

Back pain

This booklet provides information and answers to your questions about this condition.



Arthritis Research UK produce and print our booklets entirely from charitable donations.

What is back pain?



Back pain is very common and usually doesn't have a serious cause. In this booklet we'll explain a bit more about back pain and its causes, how it's diagnosed and treated, and the importance of self-help measures. We'll also suggest where you can get more information.

At the back of this booklet you'll find a brief glossary of medical words - we've underlined these when they're first used in the booklet.

What's inside?

- 2 Back pain at a glance**
- 4 What is back pain?**
- 5 How is the back structured?**
- 6 What causes back pain?**
- 8 Should I see a doctor?**
 - What are the warning signs of a serious problem?
- 8 What can I do to help myself?**
 - Painkillers
 - Exercise
 - Posture
 - Complementary medicine
 - Lifting correctly
 - Diet and nutrition
 - Pain management programmes
- 15 Why does back pain become chronic?**
- 17 What is the outlook?**
- 17 How are back problems diagnosed?**
 - What tests are there?
- 18 What treatments are there for back pain?**
 - Physical therapies
 - Drugs
 - Surgery
- 21 What if my back pain is affecting my work?**
- 21 Research and new developments**
- 22 Glossary**
- 23 Where can I find out more?**
- 28 We're here to help**

At a glance

Back pain

Back pain is common but isn't usually caused by a serious problem.

What is back pain?

Back pain is a common problem, which affects 4 out of 5 of us at some point. It's often caused by a simple muscle, tendon or ligament strain and not usually by a serious problem.

What can I do to help myself?

There are several ways you can help yourself, including:

- taking painkillers
- exercising regularly
- checking your posture
- lifting things correctly
- finding out about complementary medicine and pain management programmes.

When should I see my doctor?

You should see your doctor if your pain:

- is very severe or lasts for a long period of time
- affects your everyday activities.

Very rarely, back pain can indicate a more serious problem. See your doctor immediately if:

- you have difficulty controlling or passing urine

- you lose control of your bowels
- you have numbness around your back passage or your genitals
- you have weakness in your legs or are unsteady on your feet.

What causes it?

In most cases the cause of back pain is unclear, but some back pain may be caused by a range of factors, including:

- poor posture
- lack of exercise resulting in stiffening of the spine
- muscle strains/sprains.

But there are some specific conditions associated with a painful back, including spondylosis, sciatica and spinal stenosis.

What treatments are there?

Taking painkillers, staying active and doing some exercise are the most common things that help most people with back pain. If you need more treatment this may include:

- physiotherapy
- occupational therapy
- drug treatments such as amitriptyline, gabapentin and pregabalin
- injections
- surgery.



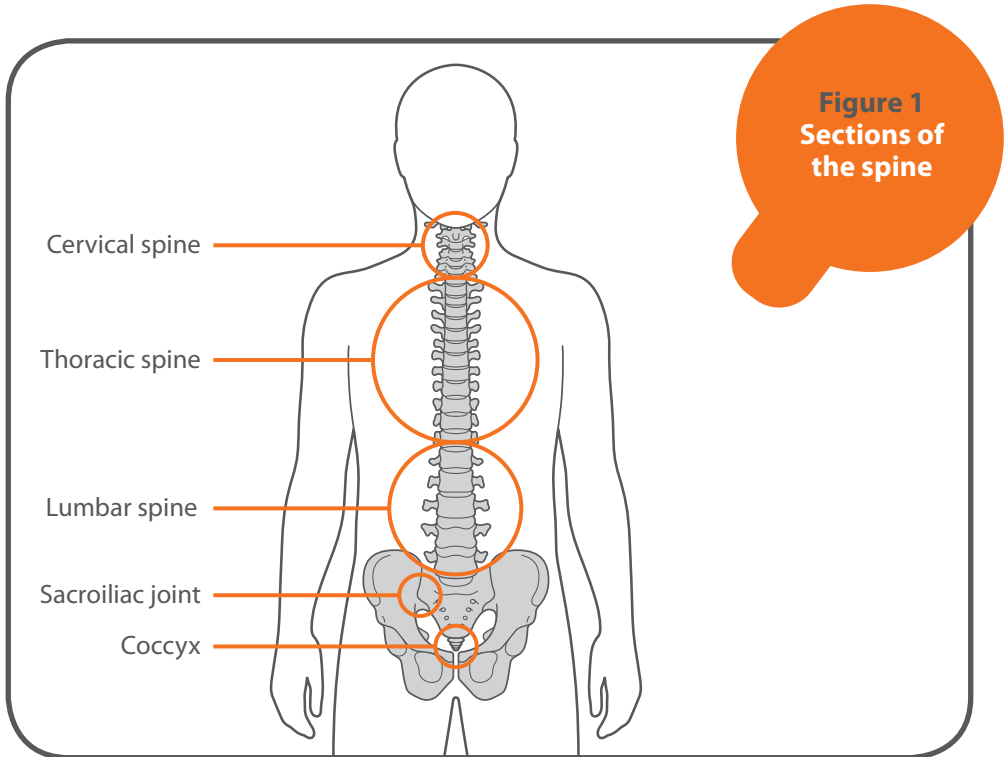
What is back pain?

Back pain is a common problem, usually caused by a simple muscular strain, which affects 4 out of 5 of us at some point. Fortunately, most periods of back pain get better after a few weeks with simple treatment. As far as possible, it's best to continue with your normal everyday activities as soon as you can.

Sometimes, however, back pain can be more persistent, or you may have other symptoms besides pain and stiffness. In this case it's best to seek medical advice to see if there's a more serious cause of your pain.

Many people develop back pain for no obvious reason. In fact, research suggests that it's impossible to identify a specific cause of pain for around 85% of people in the early stages. This type of back pain is described as non-specific or mechanical back pain.

In most people the pain starts quickly but then reduces after a few days or weeks (this is called acute back pain), but for some people pain might last for several weeks or even months and years (this is called chronic back pain). Most people with chronic back pain tend to have good and bad days.

