
Back pain

Summary

- Back pain is common.
 - Some people will develop back pain that is persistent (lasts more than three months).
 - There are many things that you can do to live well with back pain.
 - Learning about your back pain and the best ways to manage it is the first step.
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If you have back pain, you're not alone. It's a common problem experienced by many Australians. In fact 1 in 6 Australians reported back problems in 2014–15. That's 3.7 million people.

For most people back pain comes on quickly (acute back pain), but then improves or goes away within three to six weeks. However, it is common for it to come back, with some people going on to develop more persistent pain (that lasts for more than three months).

Back pain can have a significant impact on all aspects of life including daily activities, family life, work, recreation and social activities. But there's a lot you and your healthcare team can do to deal with back pain so you can get on with life.

How does my back work?

To understand your back pain, it's helpful to know a little about how your back works.

Your back is a complex structure that provides support for your pelvis, legs, ribcage, arms and skull. The spine is made up of bones called vertebrae that are stacked together to form a loose 'S'-shaped column.

Each vertebra is cushioned by spongy tissue called intervertebral discs. These discs act as shock absorbers and give your spine its flexibility. Vertebrae are joined by pairs of small joints known as 'facet' joints. A mesh of connective tissue called ligaments holds the spine together.

Complex layers of muscle provide structural support and allow you to move. Your spinal cord runs through the centre of the vertebral column and connects your brain to the rest of your body.

What causes back pain?

The causes of back pain are not fully understood. Most people with back pain don't have any significant damage to their spine. The pain comes from the muscles, ligaments and joints.

Common causes of back pain include:

- repetitive or heavy lifting (manual handling)
- sudden awkward movement
- not getting enough regular physical activity (being sedentary)
- poor posture
- being overweight or obese
- stress – muscle tension.

Some health conditions are also linked to back pain, such as:

- arthritis – including **osteoarthritis** and **ankylosing spondylitis**
- **sciatica**
- spinal stenosis
- **osteoporosis.**

There are also a number of things that can make it more likely that the back pain will become persistent, such as:

- already living with, or developing, negative beliefs about your chances of recovery
- already living with, or developing, depression or anxiety
- work-related issues.

In a very small number of people, back problems are caused by a serious condition such as cancer, inflammatory problems, infection, fracture or compression of the nerves in the spine. However this is rare, and your doctor will check for these causes.

What are the signs and symptoms of back pain?

Back pain may be experienced anywhere along the spine – from the neck to the buttocks. In some cases, pain may also be felt in one or both legs. It's common to be a bit restricted in daily activities such as bending, lifting, sitting and walking while you're experiencing back pain.

Movement of your torso may be limited by back pain. There may also be tenderness when pressure is applied to the joints of the spine. Reduction of reflexes, strength and sensation in the legs can be a sign of nerve compression.

It's common for people with back pain to feel distressed about their recovery. People with persistent back pain can develop fear of movement and activity (including work), worrying that it will make things worse or increase their pain. Living with persistent back pain may also lead to mood issues, such as anxiety, irritability, frustration and depression.

How is back pain diagnosed?

Your doctor or healthcare clinician will:

- ask about your back pain, including:
 - the potential causes or triggers
 - the type of pain – for example, burning or stabbing pain
 - whether the pain radiates (for example, moves into your legs)
 - whether you have had back pain before
 - things that make your pain worse
 - things that make it better

- conduct a thorough physical exam.

Your doctor may refer you for some tests if they think there may be a more serious cause for your back pain.

However, in most cases of back pain, imaging (such as x-rays, CT or MRI scans) is not useful and is not recommended. Unnecessary tests can be expensive, and some scans involve exposure to radiation that is better avoided if the results will not help with your treatment.

A thorough examination by your doctor will decide whether more investigations are appropriate or will be helpful in developing a treatment plan that is right for you. It is important to know that many investigations show 'changes' to your spine that are likely to represent the normal passage of time, not 'damage' to your spine.

For more information about questions to ask your doctor before you get any test, treatment or procedure, visit the [**Choosing Wisely Australia**](#) website.

How is back pain treated?

Most people recover quickly from acute back pain, whether they seek treatment or manage by themselves. Over-the-counter pain relievers and staying active will help lessen pain and help you get on with your life.

There is also evidence to suggest that, as part of staying active, people with back pain should make efforts to remain at work, or return to work as soon as possible. By working together with your employer and healthcare team, you are more likely to recover and avoid the problems associated with long periods of time off work.

For more persistent pain, effective treatments include:

- supervised exercise therapy with a qualified health professional (such as a **physiotherapist** or **exercise physiologist**)
- **cognitive behaviour therapy** (CBT) – this involves working with a mental health professional in order to change unhelpful or unhealthy habits of thinking, feeling and behaving
- multidisciplinary pain management involving a team that often includes specialist pain physicians, physiotherapists, occupational therapists and psychologists
- some medications.

Surgery is rarely needed for back pain unless a more serious issue or condition is causing your back pain, or if nerve compression is present.

Self-management of back pain

Almost everyone suffers back pain at some stage in their lives. Most people recover quickly with little or no treatment. The best medicine involves staying active and at work whenever possible, as well as remaining positive about recovery.

Even in people with recurrent or persistent back pain, the most effective treatments involve things you can do yourself, such as:

- **learning more** about your back pain – what makes it better, what makes it worse?
- **exercising and staying active** as much as possible – talk with a physiotherapist or an exercise physiologist if you need specific advice for your situation
- **managing your stress**
- **managing your weight** – try to maintain a healthy weight to lessen the strain on your back
- **getting up and moving** if you have been sitting or standing in one position for a period of time (for example when at work, or while travelling). Take regular breaks to get up, stretch and move around. Try to do this every hour
- **staying involved** in your usual home, leisure and social activities – social connections are extremely important to recovery
- **quitting smoking** – smoking increases your chances of developing back pain
- **aiming to stay at work**, on restricted duties if required, and developing a plan with your employer to return to your full work. Your doctor, physiotherapist and occupational therapist can help you with information about how to stay at work

- **lifting and carrying safely** – if you're picking up a heavy load, squat down, hold the object as close to your body as practical and lift by using your legs. Make sure you keep your back straight. Get some help from another person or use equipment (such as a trolley) if the load is too heavy to manage comfortably on your own
- **relaxing** – learn some relaxation techniques to reduce stress levels and related muscle tension. Try massage, heat or cold packs and gentle exercise. Seek advice from a physiotherapist
- **sleeping on a good mattress** – a medium to firm mattress is best for preventing back pain. It should be firm enough to support your shoulders and hips and buttocks without sagging and should keep your spine straight. Surfaces that are too soft or too hard can aggravate a sore back. Also avoid sleeping on your stomach
- **being aware** of your posture.

Back pain – moving on

In most cases, acute back pain will get better within three to six weeks.

Some people can develop recurrent or persistent back pain, however working with your healthcare team and using self-management techniques will lead to the best outcomes. It is important to understand that, even with persistent back pain, most people are able to remain at work and lead a full life.

Where to get help

- **Your GP**
- Physiotherapist
- Exercise physiologist
- **Psychologist**
- **Occupational therapist**
- **Musculoskeletal Australia**. National Help Line Tel. **(03) 8531 8000** or **1800 263 265**
- **beyondblue** – Support Service Tel: **1300 224 636**
- **painHEALTH**
- **Pain Australia**
- **Chronic Pain Australia**
- **Work Assist**
- **Transport Accident Commission (TAC)**
- **Worksafe**

Contributors

Thanks to the following organisations whose pain experts helped create and review this content.

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Musculoskeletal Australia - formerly MOVE

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