

# Safe and Effective Care for Low Back Pain

If you have pain in your lower back,  
you want the pain to stop — soon!

This booklet can help. Based on results  
from medical research, it has information  
that may surprise and reassure you.



The nonprofit Oregon Health Care Quality Corporation created this booklet as part of its *Partner for Quality Care* program. The back cover tells about *Partner for Quality Care*.

### **This booklet is based on results from medical research**

Information in this booklet reflects recommendations for quality patient care in the 2011 *State of Oregon Evidence-Based Clinical Guideline for the Evaluation and Management of Low Back Pain*.

- To develop the *Oregon Clinical Guideline for Low Back Pain*, medical experts reviewed results from research studies on what works best for diagnosing and treating low back pain.
- The *Oregon Clinical Guideline* was developed in partnership by the following organizations:
  - Oregon Health Authority
  - Center for Evidence-Based Policy at Oregon Health & Science University (OHSU)
  - Oregon Health Leadership Council
  - Oregon Health Care Quality Corporation

This booklet has been reviewed by doctors and tested with consumers.

## What's inside?

This booklet is for people who are in *the early weeks of low back pain*.

It's for people who are having low back pain for the first time and also for those who have had it in the past.

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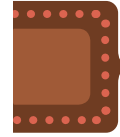
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## Summary

of main points covered in this booklet

- **Even though it can hurt a lot, it is rare for low back pain to be caused by something serious.**
  - Instead, most low back pain is caused by strain on muscles and ligaments.
  - This type of low back pain caused by strained muscles or ligaments is very common. Most people have it at one time or another.
- **Most low back pain gets better within a few days to a few weeks.**
  - Although there are a few exceptions, most people with low back pain don't need to see their doctor.
  - There's usually no need for tests such as x-rays, MRIs, or CT scans, and most people don't need care from a specialist.
  - It is rare for people with low back pain to need surgery (only a few types of low back pain are helped by having surgery).
- **While your back is healing, there are some simple things you can do on your own to help relieve the pain.**

As explained in this booklet, here is what will help the most:

- Limit the amount of time you spend lying down to rest your back. You'll get better sooner if you stay active and get back to your usual activities as soon as you can.
- Use hot packs or a heating pad to relieve the pain.
- Take a non-prescription pain reliever (acetaminophen, aspirin, ibuprofen, or naproxen).

This booklet provides general patient education information. It is not a substitute for professional medical advice. The purpose of the booklet is to tell patients about results from medical research on what works best for the common type of low back pain caused by strain on muscles and ligaments.

Some of the information in this booklet may not be appropriate for your medical condition. Talk with your doctor if you have questions about the information in this booklet or about your low back pain.

## Do you need to see your doctor?

**For most people, the answer is no.**

If you have any of the warning signs listed below, then you should contact your doctor right away.

But if you *don't* have any of the warning signs, then it's unlikely that your back pain is caused by something serious. It's probably the common type of back pain caused by strained muscles and ligaments.

- When back pain is caused by strained muscles or ligaments, you will probably begin to feel better within a few days. *(If not, you should call your doctor or other health professional.)*
- Then, over a period of time, your body will heal and the pain will gradually go away.
- Most people recover completely within a few weeks. *(If the pain is still bothering you after a month, you should call your doctor or other health professional.)*

### Warning signs

**Be sure to call your doctor if:**

- Your back pain is from an accident or injury such as a fall or blow to your back.
- Your pain doesn't ever go away, even at night or when you lie down.
- You have extreme weakness in your legs, or you develop a problem with urinating or controlling your bowels.
- You have a history of cancer.
- You have fever or unexpected weight loss.
- It's been a few days and your pain is getting worse.
- You're really worried about the pain.

## When you first get low back pain, what 3 things can you do on your own that will help the most?

- 1 To feel better sooner, stay active!  
(lying down to rest your back can slow down your recovery)
- 2 Use hot packs or a heating pad
- 3 Take non-prescription medicine for pain  
(acetaminophen, aspirin, ibuprofen, or naproxen)

These tips are based on medical research that has shown *what works best* for the common type of low back pain caused by strain on muscles and ligaments.

### 1 To feel better sooner, stay active!

When your back hurts, it's natural to think that staying still and lying down to rest your back would help. But research studies of patients with low back pain show just the opposite: *lying down to rest can actually slow down your recovery.*

Studies show that it's best to limit the amount of time you spend lying down to rest your back:

- Resting your back for more than a day or two can lead to more pain, more days off work, and a slower return to your regular activities.
- Staying up and about will help relieve the pain and speed your recovery.



Don't take back pain lying down—stay active!

