



Low Back Pain

Low back pain is common.

- 85% of the general population will experience low back pain at least once in their lifetime
- 60% of patients with low back pain will recover within one week
- 90% of patients will recover within six weeks
- 95% will recover in twelve weeks

Anatomy

Vertebrae are the bones that surround the spinal cord and protect it from injury and harm. The lumbar spine is made up of 5 lumbar vertebrae and are the largest of all the vertebrae that make up the spinal column.

Multiple Causes

- Wear & Tear
- Pinched Nerve
- Arthritis
- Injury

Most back pain is non-specific or has no known cause.

Symptoms

Back pain can have many types of symptoms, including:

- Dull and achy
- Sharp
- Shooting
- Stabbing
- Cramping

The pain may be worse with bending, twisting, lifting or even lying down. The pain may be relieved by being in a reclining position or, if on your back with knees supported, lying down.

Diagnosis

The first step in diagnosing your condition, is to allow a medical practitioner to give you a complete physical exam. Components of a complete exam may include:

- Detailed history
- Physical exam
- Appropriate diagnostic imaging including X-Rays, an MRI or a CT Scan



Treatment

There are three main categories for the treatment of acute low back pain

- Medication
- Physical Medicine
- Surgery

Conservative treatment is recommended for at least six months to one year.

Medications

Depending on the severity of symptoms, several types of medications may be used to treat pain including:

- **Acetaminophen** (Tylenol): Pain reliever with little side effects
- **NSAIDs-Non-Steroidal Anti-Inflammatories** (Ibuprofen, Naproxen, Advil, Motrin, Aleve) Relieve pain by reducing inflammation
- **Steroids**: Delivers a high dose of anti-inflammatory medicine. They can be taken by mouth or injected near the spinal nerve (Epidural Steroid Injection)

- **Muscle Relaxants** (Flexeril, Soma, Skelaxin): Best used in the first week or two of treatment, in combination with anti-inflammatory medications
- **Narcotics** (Codeine, Darvocet, Vicodin, Percocet, Morphine): Due to multiple possible side effects these powerful pain relievers are only used when other treatments are unsuccessful and then they are only used short term.

Numerous studies have shown that there is NO significant advantage of narcotic use versus NSAID's or Acetaminophen in symptom relief or return to work.

Physical Medicine

- Chiropractic Care
- Acupuncture
- Physical Therapy
- Massage Therapy
- Aquatic Therapy
- Traction
- Bracing

Surgery

Surgery for low back pain may be considered when non-operative treatment(s) have been unsuccessful. Further diagnostic imaging will be needed prior to any surgical interventions.

Prevention

It's possible you may not be able to fully prevent a recurrence of low back pain. However, there are things you can do to lessen the impact of low back problems.

- **Exercise:** A combination of low impact Aerobics such as walking and/or swimming and strength training for back for core strength and flexibility
- **Smoking:** Both the smoke and nicotine cause the spine to age quicker. If you don't smoke, don't start! If you do smoke, **STOP!**
- **Maintain a Healthy Life Style:** Obesity puts extra strain on your back
- **Proper posture** will help avoid any future problems
- **Proper lifting:** Lift with your legs and **NOT** your back. **DO NOT** bend at the waist. Keep your back straight and bend at the knees.
- **KEEP ACTIVE!**

This information is intended for educational and informational purposes only. It should not be used in place of an individual consultation or examination or replace the advice of your health care professional and should not be relied upon to determine diagnosis or course of treatment.

For more information on this and other health-related issues, please visit

vermontorthoclinic.org



VERMONT ORTHOPAEDIC CLINIC

3 Albert Cree Drive, Rutland, VT 05701

802.775.2937 • 800.625.2937