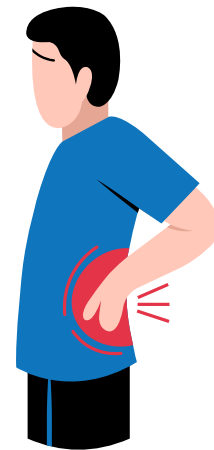


Acute Low Back Pain

What am I having?	
<input type="checkbox"/>	Acute Lower back pain (moderate to severe back pain that occurs suddenly)
<input type="checkbox"/>	Acute spinal compression fracture (traumatic/osteoporotic spinal fracture)
<input type="checkbox"/>	Sciatica (pain that radiates from the buttock to the foot/ankle)
<input type="checkbox"/>	Lumbar spinal stenosis (nerve compression associated with age-related changes to the lumbar spine, and intervertebral discs)



What happened to me?

Acute (sudden onset) back pain may be related to several factors:

- Trauma like a fall on the buttocks or a lifting injury
- A period of unaccustomed activity
- Prolonged bending/squatting
- Sitting in awkward postures too often/long over a short period.

The intensity of your pain may not correspond to the injury itself but is more associated with the inflammation or sensitivity of your nerves. Do know that the severity of your pain does not necessarily mean that you have severely damaged your back.

Should I take painkillers?

You may be prescribed more than one type of painkillers and this is not because your injury is more serious than others. Pain is complex and addressing pain with different types of painkillers can be more effective with fewer side effects.



Take your medications if the pain affects your sleep, ability to perform your usual routine or participate in physiotherapy sessions.

What should I be avoiding?




In the initial six weeks after an episode of significant back pain, it is expected that you are not your usual self. The presence of pain does not necessarily mean that you should avoid movement. Complete bed rest is detrimental to your overall recovery and should be avoided.

Let pain guide how much you can continue with your daily activities:

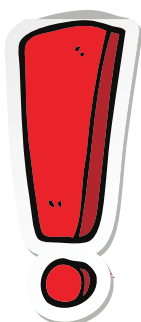


<p>You may carry on with your usual activities like walking, light housework, deskbound work. Take breaks often.</p> <p>You may not require painkillers; if required, use the minimal effective dose.</p> <p>If you are pain-free, you should progressively do more before you perform intensive physical activity.</p>	<p>You may consider carrying on with your usual activities but do less than before and always take regular breaks before you pain gets worse.</p> <p>You should consider painkillers.</p> <p>Avoid all intensive activities.</p> 	<p>You need to use painkillers unless the risks outweigh the benefits.</p> <p>Seek advice with your physiotherapist if you're unsure about activity levels.</p> 
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What are the Advice and Tips that I should follow?

	Adopt the 'relative rest' approach. You are allowed to perform your daily activities and tasks as tolerated. Adopting 1 posture or position for more than 20 minutes is not recommended in the first 2 weeks after an episode of significant lower back pain. There is no best resting posture. Select the posture that you feel most comfortable in.
	Do not aim to walk for long distances continuously but rather, plan your journey, with frequent sitting breaks. Walking is often healthy for the back and may be a good gauge of your recovery. If pain allows, you can start walking comfortably. You may aim to increase walking duration by 10-20% weekly before seeing your physiotherapist.
	It is important to place more focus on improvements in your daily and/or work functions rather than your symptoms.

What are the signs and symptoms that I need to be concerned with?



A rare but serious spinal condition, Cauda Equina Syndrome, can lead to permanent damage or disability and will need you to go to the emergency department immediately.

Some of the warning signs are:

- Loss of feeling/pins and needles between your inner thighs or genitals
- Numbness in or around your back passage or buttocks
- Altered feeling when using toilet paper to wipe yourself
- Increasing difficulty when you try to urinate
- Increasing difficulty when you try to stop or control your flow of urine
- Loss of sensation when you pass urine or bowel motion
- Leaking urine or recent need to use pads
- Not knowing when your bladder is either full or empty
- Inability to stop a bowel movement or leaking

Can I ever get better?

Acute back pain is common. Studies have shown that more than 8 out of 10 people suffer from at least 1 episode of significant back pain in their lifetime. The majority recover within 6-12 weeks.

Unfortunately, 3 out of 10 people report that they continue to suffer from their back problems that significantly affect their lives. This may often be related to unhelpful thoughts, emotions and perceived inability to cope with the ongoing situation.

If you experience anxiety or distress related to this back pain episode, or have been experiencing negative emotions or currently are in a stressful work or difficult family situation, remember to highlight this to your doctor, nurse or physiotherapist today or during your next visit.



Pain management is a 'whole-person' approach and all factors that contribute to your pain experience has to be considered to formulate a useful treatment plan.

Can I return to my physically demanding work again?

Reducing your pain and learning how to manage your daily activities is the priority in the early recovery phase. Predicting when you return to your physically-demanding work is more complex as this depends on how you respond to treatment.

What can I expect after discharge?

It is normal to still experience pain in the back and/or leg. You will be provided with appropriate follow-up care either with the orthopaedic doctor and/or physiotherapy.

Contributed by Physiotherapy, Rehabilitation, Allied Health Services

This brochure is produced for educational purposes and should not be used as a substitute for medical diagnosis or treatment. Please seek the advice of a qualified healthcare provider before starting any treatment or if you have any questions related to your health or medical condition.

Information shared is accurate as of February 2024 and subject to revision without prior notice.



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