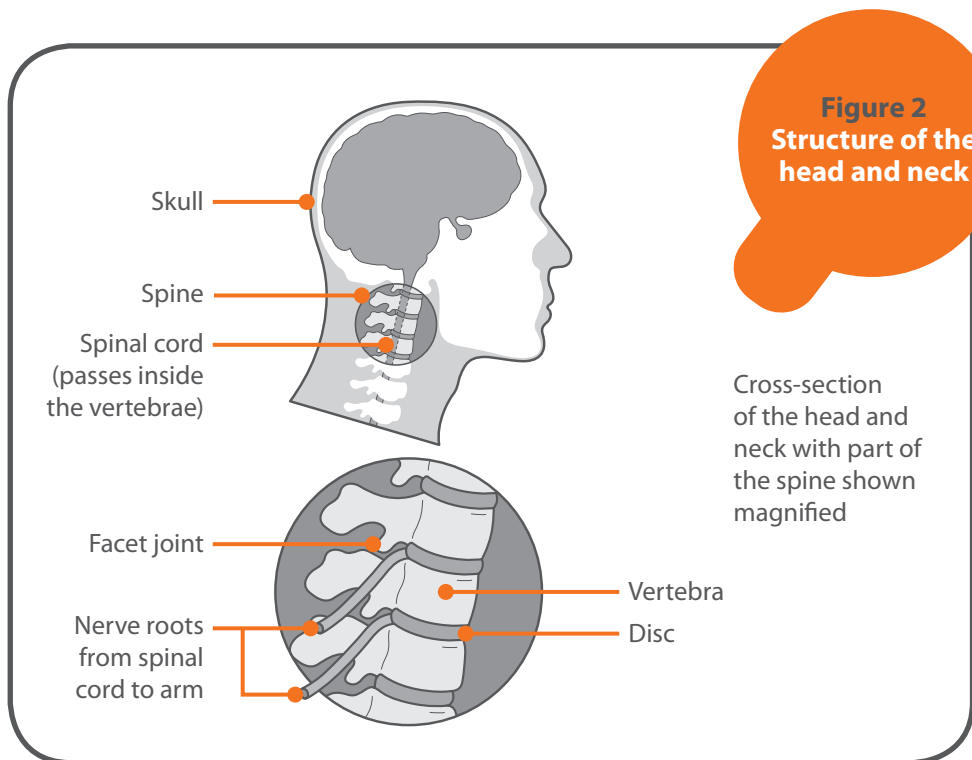


How is the back structured?

The backbone, or spinal column, is one of the strongest parts of the body and provides us with remarkable flexibility and strength (see Figure 1). It's made up of 24 bones (vertebrae), one sitting on top of the other with discs in between and lots of strong ligaments and muscles around them for support. On either side of the backbone, running from top to bottom, are many small joints called the

facet joints. The spinal cord lies protected within the backbone. The spinal cord connects to the brain through the base of the skull and to the rest of the body by nerves that pass through spaces between the bones of the spine. These nerves are also known as nerve roots (see Figure 2).

As you grow older, the structures of your spine, such as the joints, discs and ligaments, age as well. The structures remain strong but it's usual for your back to get stiffer as you get older.



Wear and tear of the spine can cause pain as we age, but it isn't always a problem.

What causes back pain?

Often non-specific back pain doesn't have one simple cause but may be due to a range of factors, including:

- poor posture
- lack of exercise resulting in stiffening of the spine
- muscle strains or sprains.

As well as the factors listed above, there are also specific conditions which are associated with pain felt in the back. But it's important to remember that severe pain doesn't necessarily mean there's a serious problem. Some common conditions are listed below.

Spondylosis

You may be told that your back pain is due to wear and tear of the spine. This is called spondylosis. As we grow older the discs in the spine become thinner and the spaces between the vertebrae become narrower. Spurs of bone (osteophytes) may form at the edges of the vertebrae

and facet joints. All of us have wear and tear as we get older but not all of us have pain. In most cases wear and tear is just part of the normal aging process and not really related to any problems with the spine.

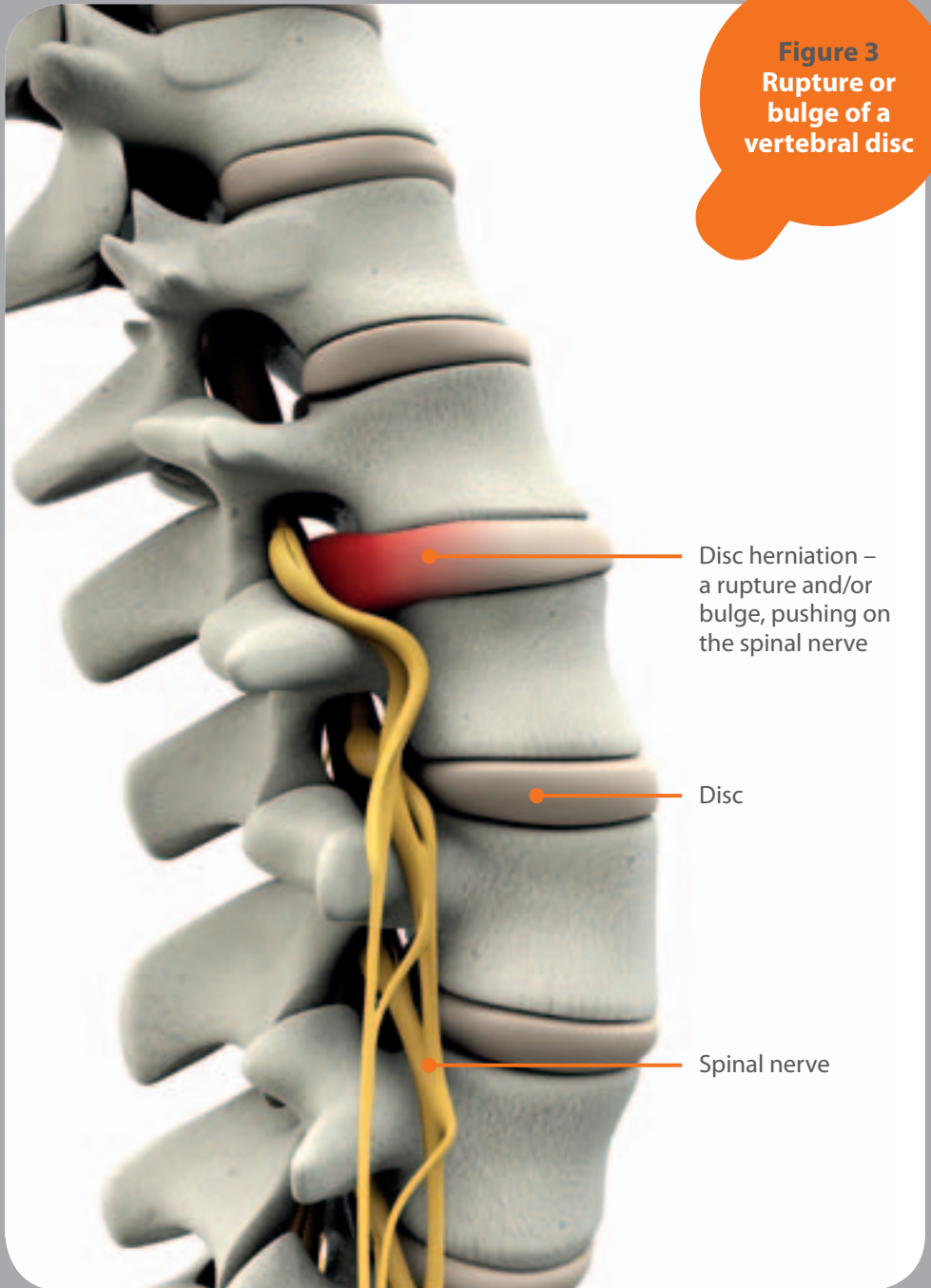
i See Arthritis Research UK booklet
What is arthritis?

