your doctor so you can get started on making your Back Pain Action Plan together.

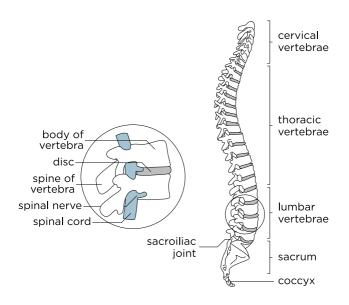


WHAT IS BACK PAIN?

Most people (up to 80 percent of Australian adults) will have some form of back pain at some stage in their lives. Anyone can get back pain at any age, though it's more common in people over 35. Often there may not be an obvious cause, however there are ways to manage and control back pain.

About your back

Your back has many interconnecting parts including bones, joints, muscles, ligaments and tendons. The spine is the back's main support structure — it has 24 bones (vertebrae) plus the bones of the sacrum and coccyx. Your spine joins the base of your skull at the top and your pelvis at the bottom.



The different parts of the spine

Between each pair of vertebrae is a tough, spongy cushion called a disc. These discs act as shock absorbers as well as allowing your spine to bend giving it flexibility. Strong elastic ligaments hold the vertebrae and discs together to form the spinal column.

The spine also provides a protective case for the spinal cord — which runs from the brain down to the lower back — by way of a canal through the middle of the vertebrae. The spinal cord forms the main communication channel between the brain and the rest of the body through nerves that branch off through spaces between the vertebrae.

Your back is actually involved in almost every move you make — such as walking, standing, lying, sitting, balancing, holding your posture or position. It performs many 'behind-the-scenes' tasks, which makes it especially vulnerable to injury.

While you can feel pain or discomfort anywhere in your back, your lower back is the most common source because it supports most of your body's weight.

CAUSES OF BACK PAIN

Most back pain is caused by strains or minor injury to some part of your back. Lumbar muscle strain is the cause in 85 percent of cases and usually resolves itself completely within a few weeks. Although the pain comes on quickly and can be triggered by a particular movement, the problem may have been building for a while. Although there's not often one cause and it can't always be identified, a specific diagnosis may not be necessary to effectively treat and manage the pain.

There can be other, more serious, underlying causes of back pain but these are rare:

Osteoporosis is a condition where bones lose density and strength, becoming brittle and weak. This makes them more likely to fracture, especially bones in the hips and spine.

Degenerative disc disease (or discogenic back pain) is the result of damage or wear and tear to the discs in your spinal cord through injury or ageing.

Ruptured/herniated disc (or a 'slipped disc') happens when a disc degenerates and then partially herniates (pops out of place into the spinal canal). If the herniated disc sticks out in a way that puts pressure on the spinal nerves in the lower back, it can cause pain radiating down the leg, sometimes into one or both feet. This type of pain is known as sciatica and is an example of 'referred pain' — pain caused by pressure or injury in one place (the spine) but felt in another place. Most people with sciatica will recover over time and find relief with non-surgical treatments.

Arthritis may affect the vertebrae and joints between them. Osteoarthritis can cause wear and tear of the joints. Rheumatoid arthritis is an inflammatory condition where your immune system causes inflammation and damage in parts of your back. If you have either form of arthritis in your spine, you may experience back pain especially when you make certain movements.

Spondylolisthesis happens when one of your vertebrae becomes unstable and 'slips' over or under the vertebra next to it. The most common cause of spondylolisthesis is degeneration of parts of your back such as the discs, bones or ligaments in the spinal column.

Spinal stenosis is when the spinal canal — through which the spinal cord passes — narrows due to arthritis or ageing. This can lead to back pain and symptoms of nerve damage.

Spinal curvatures (eg. scoliosis) are usually noticed in children or teenagers but are sometimes not identified until adulthood. They may be inherited or arise from other causes, and can often get worse over time.

Fibromyalgia is a chronic disorder causing widespread bone, muscle and joint pain, fatigue and multiple tender points in the body.

Although most back pain is resolved completely within a few weeks, if you experience back pain and any of the following symptoms you need to see your GP as soon as possible:

- a fever (high temperature)
- redness or swelling on your back
- pain down your legs and below your knees
- numbness or weakness in one or both of your legs or around your buttocks
- loss of bladder or bowel control
- constant pain, particularly at night
- pain that's worsening and spreading up your spine.

