Northern Health and Social Care Trust

Physiotherapy Service



Low back pain: the types and causes

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Low back pain (LBP) is a very common condition that affects about 8 in 10 people at some point in their life. In most cases, LBP is not related to a serious disease or condition. Most often the exact cause of LBP is not clear and this is called Nonspecific LBP. The usual advice is to keep active and do normal activities as tolerable. In most cases, the pain will subside within a few weeks but may return from time to time. If the pain lasts longer than 3 months it is known as Persistent (chronic) LBP.

Nonspecific LBP

This is the most common type of LBP. It is called nonspecific because it is usually not clear what is actually causing it. It can often be related to an over-stretch (sprain) of a ligament or muscle, a minor problem with a disc, or an irritation of a small facet joint between two vertebrae. As many of these structures are closely connected it is often impossible for a doctor or physiotherapist to accurately say which one the pain is coming from.

To some people, not knowing the exact cause of pain can be unsettling. However, many people find it reassuring to know that the diagnosis is Nonspecific LBP as it means there is no serious problem in their back.

Sometimes pain may develop immediately after you lift something heavy, or after an awkward twisting movement. Often it can develop for no apparent reason. The severity of Nonspecific LBP can range from mild to severe. Typically, the pain is in one area of the lower back but sometimes it can spread to one or both buttocks or thighs. The pain is usually eased by lying down flat. It is often made worse if you move your back, cough, or sneeze. So, Nonspecific LBP is mechanical in the sense that it varies with posture or activity.

Most people with an episode of Nonspecific LBP improve quickly and it is often resolved within 12 weeks. It is not uncommon to have recurrent bouts of pain at times in the future.

Persistent (chronic) LBP

Nonspecific LBP is classified as persistent/chronic if it lasts for longer than 3 months. In some cases, pain can be constant and last for years. However, the more usual pattern is one in which symptoms follow an irregular course. That is, reasonably long periods of mild or moderate pain that may be interrupted by flare ups of more severe pain.

Research and guidelines recommend that persistent pain can be best managed with a variety of approaches including medications, keeping active with structured exercise, manual therapy, cognitive behavioural therapy and referral to specialist pain clinics and pain management programmes. ***Scan the QR code for further information on our website on the causes and management of persistent pain***.

Nerve root pain (Sciatica)

Nerve root pain is much less common than Nonspecific LBP. This occurs when one of the nerves coming out from the spinal cord is irritated or pressed on, most commonly from a disc protrusion. Many people often refer to this as a "trapped nerve". Pain, pins and needles, numbness or weakness along the course of the nerve down the leg to the foot are symptoms that patients often report. ***You can visit our website by scanning the QR code at the front of this booklet to view a short video which gives further information on sciatica.***

Cauda equina syndrome (CES)

CES is a very rare but particularly serious type of nerve root problem. With CES the nerves at the very bottom of the spinal cord are compressed. The condition can cause low back pain plus problems with bowel and bladder function (usually inability to pass urine), numbness in the saddle area (around the back passage (anus)) and weakness in one or both legs. This syndrome needs urgent treatment to prevent the nerves to the bladder and bowel from becoming permanently damaged.

You should attend your local emergency department immediately if you suspect cauda equina syndrome. ***Further information on associated symptoms are available below or in the Acute LBP management booklet and videos on our website – scan the QR code to access the link.***

Less common causes of low back pain

Nonspecific LBP, nerve root pain and persistent LBP are the most common presentations of LBP. As a general guide, if any of the following symptoms listed below occur then there may be a more serious underlying cause. Should you have any of the symptoms listed below we recommend you consider seeing a doctor:

- Pain that develops gradually and slowly gets worse over days or weeks.
- Constant back pain that is not eased by lying down or resting.
- Pain that travels to the chest, or constant pain higher in the back between the shoulder blades.
- Weakness of any muscles in a leg or foot.
- Regularly tripping or falling.
- Lack of feeling (numbness) in any part of your bottom or leg.
- Symptoms that may indicate an inflammatory arthritis such as ankylosing spondylitis. The main ones are:
    - Pain which is worse in the second half of the night or after waking.
    - Stiffness, in addition to pain, of the back muscles in the morning after getting up from bed that lasts for more than 30 minutes.
    - The pain is eased (and not made worse) by activity.
- Symptoms that may indicate cauda equina syndrome. The main ones are, in addition to back pain:
    - Numbness around the back passage (anus) - the saddle area.
    - Bladder symptoms such as loss of bladder sensation; loss of bladder control, incontinence, loss of sensation when passing urine, and unable to pass urine.
    - Incontinence of faeces.

        - Erectile dysfunction or lack of sensation during intercourse.

- Symptoms that may indicate a fracture in the spine. The main ones are:
        - Back pain following major trauma such as a road accident or fall from a height.
        - Back pain following minor trauma in older people or those with osteopenia/osteoporosis.
        - If you have taken steroid tablets for more than a few months.
- Symptoms that may indicate infection or spread of cancer affecting the spine. The main ones are:
        - Onset of pain in a person aged over 50 years, or under 20 years.
        - Pain that remains when lying down; aching night-time pain disturbing sleep.
        - Symptoms or problems in addition to pain such as:
            - If you have or have had a cancer of any part of the body.
            - General symptoms, such as high temperature (fever), unexplained weight loss, etc.
            - If you inject street drugs.
            - If you have a poor immune system. For example, if you are on chemotherapy or have HIV/AIDS.

Further information on when you should seek urgent help for your back pain is available in the video on our website by scanning the QR code.

Do I need any tests?

Your doctor or physiotherapist will usually be able to diagnose Nonspecific LBP, nerve root pain and Persistent LBP from the description of your symptoms and by examining you. In most cases, no tests are required. Research has demonstrated that tests can actually do more harm than good when the diagnosis is Nonspecific LBP. The technical jargon used to report on scans and X-rays can often sound

alarming, when in fact the scan is just showing what would be normal for an individual's given age and may not be the cause of pain.

Current UK guidelines clearly state that routine tests such as X-rays and scans should not be done if the diagnosis of Nonspecific LBP has been made.

Tests such as X-rays, MRI scans or blood tests may be advised in certain situations. This is mainly if there are signs & symptoms during your examination, to suggest that there may be a serious underlying cause for the back pain.

LBP management

*Further information on how to best manage your LBP can be obtained on our website in a variety of videos and booklets that you can easily access by scanning the QR code below.

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The information in this booklet is for guidance only and is in no way intended to replace professional clinical advice from a registered Physiotherapist.

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