

What to do When Back Pain Strikes

Remember

- Do the opposite action
- Prevention is better than cure
- Good posture
- Balancing rest and exercise
- Ask your therapist 'How will I know if this exercise is doing me good?'

When back pain comes on suddenly (“Acute onset, acute exacerbation”)

If back pain suddenly gets a lot worse or ‘appears out of the blue’ the intensity of the experience can make it hard to work out what to do. First things to try include:

- Taking pain killers and anti-inflammatories (by the clock and check with your GP or chemist if you do not usually use this kind of medication)
- Using hot and cold, TENS machines, patches or pain gels from the chemist on the pain area
- Trying relaxation techniques

You can do other things to help yourself now, and you can learn for the future. **Try:**

- **Doing the opposite action: as first aid**

If, for example, you twisted and reached forward to the right too many times or too far and then got sudden pain - then do the opposite! Stand, or sit, tall, and arch backwards diagonally to the left. And then move smoothly back to tall upright open posture. If that feels *better*, and not worse, do it again, every hour or two, if it seems to help.

(What is *better*? Your condition is improving if the pain is nearer the midline / or where it came from, and usually less intense. Sometimes the pain can be more intense but nearer the midline as the whole condition improves before the intensity becomes more bearable. Worse is always spreading pain, even if it is less intense. The same pattern applies to tingling and numbness)

- **Doing the opposite as prevention: prevention is better than cure**

If doing the opposite worked as first aid, it might work as prevention: If you have to do a ‘dodgy move’ as part of life, or part of an unchangeable job, then **do the opposite as prevention** before and after. For example, if bending forward caused your pain, arch backwards before sitting for a while on the toilet, or getting into a car seat, or cleaning your teeth.

- **Good Posture**

Good posture often makes pain more bearable so learn from the pain now and try and adopt good posture because prevention is better than cure.

- For good posture made simple just think **“Tall, crown, open!”** Sit or stand tall, crown (that’s your potential balding patch!) of head up and chin in, with chest open and shoulders relaxed back
- Make good posture easy – repeat the mantra **“Tall, crown, open!”** to your self regularly and make the appropriate adjustments, and as you walk past shop windows or mirrors, check up on your self. You could even put up your own notices reminding you: **Tall** or **Crown** or **Open**.
- If good posture makes the pain more bearable, try and adapt your environment to help you maintain good posture. It is easier to spot how to organise things to encourage good posture when you have pain so now is the time to adjust furniture, computer screens, car seat positions, and then keep them like that. You can adapt your sofa using cushions or a lumbar roll, a wedge on your office or dining chair might help, and raising your computer screen might help neck problems as well as low back issues.
- Remember, if apparent good posture (check in a mirror) makes the pain spread or much more unbearable, you may need to consult your GP or visit a physical therapist – or your idea of good posture may not be correct

- **Good Rest**

While keeping active and mobile is very beneficial for back pain, we all have to rest sometimes. When you are alert, you can hold yourself in a good alignment or posture. Good rest means organising something else to take the strain of keeping that good alignment. Tipping the pelvis forward with a dense foam wedge on a chair so your knees are below your hips can help. So too can a cushion between your knees when lying on your side, or a rolled up towel wrapped around your waist to support you lying down, or rolled up in your low back when sitting or driving. To carry loads use a BackCare rucksack to push the load into your low back to support it in the best alignment. Good alignment can also be made easier by increasing the strength and responsiveness of core muscle groups through exercise, for example Pilates, specific physio ball exercises and a variety of swimming strokes (try swimming on your back initially).

How do I know if something is helping?

- In younger (pre pension age) people with acute or grumbling 'disc'-related pain there is a pattern to where the pain is. And 'where the pain is', is a well-researched guide to improvement
- If your pain is the type that started, (however briefly, for a few seconds, hours or days), as something near the midline of the back and then moved or spread to further away from the midline as it got worse, then when the pain symptoms start moving back towards the midline this is a signal healing is on the way. If you can identify anything that seems to have helped this, do more of it! Technically, if it is peripheralising it is getting worse; if it is centralising – it is getting better! And the good news is you can change where the pain moves (to some extent)!
- Ask whoever gives you an exercise:
**“How do I know when the pain is doing me good?” AND
“How do I know when the pain might be showing me I’m stopping my body heal itself?”**

What can I do to help?

- Anything you do, exercise or just everyday tasks or movement, can be judged in this way. If it makes the pain collect up back towards the midline, (centralises) then it is OK to do more of that activity in that way, or that exercise. More can mean increasing the number of movements – e.g. arching back or moving further, or holding a position for longer
- Good posture, and overdone good posture can also help. That is arching backwards to counter-act slumping, when standing, sitting, or kneeling
- There are also specific movements, taught by a physio, to change forces in the back with the aim of moving pain symptoms centrally. These are often repeated hourly or two hourly and changed according to how the pain moves. Common ones aiming to move pain centrally are standing with feet 'square' with hands on hips and arching back as far as easy and then up straight smoothly and rapidly about 10 times. Or it could be these movements with the hips pushed to one side, or lying on your front pushing shoulders upwards, and down, whilst hips sagged down on floor, again with or without hips kinked towards or away from a more painful side. (These are neither a traditional push-up nor the 'cat exercise')

The Exception to the Centralisation Rule

This pain centralisation rule doesn't apply when a physiotherapist has given you some back exercises for an old disc injury (sciatica, slipped or prolapsed disc) where the nerves are thought to be 'adhered' (stuck down). The exercises to free this, to tear these 'adhesions' (stuck together bits), will probably bring on pain felt away from the midline and hurt for up to 20 mins after the end of the exercise. If pain persists longer or keeps spreading peripherally after these tearing exercises, consult your physiotherapist as soon as possible.

Relevant Information

- BackCare Fact Sheets - Beds, Physical Exercise, Back Care for Drivers, Alexander Technique
- Other Publications - Robin McKenzie Treat Your Own Back
John Tanner Your Guide to Back Pain
- BackCare Booklets – Active Back Care, Back in the Office, Back on the Couch, Back in Bed, Back to Posture, Back in the Garden, Basic Back Care, Managing Back Pain

Information sheets made available by BackCare are provided for information only and should not be considered as medical recommendations or advice. Medical information is often controversial and continually changing. BackCare is not responsible for errors or omissions in the information. Some of the information may come from outside of the UK. This means for example, that some of the drug names may be different, and the sources of help quoted are not available in the UK. Please consult your GP or Specialist to discuss any specific concerns or if you are considering changing treatment in any way e.g. adding dietary supplements or different exercise routines.