These symptoms are known as 'red flags' and can be an indication that there is a more serious, underlying cause of your back pain such as nerve damage, infection or cancer. They need to be investigated as soon as possible.

Back pain during pregnancy

It's estimated that as many as 50-80 percent of women will experience back pain sometime during their pregnancy. Most commonly women experience lower back pain with pelvic pain during the middle to end of the second trimester.

Certain strengthening exercises can help relieve back pain in pregnancy. It's important to discuss any back pain with your doctor in order to find the best treatment approach for your individual needs.

DIAGNOSING CHRONIC BACK PAIN

Acute or short-term back pain is more common , and usually resolves within three days to six weeks, whether or not you have treatment.

Back pain is considered to be **chronic (long-term)** if pain and symptoms persist for longer than three months.

However, it's useful to know when to seek medical help if you feel you are not managing your pain adequately on your own. If you have experienced back pain for more than a few weeks, or if you're unsure what help you need, it's best to visit your doctor so they can make an assessment of your pain. This can help guide you and your doctor to the most appropriate treatment and recovery for you.



The doctor may do a physical examination including:

- lifting your legs straight up while you're lying down to see if it causes pain
- moving your legs in different directions and to different positions
- testing your nerve function using a rubber hammer to check your nerve reflexes
- touching your legs in many locations with a pin, cotton swab or feather to test your sensory nervous system.

Your doctor may also send you for further tests to find out if you have a more specific, underlying cause for your pain back:

- X-rays not always recommended for nonspecific back pain especially if it's due to muscle or ligament strain
- magnetic resonance imaging (MRI) using magnets and radio waves to produce images of the inside of the body
- computerised image of the spine scan (CT) using X-ray equipment and computer software to create images of the inside of your body
- blood tests.

If you have non-specific back pain with no 'red flag' symptoms that lasts less than six weeks, you are unlikely to need imaging or pathology tests.



There are a number of ways you can help manage back pain and reduce the impact it has on your life.

Work with your doctor to develop a personalised, written Back Pain Action Plan. This can include a combination of advice, medication, physical exercise, therapies and a positive mindset to help you deal with back pain effectively.

Having a written Action Plan to record important information can help you stay up-to-date with your medication and health checks, monitor symptoms and manage your back pain to stay well and feel better.



MANAGING BACK PAIN

If your back pain has recently commenced, you can limit the amount it impacts your life with some self-help measures that may alleviate or manage the pain.

Your GP may also recommend appropriate medications or refer you to other health professionals for manual (physical) therapies. And if an underlying cause of back pain is suspected, you may also need to see a specialist or pain clinic for diagnosis and specialised treatment.



Self-help management

These measures are often very helpful in relieving low back pain.

- Apply cold and then heat Start with applying a cold pack to the affected area to help take down any swelling and inflammation. You can buy one from most pharmacies, or make your own by wrapping an ice pack or a bag of frozen peas in a towel. Don't apply ice directly to your skin as it can cause damage. Keep the pack on for 20 minutes every two hours or so for the first 2-3 days. Then switch to using a heat pack for continued pain relief.
- Stay active It's important to avoid complete bed rest and gradually return to physical activity instead, after the worst of the back pain episode has passed. Stay active by continuing your everyday activities as normally as you can. There's strong evidence this helps people recover faster and reduces the chance of chronic pain and disability. While bed rest may be required in severe cases, generally prolonged periods in bed may cause symptoms to persist and make your back pain worse. Avoid any heavy lifting or twisting your back for about six weeks after the onset of pain or until your pain gets better.
- Sleep well try sleeping in a curled up foetal position, with a pillow between your legs. If you sleep on your back, place a pillow or rolled towel under your knees to ease the pressure on your spine.



Range of mobility (ROM) exercises can help you move your joints as far as they can comfortably go in each direction. The goal is to decrease stiffness and pain while maintaining flexibility and improving joint function. Slower, gentler forms of tai chi and yoga are good options to get you moving.

Strengthening exercises are used to strengthen muscles. These exercises help protect the joints, keep your ligaments and tendons strong, improve function and reduce muscle fatigue. There are a variety of exercises and your therapist can assist you to choose the best ones for you.

Cardiovascular exercises are also referred to as 'aerobic' or 'endurance' exercises. They increase your overall fitness by improving your heart and lung function as well as circulation. The most beneficial exercises are often simply walking, cycling and swimming. These work to strengthen muscle groups and improve cardiovascular fitness while minimising the impact on your joints.

