

LOW BACK PAIN

About Your Diagnosis

Acute back pain usually results from an injury or an accident and lasts 1 to 7 days. *Chronic* low back pain may last for more than 3 months. Management of low back pain depends on the cause and duration of pain.

The back is made up of vertebrae, disks between the vertebrae, the spinal cord, which contains the nerves, and surrounding structures, such as muscles and ligaments. The muscles in the back and abdomen help support the spine. If the muscles, nerves, or vertebrae are injured, pain can result.

Approximately 80% of persons in the United States experience some type of low back pain during their lifetimes. Some persons have low back pain after sitting for a prolonged length of time or after reaching for an object that is out of reach. Many low back injuries are caused by twisting or other sudden movement. Some persons experience low back pain after an accident or fall. Obesity, poor posture, and weak back and abdominal muscles all contribute to low back pain. Low back pain may occur in association with diseases such as osteoarthritis, ankylosing spondylitis, Reiter's syndrome, or fibromyalgia.

A physician diagnoses low back pain by taking a medical history, performing a physical examination, and possibly ordering radiographs (x-rays). The doctor may order blood tests to determine whether the low back pain is caused by another disorder that may cause similar symptoms. Computed tomography (CT), magnetic resonance imaging (MRI), or a bone scan may be performed if the doctor needs a clearer picture of the bones or nerves, the disks between the vertebrae, and other soft tissue. Sometimes an electromyogram (EMG), which helps identify muscle and nerve problems, may be obtained if the physician believes the back is causing numbness or tingling in the legs because of pressure on the nerves. Most of the time radiographs are not needed.

Living With Your Diagnosis

You may experience difficulty bending at the waist, lifting, walking, and standing. Sometimes the pain may keep you awake at night. If the low back pain lasts for months, it may affect your ability to do your job.

Treatment

Management of low back pain depends on the cause of the pain. If the pain is due to an injury, the physician may recommend a short period of bed rest and application of heat or cold to the affected area. Sometimes the physician may prescribe acetaminophen or nonsteroidal anti-inflammatory drugs (NSAIDs) to decrease the pain. If the pain is particularly severe, stronger narcotic-containing pain medicines may be needed for a short time. If you are having muscle spasms, a doctor may prescribe a muscle relaxant. All medications have side effects. The NSAIDs may cause stomach upset, diarrhea, ulcers, headache, dizziness, difficulty hearing or a rash. Side effects of muscle relaxants include drowsiness, dizziness and a rash.

Physical therapy may be helpful to decrease low back pain. If you are experiencing chronic low back pain, low back and abdominal exercises are helpful.

The DOs

- Take your medications as prescribed.
- Call your doctor if you are experiencing side effects from medications.
- Develop a weight loss plan with your physician if you are overweight.
- Participate in daily back stretching and strengthening exercises.
- Practice good posture when sitting, standing, or lifting.

The DON'Ts

- Do not wait for a possible medication side effect to go away on its own.
- Do not give up. If your back pain does not decrease, ask your physician about participating in a multidisciplinary low back management program.
- Do not stop exercising.

When to Call Your Doctor

- If you have side effects of medications.
- If you continue to have low back pain.
- If you need a referral to a physical therapist or counselor.
- If you have new pain that runs down the side of your legs.
- If you have new numbness or tingling in your legs.
- If you have difficulty urinating or have loss of control of your bowels or bladder.