### Light exercise will help

When back pain first starts, *light exercise* will help you feel better. Here are safe ways to get light exercise when you have low back pain:

- Walking
- Swimming
- Using a stationary bicycle
- Doing gentle stretches

When back pain first starts, stay away from intense stretching or vigorous exercise that might make your pain worse.

To help recover more quickly, keep up the light exercise. It will help your back feel better because staying active does these things:

- It increases blood flow, which helps your back heal faster.
- It helps maintain flexibility.
- It helps keep your muscles from getting weak.

Later on, when your back is feeling better, you can do certain kinds of exercises to strengthen your back and help keep the pain from coming back again.

For examples of back exercises, visit [www.mayoclinic.com](http://www.mayoclinic.com) and search for “low back pain.” This website has slide shows on back exercises, sleeping positions that ease back pain, good posture tips, and proper lifting techniques.

### Get back to your usual activities as soon as you can

If you have a job or other activities that are strenuous or require a lot of lifting, standing, or other movement that might be hard on your back, you'll need to take it easy at first. Talk with your doctor about safe ways to ease back into your usual routine.



## 2 Use hot packs or a heating pad

Applying heat to your back is soothing, and medical research shows that it works to help relieve the pain. It's quick and easy to use the type of hot pack that's heated in a microwave.





Light exercise such as walking helps relieve back pain and speeds your recovery.

### 3 Take a non-prescription pain reliever

#### A non-prescription medication is the best choice for most people

Medical research shows that for most people in the early weeks of low back pain, the best choice for pain relief is to take one of the following medications:

- **Acetaminophen**  
(Tylenol® is a brand-name version).
- **Or one of the “NSAID” drugs**  
(NSAID stands for Non-Steroidal Anti-Inflammatory Drugs). NSAID drugs include:
  - **Aspirin**
  - **Ibuprofen** (Advil® and Motrin® are brand-name versions)
  - **Naproxen** (Aleve® is a brand-name version)

You can buy these medications “over the counter” without a prescription.

Although there are brand-name versions, these drugs are all available in generic versions that have *exactly the same active ingredients* but cost less.

For tips on safe use of pain relievers, see page 8.

#### What about using a *prescription* pain reliever?

Non-prescription pain relievers are the best choice for most people with low back pain, but there are also some drugs for pain relief that require a prescription.

#### Possible harms of prescription pain relievers include the potential for addiction

Although it depends on the drug and your situation, *prescription pain relievers often have greater risks* than non-prescription pain relievers. Risks of prescription pain relievers include:

- The potential for addiction, because *all of these drugs can be habit forming even with short-term use*.
- Possible drowsiness or confusion, which could make it unsafe for you to drive or operate machinery.

These are the two main kinds of prescription pain relievers that are sometimes used for low back pain:

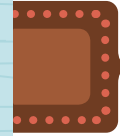
- **Muscle relaxants** such as cyclobenzaprine (Flexeril® is a brand-name version), carisoprodol (Soma® is a brand-name), and diazepam (Valium® is a brand-name).
- **Narcotic pain relievers** such as:
  - *Hydrocodone*. This drug is available only in combination with other ingredients. For example, Vicodin® is a brand-name combination of hydrocodone and acetaminophen.
  - *Oxycodone*. Oxycontin® is a brand-name version. Oxycodone is also available in combination with acetaminophen (Percocet® is a brand-name version), with aspirin (Percodan® is a brand-name), and with ibuprofen (Combunox® is a brand-name).

If you are considering a prescription pain reliever, talk with your doctor about whether the benefits of using muscle relaxants or narcotic pain relievers outweigh the possible harms.

## SAFETY TIPS for using pain relievers

*(these tips apply to both non-prescription and prescription pain relievers)*

- ✓ **Know the risks and follow the directions.**  
Read the “drug facts” label or package insert to learn about the possible risks, the appropriate dose, and how long it’s safe to take the medicine. If you have questions, ask the pharmacist.
- ✓ **If you’re taking anything else, talk with your pharmacist before you take a pain reliever.**  
Some combinations of drugs can produce harmful interactions or side effects. To see if there are any safety concerns about taking a pain reliever for low back pain, ask your pharmacist to review what you’re currently taking.
  - Make sure your pharmacist knows about everything you are currently taking. This includes vitamins, supplements, and herbal remedies, as well as prescription and non-prescription medications.
  - Keep in mind that many non-prescription remedies for colds, sinus problems, migraines, arthritis pain, or sleep problems have ingredients that include a non-prescription pain reliever. So do some prescription drugs. If you’re already taking something that includes a pain reliever, talk with your pharmacist before you take an additional pain reliever for low back pain.
- ✓ **If you have any serious medical conditions, ask your doctor what pain reliever you should take for your low back pain.**  
If you have kidney disease, liver disease, or take a blood thinner, be especially cautious about using non-prescription pain relievers. Ask your doctor which of the non-prescription pain relievers you should take and how long it’s okay for you to take it.
- ✓ **Don’t take old medications or someone else’s medications for your low back pain.**  
For your safety, never take a medication that was intended for a different purpose or a different person.