However, starting too soon after an injury can prolong the pain. If you're unsure, your doctor, physiotherapist or qualified exercise physiologist can help you decide when to begin exercising again and help you choose an exercise program that works best for you. And don't push your body too far. If you experience more than mild pain while you are exercising and it lasts more than 15 minutes, you should stop exercising as it may indicate the wrong type and intensity of exercise for you.

Medications for back pain

Medications that help treat back pain may vary depending on the cause and severity of your condition. Treatment will be more effective if it is tailored to your individual needs.

Using over-the-counter painkillers are often enough to relieve acute low back pain. They can be available in oral form and also as creams, gels or lotions. If you've been prescribed medication, take it as directed. Avoiding medication use can force you to hold yourself stiffly or move in an unnatural way which can create a cycle of pain, making symptoms worse and prolonging the episode.

Paracetamol is usually the first line in managing back pain as it generally has fewer side effects than other painkillers. An appropriate dose can be taken regularly around-the-clock, but take care not to exceed the recommended daily dose of 4g.

If you need more pain relief then non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen can be taken orally to reduce pain and inflammation around the affected areas such as muscles, joints or ligaments. Your doctor may prescribe a low dose for short term use only as NSAIDs can have serious side effects and it's important to balance any benefits these may offer with possible negative side effects. If you take blood thinning medications like warfarin or oral steroids you have a higher risk of stomach upset or ulcers from NSAIDs. A previous history of ulcers or stomach and bowel bleeding will also increase this risk. Another side effect can be increased or high blood pressure. Take NSAIDs with caution, check the labels of over-the-counter brands and talk to your doctor or pharmacist if you have any concerns or questions.

You may wish to use NSAIDs in the form of creams and gels available over-the-counter that you can rub into the affected area. While the risk of side effects is generally lower compared to oral NSAIDs, you may notice limited benefit as less of the medicine gets to the affected area.

If your pain is severe or chronic, your GP may prescribe stronger medicines.

Make sure you understand how your medications work. Read the accompanying consumer medicines information leaflet. If you have any questions, talk to your doctor or pharmacist.

Check with your doctor and pharmacist prior to taking any medications as sometimes prescribed or over-thecounter medications can interact with each other.

Sometimes drinking alcohol can cause an adverse reaction with pain medication. Tell your doctor or pharmacist if you are experiencing any side effects or symptoms that may be due to medications.

Other therapies

Manual (physical) therapies such as physiotherapy can be helpful for back pain. Treatment can involve developing an exercise program to increase strength and flexibility in your back muscles and to help you set and work towards some daily activity goals. They may also advise you on other aspects such as maintaining a good posture, massage and ultrasound that may also provide supplementary pain relief. Treatment courses usually last about six to 12 weeks.

If your back pain is not resolved in the short term, a **pain management program** may help you to get back on track. You can learn how to manage your medication, develop coping strategies and improve your wellbeing. A clinical psychologist, trained in cognitive behavioural therapy (CBT) may be able to help you build confidence and overcome obstacles to your recovery. If you think this might help, ask your doctor for a referral.

Acupuncture involves inserting very fine needles into precise points of the body. It's thought to stimulate nerve endings that transmit signals to the brain and trigger the release of endorphins, the body's natural pain killing chemicals. Some people find acupuncture can help relieve low back pain. If you're considering this option, obtain accurate information about the treatment and talk to your doctor before trying any complementary therapy.

Surgery

If your pain lasts longer than six weeks, your doctor may discuss sending you to an orthopaedic (bones and joints) surgeon, a neurologist (nerve specialist) or a neurosurgeon to discuss other treatment options.

While most people can successfully manage their back pain with the therapies above, around 10 percent of people have ongoing problems. Hospitalisation, traction or spinal surgery are usually considered as last resorts where there is nerve damage or prolonged back pain.

Make sure you have a good understanding of the reasons for surgery and the probability of improved pain relief. It's also important to balance these against the risks and any potential unfavourable outcome. Not all back problems are easily resolved by surgery. In some cases, surgery can be less successful than others. A second opinion is sometimes useful to resolve or clarify any issues or concerns you may have.