Sciatica

Back pain is sometimes linked with pain in the legs, and there may be numbness or a tingling feeling. This is called sciatica. This is due to irritation or squeezing of one of the spinal nerves (called the sciatic nerve). For most people who develop sciatica, the leg pain tends to be the most troublesome symptom and they may not have back pain at all.

Pain travels down the leg because of the irritation of the sciatic nerve in the lumbar spine, but there's actually nothing wrong with the leg itself. In most cases the reason for the nerve irritation is a bulging disc. Discs are designed to bulge so we can move our spines about easily, but sometimes a bulge can 'catch' the spinal nerve and cause pain that travels all the way down the leg and foot (see Figure 3). Sciatica is fairly uncommon and fortunately most people recover fairly quickly, although in some cases it might take a number of months. About 60% of all people with sciatica get better within a few weeks to months.

Figure 3
Rupture or
bulge of a
vertebral disc



Spinal stenosis

Sometimes back pain is associated with pain in the legs which starts after a few minutes' walking and tends to get better very quickly when you sit down. This is known as spinal stenosis. This can happen from birth or develop as we get older and causes the spinal canal or nerve root canal to become squeezed by bone or ligament. Symptoms often affect both legs but one may be worse than the other. The pain usually eases when you sit down and rest, and some people have less discomfort if they walk a little stooped. Like sciatica, the main problem tends to be leg pain more than the back pain.

! In most cases, neither sciatica nor spinal stenosis are causes for alarm, but if the symptoms cause you significant trouble and greatly affect your quality of life then you should see your doctor for further advice and to discuss what else can be done.

Other rarer causes of back pain include:

- bone problems such as a fracture – often linked to thinning of the bones ([osteoporosis](#))
- infection
- a tumour
- [inflammation](#), such as in [ankylosing spondylitis](#).

i See [Arthritis Research UK booklets](#) *Ankylosing spondylitis; Osteoporosis*.

Should I see a doctor?

Unless your back pain is very severe and lasts for a very long period of time, or stops you doing your everyday activities, you probably won't need to see your doctor. Only about 10% of all people experiencing back pain go and see their doctor, despite the fact that most people are likely to experience more than one episode of back pain.

What are the warning signs of a serious problem?

Very rarely (less than 1% of cases) back pain or back pain that travels down the leg is a sign of a serious problem. If you experience any of the following you should see your doctor urgently:

- difficulty controlling or passing urine
- lose control of your bowels
- numbness around your back passage or your genitals
- weakness in your legs or being unsteady on your feet
- very severe and prolonged back pain that gets worse over several weeks.

What can I do to help myself?

Painkillers

Simple painkillers such as paracetamol (an [analgesic](#)) and ibuprofen (a [non-steroidal anti-inflammatory drug](#)) may help. You should use them as and when you need them. However, it's important



that you take them regularly and at the recommended dose, especially when you're having a flare-up of your back pain. This will help to control the pain. Don't wait until your pain is severe before taking painkillers, as they're likely to work better if you manage your pain carefully. Don't use painkillers for more than 2 weeks without seeking medical advice.

You shouldn't take ibuprofen or aspirin if you're pregnant, or have asthma, indigestion or an ulcer, until you've consulted with your doctor or pharmacist first.

If these medications don't help, your GP may be able to prescribe other painkillers, and there are other drugs that are used less commonly to treat back pain for people who are really struggling with their symptoms. These are discussed in a later section.

Choosing a form of exercise you enjoy means you're more likely to keep at it.

i See Arthritis Research UK drug leaflets *Drugs and arthritis; Non-steroidal anti-inflammatory drugs; Painkillers.*

Exercise

Physical activity is good for everybody and too much rest can lead to stiffness in your muscles and joints. Our bodies are built for movement and you need regular activity to remain fit and healthy. Research shows that bed rest for more than a couple of days doesn't help back pain and in the long term actually makes it worse.

Exercise is the most important way that you can help yourself if you experience back pain. If you stop being active for a long time the muscles in your back become weak, you become less fit and out of condition and this can make your back pain worse. Research shows that regular exercise leads to less frequent and shorter episodes of back pain. Exercise also releases endorphins (your body's natural painkillers) which improve pain and make you feel happier.

