

Low Back Pain

Low or lumbar back pain is very common and most people in their life will have at least one episode. Sometimes it is associated with leg pain or neurological symptoms in the legs, but if it is just in the low back then it is useful to think of it as:

'Simple' – often related to overuse or unusual activity, self-limiting

'Mechanical' – worse with activity, relieved by rest, positional

'Serious pathology' – fractures, infections, tumours

Fortunately most of us have simple back ache after doing too much that gets better on its own although sometimes physio or other manual therapy may help while the body heals itself. Serious pathology is a worry for many but is fortunately rare. The pain is often constant, unchanging with activity and may be associated with generally poor health. In patients that have back pain lasting for more than a few days or weeks that is worse with activity, standing, sitting or walking, but relieved by rest or lying then there may be a more significant underlying problem causing the pain – we call this 'mechanical pain'. In most cases physiotherapy should be the mainstay of treatment, but in some cases, more invasive treatment may be indicated. Examples include facet osteoarthritis, disc degeneration, degenerative scoliosis, spondylolysis and spondylolisthesis. Of course, in many cases, leg pain is also a problem and when treatment is planned this needs to be considered.

Assessment

Following a full history and examination investigation may be indicated. MRI scanning is useful in ruling out serious pathology and also shows the state of the discs and facet joints in detail together with any evidence of neurological compression. However, the MRI scan is taken with the patient lying down and this is often the position in which pain is relieved and so things may be missed. This is why standing Xrays are mandatory in many cases to evaluate the standing position of the spine and to see if there is any deformity. An MRI or Xray in isolation is of only limited use. It is the combination of imaging together with a full history and examination that gives the clinician the information needed to give a diagnosis. Sometimes, if further invasive treatment is to be considered then diagnostic injections may be used. These either numb an area or provoke pain in an area to pin down the exact site of pain and to correlate the abnormality on an MRI scan with the pain.

Treatment

This of course depends on the diagnosis, any association with leg pain, the impact it has on the patient's life and what has been tried already. More information can be obtained on the treatment page help sheets. For mechanical

pain not responding to non-operative measures then options include fusion, disc replacement, soft stabilisation or interspinous spacers.