

Please make sure to discuss your individual symptoms as well as the suggested treatments with your health-care provider to determine the appropriate diagnostic and treatment plan for your circumstances.

Low back pain is second only to the common cold as a cause of lost days at work. It is also one of the most common reasons to visit a doctor's office or a hospital's emergency department.

For 90% of people, even those with nerve root irritation, their symptoms will improve within two months no matter what treatment is used, even if no treatment is given.

Doctors usually refer to back pain as acute if it has been present for less than a month and chronic if it lasts for a longer period of time.

Back Pain Causes

Back pain is a symptom. Common causes of back pain involve disease or injury to the muscles, bones, and/or nerves of the spine. Pain arising from abnormalities of organs within the abdomen, pelvis, or chest may also be felt in the back.

This is called referred pain. Many intra-abdominal disorders, such as appendicitis, aneurysms, kidney diseases, bladder infections, pelvic infections, and ovarian disorders, among others, can cause pain referred to the back.

Normal pregnancy can cause back pain in many ways, including stretching ligaments within the pelvis, irritating nerves, and straining the low back. Your doctor will have this in mind when evaluating your pain.

Back Pain Symptoms

Pain in the lumbosacral area (lower part of the back) is the primary symptom of low back pain.


1. The pain may radiate down the front, side, or back of your leg, or it may be confined to the low back.
2. The pain may become worse with activity.
3. Occasionally, the pain may be worse at night or with prolonged sitting such as on a long car trip.
4. You may have numbness or weakness in the part of the leg that receives its nerve supply from a compressed nerve.
 - This can cause an inability to plantar flex the foot. This means you would be unable to stand on your toes or bring your foot downward. This occurs when the first sacral nerve is compressed or injured.
 - Another example would be the inability to raise your big toe upward. This results when the fifth lumbar nerve is compromised.

Medical Treatment

Initial treatment of low back pain is based on the assumption that the pain in about 90% of people will go away on its own in about a month. Many different treatment options are available. Some of them have been proven to work. Others are of more questionable use.

General recommendations are to resume normal, or near normal, activity as soon as possible. However, stretching or activities that place additional strain on the back are discouraged.

- Sleeping with a pillow between the knees while lying on one side may increase comfort. Some doctors recommend lying on your back with a pillow under your knees.
- No specific back exercises were found that improved pain or increased functional ability in people with acute back pain. Exercise, however, may be useful for people with chronic back pain to help them return to normal activities and work.
- Nonprescription medications may provide relief from pain.
 - Ibuprofen (Advil, Nuprin, or Motrin), available over the counter, is an excellent medication for the short-term treatment of low back pain. Because of the risk of ulcers and gastrointestinal bleeding, talk with your doctor about using this medication for a long time.
 - Acetaminophen (Tylenol) has been shown to be as effective as ibuprofen in relieving pain.
 - Topical agents such as deep-heating rubs have not been shown to be effective.
 - Some people seem to benefit from the use of ice or heat. Their use, although not proven effective, is not considered to be harmful. Take care: Do not use a heating pad on "high" or place ice directly on the skin.
 - Surgery is seldom considered for acute back pain unless sciatica or the cauda equina syndrome is present. Surgery is considered useful for people with certain progressive nerve problems caused by herniated discs.
 - Spinal manipulation: Osteopathic or chiropractic manipulation appears to be beneficial in people during the first month of symptoms. Studies on this topic have produced conflicting results.

The use of manipulation for people with chronic back pain has been studied as well, also with conflicting results. The effectiveness of this treatment remains unknown. Manipulation has not been found to benefit people with nerve root problems.
 - Acupuncture: Current evidence does not support the use of acupuncture for the treatment of acute back pain. Scientifically valid studies are not available. Use of acupuncture remains controversial. 

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