Exercise might make your back feel a bit sore at first but it doesn't cause any harm – so don't let it put you off! Start off slowly and gradually increase the amount of exercise you do. Try taking some painkillers beforehand too. Over time, your back will get stronger and more flexible and this should reduce pain.

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It's better to choose a form of exercise that you enjoy as you're more likely to stick to it. Any regular exercise that helps to make you flexible and stronger and increase your stamina is good, for example:

- swimming
- walking
- yoga or pilates
- going to the gym.

The exercises provided in the pull out section in the middle of this booklet are designed to stretch, strengthen

and stabilise the structures that support your back. They may not be suitable for all types of back pain, so it's a good idea to get advice from your doctor or physiotherapist about specific exercises before you begin.

It's common for some people to stop exercising once back pain has cleared up. But if you stop exercising all the improvements to your physical condition disappear within a few weeks. So, it's important that you continue with exercise on a regular basis and don't stop when the pain is gone and you're feeling better.



Posture

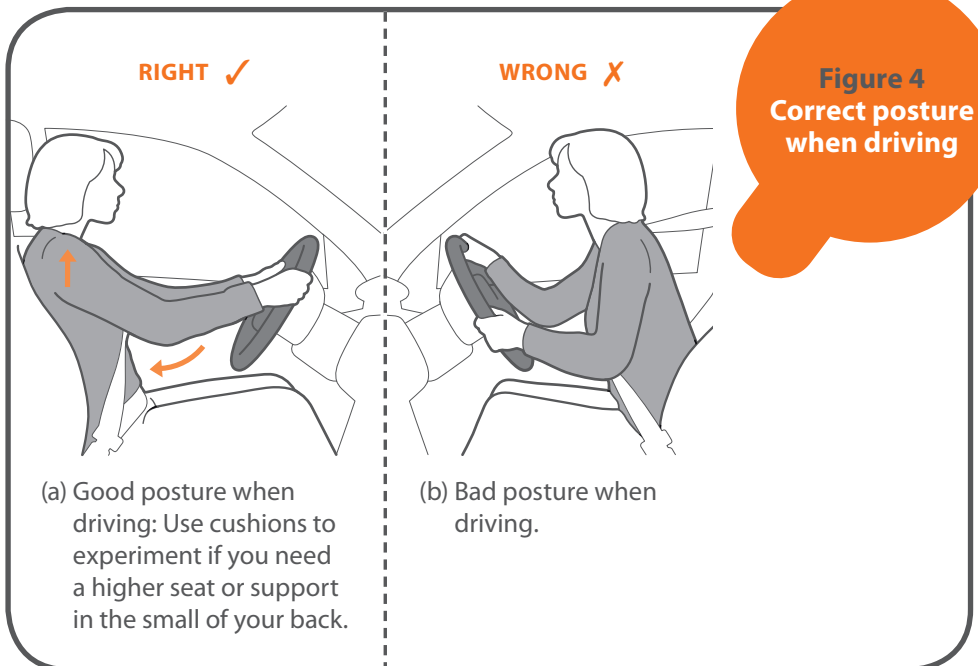
Try to maintain good posture when sitting at home, at work or in the car (see Figures 4 and 5). Staying in awkward positions while working or driving, for example, will affect the soft tissues in your back's support structures and will make recovery take longer or increase your pain.

Complementary medicine

There are many different complementary and herbal remedies that are believed to help with pain relief, and some people do feel better when they use a complementary medicine. However, on the whole these treatments aren't recommended for use on the NHS because there's no conclusive proof that they work.

Sometimes acupuncture treatment might provide pain relief. It seems to relieve pain by diverting or changing the painful sensations that are sent to the brain from damaged tissues and by stimulating the body's own pain-relieving hormones (endorphins and encephalins).

Massage involves a manual technique in which a rhythmic movement uses a variety of strokes, kneading or tapping to move the muscles and soft tissue of the body. Massage can reduce your anxiety and stress levels, relieve muscular tension and fatigue, improve circulation and so reduce pain levels.



i See Arthritis Research UK booklets

and report *Complementary and alternative medicine for arthritis; Meet the rheumatology team; Physiotherapy and arthritis; Complementary and alternative medicines for the treatment of rheumatoid arthritis, osteoarthritis and fibromyalgia.*

Planning and pacing are important – think about what you need to do and see if you can do it in stages. Bend your knees when lifting and allow your spine to move as necessary, without twisting it. When doing tasks like carrying shopping, try and split the load between both hands. Keeping the weight close to your body also helps.

Lifting correctly

Learning to lift correctly is important to help prevent further episodes of back pain. Avoid heavy lifting if you can.

i See Arthritis Research UK booklet

Looking after your joints when you have arthritis.

