Points To Remember About Back Pain

- Back pain is one of the most common medical problems in the United States.
- Acute pain is the most common type of back pain and lasts no longer than 6 weeks. Chronic pain can come on quickly or slowly and lasts a long time, generally longer than 3 months.
- Anyone can have back pain, but some things increase the risk.
- Back pain is a symptom of a medical condition. It can get better even if you do not know the cause.
- Treatment for back pain generally depends on how long your pain lasts.
- Exercise, proper diet, and hot and cold packs can help you live better with back pain.

What is back pain?

Back pain is one of the most common medical problems in the United States. It can range from a dull, constant ache to a sudden, sharp pain that makes it hard to move. Back pain can start quickly if you fall or lift something too heavy, or it can get worse slowly.
Who gets back pain?

Anyone can have back pain, but some things that increase your risk are:

- **Getting older.** Back pain is more common the older you get. You may first have back pain when you are 30 to 40 years old.
- **Poor physical fitness.** Back pain is more common in people who are not fit.
- **Being overweight.** A diet high in calories and fat can make you gain weight. Too much weight can stress the back and cause pain.
- **Heredity.** Genes play a role in some causes of back pain, such as certain types of arthritis.
- **Other diseases.** Some types of arthritis and cancer can cause back pain.
- **Your job.** If you have to lift, push, or pull while twisting your spine, you may get back pain. If you work at a desk all day and do not sit up straight, you may also get back pain.
- **Smoking.** Your body may not be able to get enough nutrients to the disks in your back if you
smoke. Smoker’s cough may also cause back pain. People who smoke are slow to heal, so back pain may last longer.

- **Race.** Black women are two to three times more likely than white women to have part of the lower spine slip out of place.

There are two types of back pain:

- **Acute pain** is pain that hits you suddenly after an accident, a fall, or lifting something heavy. Acute pain is the most common type of back pain and lasts no longer than 6 weeks.
- **Chronic pain** may come on either quickly or slowly and lasts a long time, generally longer than 3 months. This type of back pain is much less common.

**What causes back pain?**

There are many causes of back pain. Examples include:

- **Mechanical problems** such as:
  - Disk breakdown.
  - Spasms.
  - Tense muscles.
  - Ruptured disks.
  - Injuries from sprains, fractures, accidents, and falls.

- **Some medical conditions and diseases**, such as:
  - [Scoliosis](#), curving of the spine that does not usually cause pain until middle age.
  - Spondylolisthesis, where a bone in the spine slips out of place.
  - [Arthritis](#).
  - [Spinal stenosis](#), narrowing of the spinal column.
  - Pregnancy.
  - Kidney stones.
  - Infections.
  - Endometriosis, which is the buildup of uterine tissue in places outside the uterus.
  - [Fibromyalgia](#), a condition of widespread muscle pain and tiredness.
  - Infections.
  - Tumors.

- **Stress.**

**How is back pain treated?**
Treatment for back pain generally depends on how long your pain lasts:

- **Acute (short-term) back pain** usually gets better on its own. Exercises or surgery are usually not recommended for this type of pain. There are some things you may try while you wait for your pain to get better:
  - Acetaminophen, aspirin, or ibuprofen will help ease the pain.
  - Get up and move around to ease stiffness, relieve pain, and have you back doing your regular activities sooner.

- **Chronic (long-term) back pain** is typically treated with nonsurgical options before surgery is recommended.
  - **Nonsurgical treatments:**
    - Hot or cold packs can be soothing to constantly sore, stiff backs.
    - Exercise can help ease chronic pain and may reduce the risk of it returning. Check with your doctor before starting a new exercise routine.
    - Medications to treat chronic back pain are available over the counter or by prescription.
      - Pain relievers that are taken by mouth or applied to the skin. Examples include acetaminophen and aspirin.
      - Nonsteroidal anti-inflammatory drugs (NSAIDs) relieve pain and inflammation. Examples include ibuprofen, ketoprofen, and naproxen sodium.
      - Muscle relaxants and some antidepressants may be prescribed for some types of chronic back pain.
      - Your doctor may suggest steroid or numbing shots to lessen your pain.
    - Traction involves using pulleys and weights to stretch the back, which may allow a bulging disk to slip back into place. Your pain may be relieved while in traction, although pain returns once you aren’t in traction.
    - Behavioral modification teaches you to:
      - Move your body properly while you do daily activities, especially those involving heavy lifting, pushing, or pulling.
      - Practice healthy habits, such as exercise, relaxation, regular sleep, proper diet, and quitting smoking.
  - Complementary and alternative treatments are an option when medications and other therapies do not relieve pain. Examples include:
    - Manipulation. Professionals use their hands to adjust or massage the spine or nearby tissues.
- Transcutaneous electrical nerve stimulation (TENS). A small box over the painful area sends mild electrical pulses to nerves. TENS treatments are not always effective for reducing pain.
- Acupuncture. This Chinese practice uses thin needles to relieve pain and restore health. Acupuncture may be effective when used as a part of a comprehensive treatment plan for low back pain.
- Acupressure. A therapist applies pressure to certain places in the body to relieve pain. Acupressure has not been well studied for back pain.

