

## Back Pain Information for patients

Back pain is very common. 80 out of 100 people will experience an episode of bad back pain in their lifetime. 90% of patients have back pain for which doctors cannot identify a specific cause. For this reason, this very common type of back pain is known as '**non-specific**' or '**mechanical**' back pain. Some may experience leg pain, also known as sciatica, because nerves in the back supplying the legs are irritated. This is also called 'referred pain' – it isn't caused by a problem in the legs.

There is no test that can diagnose non-specific low back pain. Doctors and physiotherapists rely on what you tell them you're experiencing and their examination of you.

Current UK guidelines are clear that tests such as x-rays and scans **should not** be carried out if the diagnosis is of **non-specific** low back pain. Recovery from low back pain is no different or slightly worse in those who have a scan, compared to those who don't.

Tests such as x-rays and MRI scans are not helpful for determining most causes of back pain. Whilst they can be helpful for diagnosing serious conditions, less than 1 in 100 cases of back pain are due to a serious medical condition.

Scans **are** necessary if there are risk factors such as a history of cancer or other serious illness, unexplained weight loss, problems with your bowel or bladder. Your health professional may also suggest you need a scan if your first episode of back pain occurs after the age of 65 or before the age of 20.

Your GP or Physiotherapist will ask you questions and examine you to see if you are at risk of having a serious medical condition.

### Do I need a scan?

Most patients don't need a scan. 68% of people **without** back pain have what is called 'disc degeneration' on MRI scan. This is sometimes called 'wear and tear' and 88% of people over 60 will have this. Spinal surgeons are clear that surgery cannot help with this kind of back pain.

Our body ages on the inside just like it does on the outside and a 'degenerative or herniated disc' is similar to getting a wrinkle or a grey hair as external signs of ageing.

Scans can show features of normal ageing which are often not causing the pain. Descriptions of this normal ageing of the spine can lead to people avoiding usual activities or movements because they are scared of causing 'damage' or increasing the pain. By thinking that we are 'protecting' the back, and avoiding these activities and movements, we can in fact increase the pain we experience and slow down recovery from the episode of back pain.

Anyone with magnetic metal inside them cannot have an MRI scan. This includes patients with some metallic implants e.g. pacemakers, aneurysm clips and some cardiac stents. Most joint replacements nowadays are not affected.

Some patients find the MRI scanner very 'closed in' because you have to lie very still in a very confined noisy and warm space for around 30-60 minutes.

Research has shown that, on average, the results for patients undergoing surgery are no better in the medium and long term than those who go down the non-surgical treatment route such as taking exercise. As a result, non-surgical choices such as exercise and activity should always come first as any operation carries a small, but real risk of serious and possible life-threatening complications.

You can read more here about back surgery choices by downloading information at <http://www.spinesurgeons.ac.uk/wp-content/uploads/2018/03/FINAL-07133-17-Lumbar-Disc-Protrusions-Surgical-Options.pdf>

The MRI isn't a treatment and usually only tells us what we could have diagnosed without undertaking a scan. MRI scans are very expensive investigations and need to be used for those patients who really need it.

### **What can I do to help my back?**

The back is a strong and hard-wearing structure made up of bones, joints, discs, nerves, muscle and connective tissues. These are all capable of some recovery, even as we develop wear and tear changes, and improvement in symptoms usually occurs with time.

Research has shown that obesity and low levels of activity are linked to high levels of back pain and disability. Regular activity, healthy lifestyle and maintaining a healthy weight need to be part of your back pain management plan as scientific studies show that resting for a long time and not doing usual movement and daily activities leads to higher levels of pain, greater disability, poorer recovery and longer time away from work.

To help recovery from back pain you should stay as active as possible and return to all usual activities gradually; this includes staying in work where possible. Experts agree this is physically and mentally better for you than being off work for long periods.

If you have suffered with back pain once, you are more likely to experience it for spells in the future. Exercise is shown to be very helpful in tackling back pain episodes and the best way to reduce the chances of it happening again. Your back will get stronger with movement. No one type of exercise is better than another so pick something you enjoy and fits with your daily routine.

Your back may initially be a little sore during or after you exercise but over time this will reduce. Your back is designed to bend and twist and having an episode of back pain should not make you fearful of gradually returning to all of your usual activities as soon as you can.