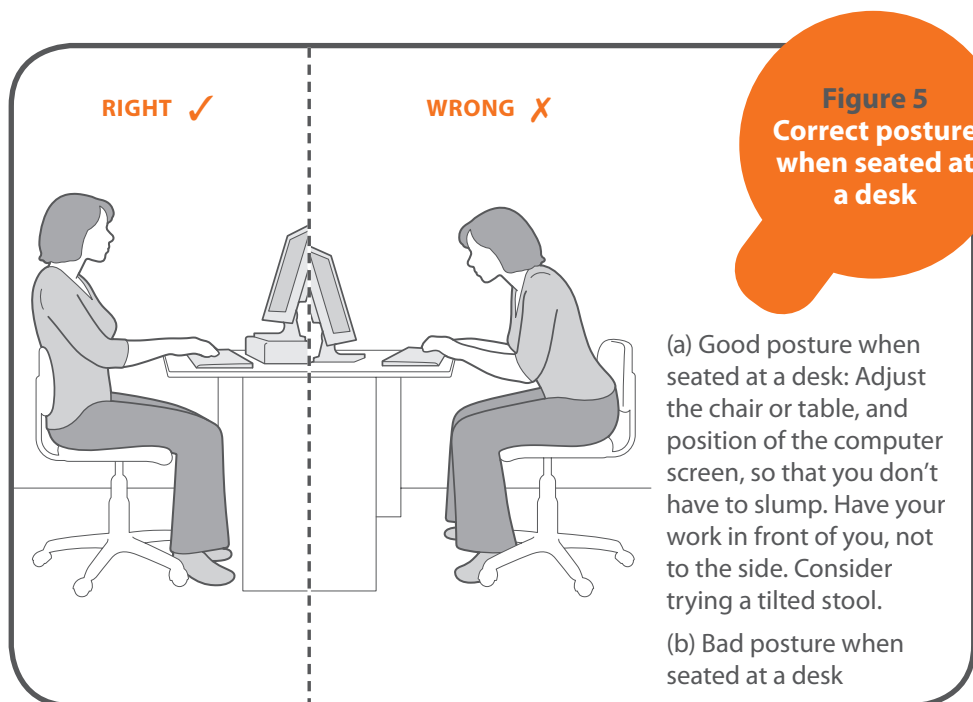


Figure 5
Correct posture when seated at a desk

(a) Good posture when seated at a desk: Adjust the chair or table, and position of the computer screen, so that you don't have to slump. Have your work in front of you, not to the side. Consider trying a tilted stool.

(b) Bad posture when seated at a desk

Diet and nutrition

There are no special diets that have been shown either to help or prevent back pain. However, if you're overweight you should consider changing your diet and doing some regular exercise to help you lose weight as this will reduce the strain on your back.

i See **Arthritis Research UK booklet**
Diet and arthritis.

Pain management programmes

These programmes may help you control your pain and teach you how to live with chronic pain. They're usually outpatient sessions and involve learning about the physical and psychological factors that can contribute to pain and what you can do to overcome them.

i See **Arthritis Research UK booklet**
Pain and arthritis.



Why does back pain become chronic?

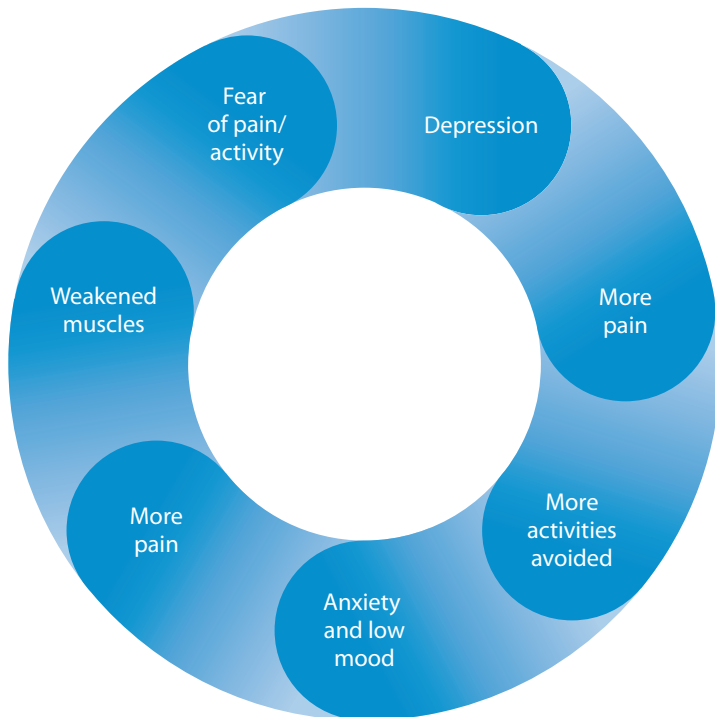
Often we don't know why someone has chronic back pain. Even if a cause can be found (such as a worn facet joint or disc) the pain may continue after the original problem has settled down.

When you're in pain for a long time your first thought may be to avoid normal activities and movement. But we know that lack of activity can cause the back muscles to become weak. This will mean that your muscles will tire more easily

and be more vulnerable to further strain. This is known as deconditioning.

You may also lose confidence in your ability to resume your everyday activities. This may affect your work, social life and personal relationships. You may feel anxious or depressed, particularly if family members and medical professionals appear unhelpful or unsympathetic. If you're anxious or depressed you may not feel like exercising, so your muscles become weaker still, and so it goes on. This creates a vicious circle, as seen in Figure 6.

Figure 6 The pain cycle



Bed rest for more than a couple of days is bad for you and makes it harder to get going again. Try to keep active.

Gradually increase your level of activity and do some regular exercise.

This can happen to anyone, and the longer it continues the harder it'll be for you to recover your movement and confidence. So it's really important to continue with exercise and daily activities as much as possible.

What is the outlook?

It's hard to say how long your symptoms will last because diagnosing the cause of back pain is difficult. For most people the outlook is good, with 75–90% of people recovering within a few weeks. However, the pain does tend to come back (recur) every now and then, similar to the way headaches or colds can recur.

There are several things which can be linked with having a more persistent back problem. The main factor is the severity of pain and its impact on sleep and everyday activities. Getting appropriate pain relief to allow you to return to your usual activities is the key to success in the early stages.

Among people who seek medical help for their back pain, around two-thirds have some pain a year later, although over 90% are able to work. If the back problem has been present for a long time then the symptoms are more likely to persist, and only a third of people make a full recovery a year later. However, despite symptoms, most people manage to lead a normal life and stay at work with the right pain relief and exercise.

There's also evidence to suggest that how you respond emotionally to having back

pain has an important impact on how quickly you get better. Because of this, your doctor will usually ask about:

- how you feel about your back pain
- your mood
- your sleeping patterns.

This will help them to predict how long your problem may last and guide your treatment. Many of these things develop gradually or are due to reasons outside of your control. Sometimes unhelpful beliefs are encouraged by well-meaning friends or relatives; for example, they could make you concerned that the problem is more serious than it is and that doing things which hurt mean you're damaging your back.

Some initial worries about the cause of your pain are natural, but it's important to talk openly about any worries with a healthcare professional, as reducing any fear and anxiety may help speed up your recovery.

How are back problems diagnosed?

National guidelines suggest that doctors should use a common sense 'wait and see' approach when diagnosing back pain before deciding if you need further treatment, especially as in most cases a bout of back pain improves by itself. As a patient this approach can sometimes be frustrating, but you may find that if you keep up your self-help measures you won't need further treatment anyway.