Guidelines for back pain prevention

- Regular low-impact exercise that doesn't strain or jolt your back can increase strength and endurance and allow your muscles to function better. Walking and swimming are good choices. Talk with your doctor about which activities are best for you. Abdominal and back strengthening exercises also help condition the muscles so they work together like a natural 'corset' for your back.
- Maintain good posture habits as this helps relieve stress on muscles in your back. Keep your shoulders back so your ligaments can support your body and your muscles don't have to constantly contract to hold you upright and keep your body's weight aligned properly. Don't slouch as this puts strain on your lower back.
- If you are sedentary for long hours, such as sitting at a desk or behind the wheel of a vehicle, break up the time with stretches to help loosen your back muscles.
- When sitting at a desk, especially if using a computer, make sure to adjust your chair to your body to ensure good posture. The back rest should support your lower back and be at a slight recline, about 10-20 degrees from vertical, rather than being as upright as possible. Your feet should comfortably rest on the floor with ankles and knees at right angles use a footrest if necessary. Position the top of your computer screen to eye height. Keep your screen, keyboard and mouse centrally aligned to avoid unnecessary reach and shoulder strain.

- Maintain a healthy weight. Being overweight puts strain on your back. Trimming any excess weight can help reduce your chances of developing back pain.
- Eat a healthy, balanced diet alongside regular exercise to help you maintain a healthy weight. Take care to get enough calcium, vitamin D and phosphorous from the foods you eat to help keep your bones strong.
- Whether you have chronic back pain or a healthy pain-free back, it's important to lift heavy objects in a safe and supportive way. Bend from your knees and hips, not your back. Orientate yourself directly towards the object you are lifting to help prevent repetitive twisting of the spine. This is particularly important when lifting heavy objects or people.
- Adjust your sleeping position so you feel comfortable. Choose a firm, supportive mattress with no 'valleys'.
- Smoking slows and disrupts healing in your body, so it can interfere with your recovery from a back injury and make back pain worse. Quitting smoking can help reduce pain and it also has many other health benefits including lowering the risk of heart disease, stroke, some cancers and other conditions.
- Try relaxation techniques to help keep your stress levels to a minimum as stress and anxiety can aggravate your experience of pain.
- Keep a positive attitude about your job and home life. Studies suggest people who are unhappy at work or home tend to have more back problems and can take longer to recover.

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THE BACK PAIN ACTION PLAN

Name	Date			
		/	/	

Take this Action Plan with you when you next visit your doctor. Your doctor can fill in the review dates and actions required. Use this plan to help keep yourself on track — so you can stay active and well for longer.

GOALS TO BE REVIEWED	RECOMMENDED ACTION	ADDITIONAL ACTIONS (GP to fill in)	REVIEW DATE (GP to fill in)
Acute back pain (symptoms resolve with	thin 6 weeks)		
Manage pain	For first 48-72 hours — use ice; After 72 hours — apply heat; Take painkillers as directed.		
Gradually increase activity	Get back to a regular routine and work if possible.		
Manage ongoing pain and discomfort	Review with GP and follow specific instructions; see your physiotherapist or other qualified health professional; regular appropriate exercise; maintain good posture.		
Positive mindset	Keep positive and expect recovery within 6 weeks.		
Return to work	Plan for returning to work with your doctor and employer.		
Chronic back pain (symptoms persist b	eyond 3 months)		
Manage persisting pain	Take pain relief as required; refer to pain management clinic if necessary.		
Keep active	Develop fitness program: walk, cycle or swim for at least 30 mins a day; include strengthening and stretching exercises.		
Quit smoking	Give up smoking; ring Quitline (13 7848) for help and support.		
Maintain a healthy weight	Eat a healthy, balanced diet; maintain exercise routine; reach and manage a healthy weight.		
Modify working habits	Use good lifting techniques; improve posture; check ergonomics of work space.		
Try relaxation techniques	Practise relaxation techniques to help reduce stress.		
Positive mindset	Keep focused on a positive outcome.		
Serious back pain (serious spinal patho	ology)		
	any 'red flag' symptoms (see page 8 of guide) ee your GP as soon as possible to seek medical back pain.		Immediately

For a medical emergency, call 000 or go to the nearest hospital. If you aren't sure, call your doctor or local hospital.

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WHERE CAN I GET FURTHER INFORMATION?

For more information and support, contact:

- Your GP
- Pain Australia at www.painaustralia.org.au

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