## If it’s been a month and your back is still hurting, what should you do?

### **If your pain is still bothering you after a month, see your doctor**

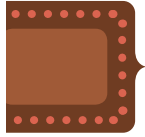
Most people with low back pain begin to feel better within a few days, and then the pain gradually goes away over a period of time. It can take some time for your back to heal. Even when you’re staying active, using heat, and taking pain relievers, it can take several weeks or longer for the pain to go away completely.

If the pain is still bothering you after a month, it’s time to call your doctor or other health care professional.

### **At this stage, what additional treatments work best for low back pain?**

If it’s been a month and your back is still hurting, medical research studies suggest that the types of treatment listed below might be helpful. Depending on your preferences, you may want to try one or more of these treatments (they are listed alphabetically).

- **Acupuncture.**
- **Certain types of exercise therapy or yoga.** Your doctor, physical therapist, or other health care professional can tell you what types are safe for you.
- **Cognitive-behavioral therapy.** This mind-body approach helps you learn how to identify and change thought patterns that can be damaging to your body and your mental health. This type of therapy can help you develop practical skills for managing pain.
- **Massage.**
- **Progressive relaxation.** This approach involves systematically tensing and relaxing your muscles. It helps you become more aware of muscle tension in your lower back so that you can counteract it with relaxation techniques when it first begins.
- **Spinal manipulation.** This care can be provided by chiropractors, osteopaths (doctors of osteopathic medicine, or “DOs”), physical therapists, and some medical doctors (“MDs”).



## Will you need an x-ray, MRI, or CT scan?

Tests such as x-rays, MRIs, and CT scans are sometimes called “imaging tests.”

- A CT scan, also called a CAT scan, uses multiple x-rays to produce detailed pictures of bones, organs, and other body parts
- An MRI (magnetic resonance imaging) uses a powerful magnetic field and a computer to produce detailed pictures of bones, organs, and other body parts.

If your low back pain is the common type of low back pain caused by strain on muscles and ligaments, then you will *not* need an x-ray, MRI, or CT scan.

If you don't really need an imaging test such as an x-ray, MRI, or CT scan, it's better not to get it. Here are four reasons why:

### 1 For most low back pain, an imaging test doesn't give doctors much information that's useful for diagnosis or treatment.

When low back pain is caused by strain on muscles and ligaments, an imaging test usually cannot pinpoint the specific cause of the pain. Strain on muscles and ligaments doesn't show up on these tests.

Fortunately, there's no need to know the specific cause for this common type of low back pain. Whatever the cause, the recommended treatment is basically the same (staying active and limiting the time spent lying down to rest your back, using heat, and taking a non-prescription pain reliever).

### 2 Having an imaging test is not likely to help your recovery.

Medical research shows most people with low back pain do about the same whether or not they get imaging tests.

### 3 Imaging tests have some risks.

For x-rays and CT scans, there is the risk of exposure to radiation. Over time, repeated exposure to radiation may increase your chance of getting cancer. In addition, having an imaging test of your lower back region also exposes your reproductive organs to this radiation.

### Did you know?

- Having an x-ray series of your lower back (lumbar spine) gives you about as much radiation exposure as *65 chest x-rays*.
- Having a CT scan of your lower back (lumbar spine) gives you about as much radiation exposure as *165 chest x-rays*.

Since MRIs use magnets rather than x-rays, there is no radiation risk. However, because the magnets attract some kinds of metal, having metal objects or implants in your body (such as pacemakers, artificial joints, screws, stents, plates, or staples) can be a serious risk and interfere with the test.

Having an MRI can be stressful. You must hold still for a long period of time while lying on a table that moves inside a large scanning machine. While images are being taken, the machine makes loud noises.



#### 4 Having an imaging test can lead to getting further care that you may not need — and expose you to more risks.

Many things that show up on a scan are not serious, and may not be the cause of your low back pain.

However, once these things have been seen on a scan, there is a tendency to want to do something about it. Often this results in having additional tests or more procedures that can be harmful, such as back surgery.