Should you need further treatment, your GP will be able to assess your back pain by discussing your symptoms with you. Most problems can be diagnosed after a simple examination, and it's unlikely that any special tests will be needed.

What tests are there?

Rarely you may be asked to have an x-ray. However, these are often unhelpful for two reasons:

1. Most back pain involves the soft tissues of the back (such as the muscles or ligaments) and these can't be seen on an x-ray.
2. Some wear and tear changes in the bones and joints of the back are common as we age, and although these changes are visible on an x-ray, they're not often related to back pain. Lots of people who don't have back pain still show these changes on x-ray.

You may be sent for tests if you've had an injury to your back, if your doctor suspects that there may be an underlying

cause for your pain, or if the pain has lasted for an unusually long time. In this case a magnetic resonance imaging (MRI) scan or computerised tomography (CT) scan may be needed.

What treatments are there for back pain?

Taking some painkillers, staying active and doing some exercises are the most common things that help most people with back pain. However, in some cases there will be further medical treatment needed.

Physical therapies

Physiotherapy can be useful to improve your strength and flexibility. As mentioned previously, exercise is one of the most effective treatments for back pain. A physiotherapist can help oversee your exercise programme and recommend specific exercises to help.

Manual therapies ('hands on' treatments), such as manipulation and mobilisation of the spinal joints, can help to clear up a spell of back pain along with exercises. These manual therapy techniques are usually carried out by osteopaths, chiropractors and physiotherapists.

If your back pain is making daily activities difficult, such as dressing, washing and driving, you may find it useful to see an occupational therapist. They may recommend aids or gadgets that will help you or suggest different ways of doing things to reduce the strain.

Take simple painkillers if needed so you can stay active.

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But it's important that you don't come to rely on aids or gadgets instead of trying to get back to your daily activities.

i See Arthritis Research UK booklets *Physiotherapy and arthritis;*
Occupational therapy and arthritis.

Drugs

Amitriptyline

If painkillers alone aren't effective, you may be prescribed an additional medication called amitriptyline. This acts to relax muscles and improve sleep. You'll usually be prescribed the lowest possible dose to control your symptoms. If the medication is ineffective, your dose can be gradually increased. This approach will help to lower the risk of side-effects.

Common side-effects include dry mouth, drowsiness and blurred vision. If you experience these side-effects you should stop the medication and discuss this with your doctor.

i See Arthritis Research UK drug leaflet *Amitriptyline.*

Gabapentin/Pregabalin

These drugs aren't usually given as an initial treatment for 'ordinary' back pain. Although they don't help back pain, they may help sciatica by reducing irritation of the nerves. They may need to be taken for six weeks to begin with, and sometimes longer. As with all drugs there can be side-effects, so they won't be suitable for everyone. You should discuss this with your doctor.





Surgery

Very few people with back pain (less than 2%) need an operation. Sometimes an operation is needed for spinal stenosis or for severe sciatica to free the nerve, although most doctors would recommend trying other measures first, including medication, physiotherapy or injections.

Urgent surgery may be needed if you lose bladder or bowel control or the use of your legs, but this is extremely rare.

What if my back pain is affecting my work?

Try to stay at work, or get back to work as soon as possible, despite the pain. Most people are able to return within a few days, although the length of time off work varies with the individual and the type of job. It's important to keep in contact with your employer and discuss what can be done to help you return to work.

Returning to heavy, manual jobs will obviously take longer, and you may have to change to lighter duties for a time. Overall, research shows that getting back to work sooner rather than later is beneficial for most people, although some adjustments to your job such as changing your hours or doing lighter duties may be needed in the short-term. You certainly don't need to wait until your back problem has gone. In many cases, the longer you're off work the more likely you are to develop longer term pain problems and the less likely you are to return to work.

If you need further support to remain in your job, an occupational health advisor may help, either with work assessment or retraining. Sometimes simple adjustments to your workplace may be all you need. You can get further advice through a Disability Employment Advisor or through your local JobCentre Plus.

i See **Arthritis Research UK booklet** *Work and arthritis*.

Research and new developments

New research carried out by the Arthritis Research UK Primary Care Centre at Keele University has demonstrated that a new model of primary care management called stratified primary care management can have significant benefits for patients seeking help from their GP for back pain.

The new approach involves grouping patients into different levels of treatment depending on their level of risk (low, medium or high) for persistent back pain problems. Patients who received the new approach had significant health benefits, because different cases were referred for different types of physiotherapy. There was also a reduction in healthcare costs because fewer patients ended up coming back through the healthcare system at a later date, having been better managed right from the beginning. Further research using this approach is now underway to confirm these initial positive findings.

Glossary

Acupuncture – a method of obtaining pain relief that originated in China. Very fine needles are inserted, virtually painlessly, at a number of sites (called meridians) but not necessarily at the painful area.

Analgesics – painkillers. As well as dulling pain they lower raised body temperature, and most of them reduce inflammation.

Ankylosing spondylitis – an inflammatory arthritis affecting mainly the joints in the back, which can lead to stiffening of the spine. It can be associated with inflammation in tendons and ligaments. The spinal ligaments may harden (calcify), forming new bone which may eventually cause the vertebrae to join (fuse) together.

Chiropractor – a specialist who treats mechanical disorders of the musculoskeletal system, often through spine manipulation or adjustment. The General Chiropractic Council regulates the practice of chiropractic in the UK.

Computerised tomography (CT) – a type of scan that records images of sections or ‘slices’ of the body using x-rays. These images are then transformed by a computer into cross-sectional pictures. CT scans are helpful when looking at bony structures in the body.

Disc (intervertebral disc) – a circle of tough, fibrous cartilage with a jelly-like centre found between the bones of the spine. These discs give the spine its flexibility. A ‘slipped disc’ occurs when

the central jelly (*nucleus pulposus*) of the disc bulges (*prolapses*) through the outer fibrous ring (*annulus fibrosis*). It can then press on a nerve and cause pain.

Facet joints – the small joints between the vertebrae that allow the spinal column to move. The facet joints are at the back of the spine.

