



Low back pain and sciatica

Information for patients from the Physiotherapy Department

Most people will have low back pain at some point during their lives, and many people have repeated episodes. This leaflet will explain why we get back pain and sciatica, and help you develop a self-management plan.

What is low back pain and sciatica?

Low back pain is pain located between your waist and buttocks. Sciatica is pain in your leg, caused by a nerve being compressed or irritated in your back.

What causes back pain?

Most back pain is not due to anything serious.

There are several factors which can cause back pain, and often back pain is due to a combination of these factors.

- **Physical factors** that can cause back pain include stiff joints, tight ligaments, or weak muscles. Unfortunately, the longer these problems exist the more 'out of condition' your back will become. Your back is designed for movement, and it needs movement to improve these problems, remember 'motion is lotion'. The most important thing to remember is that slowly increasing your activity level and returning to normal may cause your back to ache, but this pain does not lead to harm or damage.
- Your **general health and lifestyle** can also cause back pain, including smoking, being overweight, not being physically active, and not sleeping well.
- **Psychological factors** which can cause back pain include stress and anxiety.
- **Social factors** can include stressful life events and difficulties at work and home.

It is a good idea to think about all these factors, not just the physical ones, when developing a self-management plan for your back pain.

What will happen if I do not exercise my back?

Being less physically active or changing your behaviour towards movement can lead to you feeling more pain. This can then lead to stress and anxiety, which will also lead to increased pain and your activity levels reducing further. Remember, if you don't use it, you will lose it. To avoid this happening, try to stay active.

You can expect to have good and bad periods with your back pain; this is normal.

When will my back get better?

Improvements in pain vary greatly from person to person. Some people's pain will get better in a few days, others in a few weeks or months. Sadly, some people have pain for much longer, and can become less active due to having long-term or recurrent pain.

What should I do?

- **Painkillers** can be helpful for some people with back pain and / or sciatica. You may be prescribed different painkillers depending on your general health and the type of pain you have. Painkillers may have side effects and some can become addictive; your GP or pharmacist can discuss suitable painkillers with you.
- If you suffer a flare-up of your back pain, it is common to struggle with certain movements due to the pain. The **exercises** advised by your physiotherapist will help you to start moving your back again, and enable you to get back to normal everyday activities, such as putting on your shoes.
- **Keep active**, we are not designed to be sedentary (sit still). Some people with back pain will find walking or swimming helpful, and others might find they are more comfortable exercising on a bike or in the gym. You can work with your physiotherapist to find the best type of exercise for you and your back. If you find it hard to start exercising, try making an action plan with help from your physiotherapist. It is important to build up gradually with any new exercise programme. Government guidelines advise that adults are physically active for 150 minutes per week, and do exercises to build strength at least two days a week. These levels of physical activity will help your back and general health.
- **Keep positive**. Learning to relax is very important when it comes to managing your pain. Stress and anxiety can put healing on hold.
- **Do not avoid normal day to day activities** as this will gradually lead to your back becoming stiffer and weaker. If you are struggling with certain activities, you might be able to make some simple changes; for example, when you go shopping you could scan as you shop.
- **Pacing** allows you to change the way you manage your day, so that you can slowly increase what you are able to do with less chance of setbacks. Pace yourself when you start to increase your activity levels, and remember that new activities may cause pain but will not cause harm or damage. Speak to your physiotherapist about developing a pacing diary, and to find out how to use pacing to manage your back pain.

- You can **set goals** to help your physiotherapist tailor your rehabilitation to your life. Some of your goals will be short-term, and others could be goals you would like to achieve in the long-term. Think about what you would like to do that you are not able to do at the moment. Then problem solve with your physiotherapist as to how you will work towards these goals.

How do I deal with flare-ups or setbacks?

Good and bad spells are normal with back pain. The most important thing is to find your own way of dealing with the bad days, so they do not linger for too long. Doctors and physiotherapists can guide you; but here are some useful suggestions.

- Use something to control your pain. Ask your GP or local pharmacist for advice about **medication**. Some people find **heat or cold** helpful. If you use a hot water bottle or wheat bag, make sure it is not too hot. If you use ice, protect your skin with a tea towel.
- If necessary, **make small changes to your activities** for a short time. This might include asking friends and family for help and support, and delegating activities.
- Try to **stay active**; remember 'motion is lotion'. This might include taking a short walk or trying some relaxation exercises or gentle stretches.