#### Why are unnecessary imaging tests sometimes done for low back pain?

Although most people with low back pain don't need an x-ray, MRI, or CT scan, many people have them anyway. Here are some reasons why:

- When they see their doctor about low back pain, some patients may want or expect to have an imaging test. For example:
  - They might think their doctor will need results from an imaging test to know what's wrong or to choose the right treatment — even though this is usually not true for low back pain.
  - Some patients might believe that getting more tests is a sign they're getting better care, without taking into account whether tests are really needed or the possible risks of unnecessary care.
- Time is often short during a medical appointment. If a patient wants or expects to have an imaging test, it can be easier for doctors to order the test than to take the time to explain why it has no benefit.
- Some doctors also worry about being sued if they do not order an imaging test when a patient wants or expects to have it.

### TIPS for preventing low back pain

#### ✓ Stay active.

Try walking for 10 or 15 minutes a day — and aim to increase to at least 30 minutes!

#### ✓ Increase your strength, balance, and flexibility.

- Do exercises that are designed to strengthen your back and maintain flexibility, such as yoga.
- For slide shows on exercise for your back, visit [www.mayoclinic.com](http://www.mayoclinic.com) and search for "low back pain."



#### ✓ Do your best to be at a healthy weight.

For people who are overweight, even losing a few pounds can help.

#### ✓ Take breaks instead of sitting for long periods of time.

Stand up or change your position and try stretching for a few seconds. If you can, walk around for a couple of minutes.

#### ✓ Give up smoking.

If you smoke or use tobacco, it's important to know that a smoker is twice as likely as a non-smoker to have low back pain.

#### ✓ Reduce the chance that you might fall and hurt your back.

Clear away things on the floor and steps that could make you trip. Wear shoes or slippers with non-slip soles.



## Resources where you can learn more

### [www.mayoclinic.com](http://www.mayoclinic.com)

Visit this website and search for “low back pain.” You will find:

- Basic information on causes, diagnosis, treatment, and prevention of low back pain.
- Slide shows on topics that include back exercises, sleeping positions that ease back pain, good posture tips, and proper lifting techniques.

### **Summaries of medical research written for people with low back pain**

For links to the online versions of these articles for patients, visit [www.partnerforqualitycare.org/lowbackpain](http://www.partnerforqualitycare.org/lowbackpain).

- *Diagnosis and Treatment of Low Back Pain: Recommendations from the American College of Physicians/American Pain Society.*
- *Radiology Tests for Patients With Low Back Pain: High-Value Health Care Advice From the American College of Physicians.*



## References for the *Oregon Clinical Guideline for Low Back Pain* and articles with summaries of medical research

### **2011 State of Oregon Evidence-Based Clinical Guideline for the Evaluation and Management of Low Back Pain**

Information in this booklet is based on this *Oregon Clinical Guideline for Low Back Pain*. For more about the purpose and development of the guideline, see the inside front cover of this booklet. For a copy of the guideline, visit [www.oregon.gov/OHA/OHPR/HERC/Evidence-Based-Guidelines.shtml](http://www.oregon.gov/OHA/OHPR/HERC/Evidence-Based-Guidelines.shtml).

### **Summaries of medical research written for doctors and other health professionals**

Chou, R., Qaseem, A., Snow, V., Casey, D., Cross, J.T. Jr., Shekelle, P., Owens, D.K., Clinical Efficacy Assessment Subcommittee of the American College of Physicians, American College of Physicians, American Pain Society Low Back Pain Guidelines Panel.

2007 *Diagnosis and treatment of low back pain: A joint clinical practice guideline from the American College of Physicians and the American Pain Society.* *Annals of Internal Medicine*, 147 (7), 478–91.

Chou, Roger, and Laurie Hoyt Huffman.

2007 *Medications for acute and chronic low back pain: A review of the evidence for an American Pain Society/American College of Physicians Clinical Practice Guideline.* *Annals of Internal Medicine*, 147 (7), 505–514.



*Information for a Healthy Oregon*

A project of the Oregon Health Care Quality Corporation and the Robert Wood Johnson Foundation's *Aligning Forces for Quality* initiative.

*Partner for Quality Care* helps Oregonians be informed and involved in their health care. Visit [www.partnerforqualitycare.org](http://www.partnerforqualitycare.org) to find:

- Scores you can use to compare the quality of doctors' offices and hospitals in Oregon.
- Information on topics such as:
  - Making the most of your medical appointments.
  - Getting the kind of care that works the best.
  - Finding trustworthy health information on the web.

This booklet is available to download at [www.partnerforqualitycare.org/lowbackpain](http://www.partnerforqualitycare.org/lowbackpain).