Inflammation – a normal reaction to injury or infection of living tissues. The flow of blood increases, resulting in heat and redness in the affected tissues, and fluid and cells leak into the tissue, causing swelling.

Ligaments – tough, fibrous bands anchoring the bones on either side of a joint and holding the joint together. In the spine they’re attached to the vertebrae and restrict spinal movements, therefore giving stability to the back.

Magnetic resonance imaging (MRI) – a type of scan that uses high-frequency radio waves in a strong magnetic field to build up pictures of the inside of the body. It works by detecting water molecules in the body’s tissue that give out a characteristic signal in the magnetic field. An MRI scan can show up soft-tissue structures as well as bones.

Manipulation – a type of manual therapy used to adjust parts of the body, joints and muscles to treat stiffness and deformity. It’s commonly used in physiotherapy, chiropractic, osteopathy and orthopaedics. A small, high-velocity thrust is given at the end of the available range of a joint’s movement and outside the patient’s control.

Non-steroidal anti-inflammatory drugs (NSAIDs) – a large family of drugs prescribed for different kinds of arthritis that reduce inflammation and control pain, swelling and stiffness. Common examples include ibuprofen, naproxen and diclofenac.

Occupational therapist – a therapist who helps you to get on with your daily activities (e.g. dressing, eating, bathing) by giving practical advice on aids, appliances and altering your technique.

Osteopath – a specialist who treats spinal and other joint problems by manipulating the muscles and joints in order to reduce tension and stiffness, and so help the spine to move more freely. The General Osteopathic Council regulates the practice of osteopathy in the UK.

Osteophyte – an overgrowth of new bone around the edges of the vertebrae. Spurs of new bone can alter the shape of the joint and may press on nearby nerves. On an x-ray this is called spondylosis.

Osteoporosis – a condition where bones become less dense and more fragile, which means they break or fracture more easily.

Physiotherapist – a therapist who helps to keep your joints and muscles moving, helps ease pain and keeps you mobile.

Spinal cord – a cord that runs through and is protected by the spinal canal, and which contains the nerves that connect the brain to all the other parts of the body. The nerve fibres are surrounded by several protective layers and pass through

the vertebrae (the bones of the back). The spinal cord and the brain together form the central nervous system.

Tendon – a strong, fibrous band or cord that anchors muscle to bone.

Vertebra (plural **vertebrae**) – one of the bones that make up the spinal column.

Where can I find out more?

If you've found this information useful you might be interested in these other titles from our range:

Conditions

- *Ankylosing spondylitis*
- *What is arthritis?*

Therapies

- *Occupational therapy and arthritis*
- *Physiotherapy and arthritis*
- *Meet the rheumatology team*

Self-help and daily living

- *Complementary and alternative medicine for arthritis*
- *Complementary and alternative medicines for the treatment of rheumatoid arthritis, osteoarthritis and fibromyalgia (80-page special report)*
- *Diet and arthritis*
- *Looking after your joints when you have arthritis*
- *Pain and arthritis*
- *Work and arthritis*

Drug leaflets

- *Amitriptyline*
- *Drugs and arthritis*
- *Non-steroidal anti-inflammatory drugs*
- *Painkillers*

You can download all of our booklets and leaflets from our website or order them by contacting:

Arthritis Research UK

PO Box 177
Chesterfield
Derbyshire S41 7TQ
Phone: 0300 790 0400
www.arthritisresearchuk.org

Related organisations

The following organisations may be able to provide additional advice and information:

Arthritis Care

Arthritis Care exists to support people with all forms of arthritis. They are the UK's largest charity working with and for all people who have arthritis.
Helpline: 0808 800 4050
Email: info@arthritiscare.org.uk
Website: www.arthritiscare.org.uk

BackCare

16 Elmtree Road
Teddington TW11 8ST
Phone: 0208 977 5474
Helpline: 0845 130 2704
www.backcare.org.uk

British Chiropractic Association

59 Castle Street
Reading
Berkshire RG1 7SN
Phone: 01722 415027
Public enquiries: 0118 950 5950
www.chiropractic-uk.co.uk

British Pain Society

Third Floor, Churchill House
35 Red Lion Square
London WC1R 4SG
Phone: 020 7269 7840
www.britishpainsociety.org

Benefit Enquiry Line

2nd Floor
Red Rose House
Lancaster Road, Preston
Lancashire PR1 1HB
Phone: 0800 882 200
www.direct.gov.uk

Chartered Society for Physiotherapy (CSP)

Chartered Society of Physiotherapy
14 Bedford Row
London WC1R 4ED
Phone: 020 7306 6666
www.csp.org.uk

Employment Medical Advisory Service (EMAS)

HSE Infoline: 0845 345 0055
www.hse.gov.uk/contact/index.htm

General Chiropractic Council

44 Wicklow Street
London WC1X 9HL
Phone: 020 7713 5155
www.gcc-uk.org

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General Osteopathic Council

176 Tower Bridge Road

London SE1 3LU

Phone: 020 7357 6655

www.osteopathy.org.uk

NHS Expert Patients Programme

Phone: 0800 988 5550

www.expertpatients.co.uk

Pain Relief Foundation

Clinical Sciences Centre

University Hospital Aintree

Lower Lane

Liverpool L9 7AL

Phone: 0151 529 5820

www.painrelieffoundation.org.uk



We're here to help

Arthritis Research UK is the charity leading the fight against arthritis.

We're the UK's fourth largest medical research charity and fund scientific and medical research into all types of arthritis and musculoskeletal conditions.

We're working to take the pain away for sufferers with all forms of arthritis and helping people to remain active. We'll do this by funding high-quality research, providing information and campaigning.

Everything we do is underpinned by research.

We publish over 60 information booklets which help people affected by arthritis to understand more about the condition, its treatment, therapies and how to help themselves.

We also produce a range of separate leaflets on many of the drugs used for arthritis and related conditions. We recommend that you read the relevant leaflet for more detailed information about your medication.

Please also let us know if you'd like to receive our quarterly magazine, Arthritis Today, which keeps you up to date with current research and

education news, highlighting key projects that we're funding and giving insight into the latest treatment and self-help available.