If you are worried and need further advice, please speak to your physiotherapist or GP.

Do I need tests?

Your doctor will normally be able to diagnose simple low back pain or sciatica from your description of your pain, and by examining you. In most cases, no tests are needed.

Tests (such as x-rays or scans) are only recommended if a serious cause for your pain is suspected, or if the test results might change your treatment plan.

How can I manage my back pain and / or sciatica?

There is no quick fix; here is a brief outline of what treatments are available.

- **Conservative (non-surgical)**

Most people do not need surgery; conservative management involves advice and exercises given to you by a physiotherapist.

Physiotherapy usually includes an assessment of your back followed by advice, encouragement to gradually return to normal activities, and home exercises. It may also involve 'hands on' treatment. Your physiotherapist may offer you hydrotherapy, acupuncture, or class based exercises, depending on the results of your assessment and what you would prefer.

The aim of physiotherapy is to help you return to your normal activities, and to teach you how to manage your back pain in the future. Back pain and / or sciatica can reoccur, so it is important to continue with your exercises and any lifestyle changes once you have finished your physiotherapy.

- **Epidural and nerve root block injections** aim to reduce inflammation around your nerves. They can be useful for some patients with sciatica in helping reduce leg pain. Epidurals and nerve root blocks may help you continue to become more active again. For more information, please go to spinesurgeons.ac.uk/Booklets (<http://spinesurgeons.ac.uk/Booklets>)
- **Surgery**
You and your consultant may decide that an operation is necessary to help you. This could depend on your symptoms and your results from specific tests, such as x-rays or MRI (Magnetic Resonance Imaging) scans. The most common procedure is a discectomy, which is done to reduce sciatica leg pain. After surgery you will be given exercises to help with your rehabilitation. In most cases, surgery is not advised for back pain, only leg pain.

What is Cauda Equina Syndrome?

Many patients have a combination of back pain, leg pain, leg numbness, and weakness. These symptoms can be distressing for you but do not necessarily need emergency medical attention. Cauda Equina Syndrome is a rare but serious back condition, that can lead to permanent damage or disability, and will need to be seen by an Emergency Specialist Spinal Team.

What are the warning signs of Cauda Equina Syndrome?

These are some of the warning signs of Cauda Equina Syndrome.

- Loss of feeling / pins and needles between your inner thighs or genitals
- Numbness in or around your back passage or buttocks
- It feels different when using toilet paper to wipe yourself
- Increasing difficulty when you try to urinate
- Increasing difficulty when you try to stop or control your flow of urine
- Loss of feeling when you pass urine
- Leaking of urine or a recent need to use incontinence pads
- Not knowing when your bladder is full or empty
- Inability to stop a bowel movement or leaking
- Loss of feeling when you pass a bowel motion
- Change in ability to achieve an erection or ejaculate
- Loss of feeling in your genitals during sex.

If you have any combination of these warning signs, you must go to your nearest Emergency Department or call 111 for advice immediately.

What else can I do to self-manage my back pain?

- **Be a healthy weight.** Too much weight can put more load and strain on your lower back. The NHS website has a healthy weight calculator to help you find out whether you need to lose weight, and a 12 week weight loss program.

Web: www.nhs.uk/better-health/lose-weight/ (<http://www.nhs.uk/better-health/lose-weight/>)

- **Reduce stress, tension, and anxiety,** as these conditions can all cause and worsen back pain.

Web: www.nhs.uk/mental-health/ (<http://www.nhs.uk/mental-health/>)

- **Stay active.** Regular exercise (such as walking, going to the gym, and swimming) can be helpful, along with regular breaks from sitting.
- **Give up smoking.** Smokers are three times more likely to develop persistent back pain. One of the reasons is that smoking reduces blood flow to the spine, making it more vulnerable to injury. If you are considering giving up smoking, there is help and support available through your GP or the NHS website (<https://www.nhs.uk/better-health/quit-smoking/>).

This leaflet has been produced with and for patients.

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 783145, or email ekh-tr.pals@nhs.net

Patients should not bring large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed into Trust staff for safe-keeping.

Further patient leaflets are available via the East Kent Hospitals website (<https://www.ekhft.nhs.uk/information-for-patients/patient-information/>).

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