- Surgical treatments may be necessary in some cases, including:
  - Herniated (ruptured) disks, where one or more of the disks that cushion the bones of the spine are damaged. The jelly-like center of the disk leaks, causing pain.
  - Spinal stenosis, a narrowing of the spinal column that puts pressure on the spinal cord and nerves.
  - Spondylolisthesis, where one or more bones in the spine slip out of place.
  - Vertebral fractures caused by injury to the bones in the spine or by osteoporosis.
  - Degenerative disk disease, or damage to the spine’s disks as a person gets older.
  - In rare cases, back pain is caused by a tumor, an infection, or a nerve root problem called cauda equina syndrome. In these cases, surgery is needed right away to ease the pain and prevent more problems.

Back pain is a symptom of a medical condition. Many times, the cause of back pain is never known. Back pain can get better even if you do not know the cause.

To find out more about the cause and nature of your pain, your doctor may:
- Ask you about your medical history, especially your type of pain and any health problems you or your family have.
- Give you a physical exam.
- Take x-rays to look at your bones.
- Use magnetic resonance imaging (MRI) to get pictures of your soft tissues.
- Use a computed tomography (CT) scan to see a three-dimensional image of your back.
- Take blood in some cases.

You should see a doctor if you have:
- Numbness or tingling.
- Severe back pain that does not improve with rest.
• Back pain after a fall or an injury.
• Back pain plus any of these problems:
  o Trouble urinating.
  o Weakness.
  o Numbness in your legs.
  o Fever.
  o Weight loss when not on a diet.

Who treats back pain?

• Many different types of doctors treat back pain:
  o Family or primary care doctors (usually seen first).
  o Doctors who specialize in disorders of the nerves, muscles, or skeleton.

Living with back pain

There are a few things you can do to help you live with back pain:

• Hot or cold packs can be soothing to constantly sore, stiff backs. Heat dilates the blood vessels to increase blood supply to the back and reduce muscle spasms. Cold may reduce inflammation and numb deep pain.
• Exercise can help ease chronic pain and may reduce the risk of it returning. Check with your doctor before starting a new exercise routine, which may include the following:
  o Flexion exercises have you bending forward to reduce pressure on the nerves, stretch the back and hip muscles, and strengthen the stomach and buttock muscles.
  o Extension involve bending backward, such as lying on your stomach while you lift your leg or raise your trunk. These exercises may reduce pain that spreads from one place and develop muscles that support the spine.
  o Stretching improves the extension of muscles and other soft tissues of the back. These exercises can reduce back stiffness and improve range of motion.
  o Aerobic exercise gets your heart pumping faster and include brisk walking, jogging, and swimming. Avoid exercise that requires twisting or bending forward quickly, such as aerobic dancing and rowing. Avoid high-impact activities if you have disk disease.
• A proper diet that includes calcium and vitamin D will keep your spine strong. A healthy diet also helps in controlling weight to avoid putting stress on your back.

Can I prevent it?
Can I prevent back pain?
The best things you can do to prevent back pain are:

- Exercise often and keep your back muscles strong.
- Maintain a healthy weight or lose weight if you weigh too much. To have strong bones, you need to get enough calcium and vitamin D every day.
- Try to stand up straight and avoid heavy lifting when you can. If you do lift something heavy, bend your legs and keep your back straight.

For more info

**U.S. Food and Drug Administration**
Toll free: 888-INFO-FDA (888-463-6332)
Website: [https://www.fda.gov](https://www.fda.gov)

Drugs@FDA at [https://www.accessdata.fda.gov/scripts/cder/daf](https://www.accessdata.fda.gov/scripts/cder/daf). Drugs@FDA is a searchable catalog of FDA-approved drug products.

**Centers for Disease Control and Prevention, National Center for Health Statistics**
Website: [https://www.cdc.gov/nchs](https://www.cdc.gov/nchs)

**Agency for Healthcare Research and Quality, Office of Communications**
Website: [https://www.ahrq.gov](https://www.ahrq.gov)

**National Institute of Neurological Disorders and Stroke**
Website: [https://www.ninds.nih.gov](https://www.ninds.nih.gov)

**National Center for Complementary and Integrative Health**
Website: [https://nccih.nih.gov/](https://nccih.nih.gov/)

**National Institute for Occupational Safety and Health**
Website: [https://www.cdc.gov/niosh](https://www.cdc.gov/niosh)

**American Academy of Orthopaedic Surgeons**
Website: [http://www.aaos.org](http://www.aaos.org)

**North American Spine Society**
Website: [http://www.spine.org](http://www.spine.org)

**American College of Rheumatology**
Website: [http://www.rheumatology.org](http://www.rheumatology.org)

**Arthritis Foundation**  
Website: [http://www.arthritis.org](http://www.arthritis.org)

**American Chiropractic Association**  
Website: [https://www.acatoday.org](https://www.acatoday.org)

**American Osteopathic Association**  
Website: [https://www.osteopathic.org](https://www.osteopathic.org)

If you need more information about available resources in your language or other languages, please visit our webpages below or contact the NIAMS Information Clearinghouse at [NIAMSInfo@mail.nih.gov](mailto:NIAMSInfo@mail.nih.gov).

- [Asian Language Health Information](http://www.rheumatology.org)
- [Spanish Language Health Information](http://www.arthritis.org)