We often feature case studies and have regular columns for questions and answers, as well as readers' hints and tips for managing arthritis.

Tell us what you think of our booklet

Please send your views to:
feedback@arthritisresearchuk.org
or write to us at:
Arthritis Research UK, PO Box 177,
Chesterfield, Derbyshire S41 7TQ.

A team of people contributed to this booklet. The original text was written by Dr Sam Hider, who has expertise in the subject. It was assessed at draft stage by FRP team leader/clinical assistant spines Caroline Evans and **Arthritis Research UK** lecturer in physiotherapy Dr Jonathan Hill. An **Arthritis Research UK** editor revised the text to make it easy to read, and a non-medical panel, including interested societies, checked it for understanding. An **Arthritis Research UK** medical advisor, Dr Sarah Houghton, is responsible for the content overall.

Get involved

You can help to take the pain away from millions of people in the UK by:

- volunteering
- supporting our campaigns
- taking part in a fundraising event
- making a donation
- asking your company to support us
- buying gifts from our catalogue.

To get more **actively involved**, please call us **0300 790 0400** or email us at enquiries@arthritisresearchuk.org

or go to:
www.arthritisresearchuk.org



Providing answers today and tomorrow

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www.arthritisresearchuk.org

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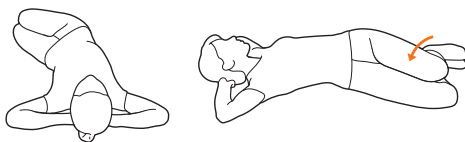


Exercises for back pain

This handy tear-off section contains exercises that are designed to stretch, strengthen and stabilise the structures that support your back.

Stretching exercises

1



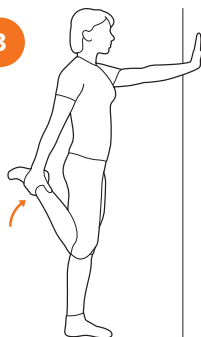
Back stretch (stretches back muscles) Lie on your back, hands above your head. Bend your knees and, keeping your feet on the floor, roll your knees to one side, slowly. Stay on one side for 10 seconds. Repeat 3 times each side. NB: Upper knee should be directly above lower knee.

2



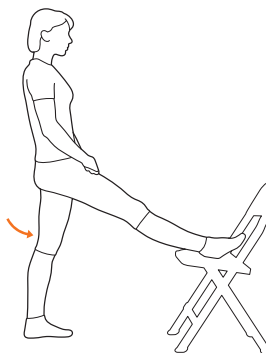
Deep lunge (stretches muscles in front of thigh and abdomen) Kneel on one knee, the other foot in front. Lift the knee up; keep looking forwards. Hold for 5 seconds and repeat 3 times each side.

3



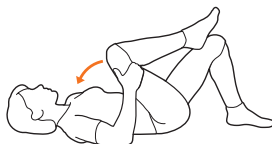
One-leg stand – front (stretches front thigh) Steady yourself with one hand on something for support. Bend one leg up behind you. Hold your foot for 10 seconds and repeat 3 times each side.

4



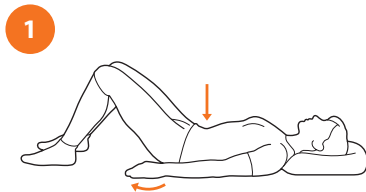
One-leg stand – back (stretches muscles at back of leg) Steady yourself, then put one leg, straight, up on a chair. Bend the other knee forward to stretch the hamstrings. Repeat 3 times each side.

5

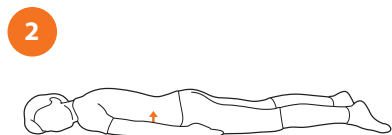


Knee to chest (stretches muscles of bottom – gluteals) Lie on your back. Bring one knee up and pull it gently into your chest for 5 seconds. Repeat for up to 5 times each side.

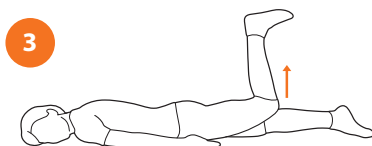
Strength and stabilising exercises



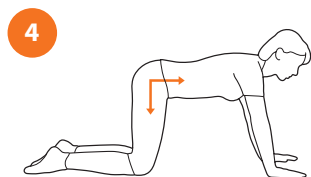
1 Pelvic tilt Lie down with your knees bent. Tighten your stomach muscles, flattening your back against the floor. Hold for 5 seconds. Repeat 5 times.



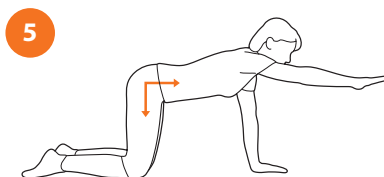
2 Stomach tone ('transverse tummy') Lie on your front with your arms by your side, head on one side. Pull in your stomach muscles, centred around your tummy button. Hold for 5 seconds. Repeat 3 times. Build up to 10 seconds and repeat during the day, while walking or standing. Keep breathing during this exercise!



3 Buttock tone (gluteals) Bend one leg up behind you while lying on your front. Then lift your bent knee just off the floor. Hold for up to 8 seconds. Repeat 5 times each side.



4 Deep stomach muscle tone (stabilises lower back) Kneel on all fours with a small curve in your lower back. Let your stomach relax completely. Pull the lower part of your stomach upwards so that you lift your back (without arching it) away from the floor. Hold for 10 seconds. Keep breathing! Repeat 10 times.



5 Back stabiliser Kneel on all fours with your back straight. Tighten your stomach. Keeping your back in this position, raise one arm in front of you and hold for 10 seconds. Try to keep your pelvis level and do not rotate your body. Repeat 10 times each side. To progress, try lifting one leg behind you instead of your arm.

Keeping active with back pain

It's important to keep active – research shows that bed rest for more than a couple of days can actually make your back pain worse. As well as the simple exercises in this pull-out, you should choose a form of exercise you enjoy and stick at it. Swimming, walking, yoga and pilates are all great options if you have back pain.

Remember to keep exercising regularly, even after your back pain has cleared up!