



Low Back Pain

The majority of people experience low back pain at some stage in their life, and most recover well from episodes of back pain without any specific intervention. The medical community prefers to avoid advanced investigations for back pain (e.g. CT and MRI), because overall, they don't improve patient outcomes. Many clinicians now refer to back pain as **"Non-Specific Low Back Pain"**, and prescribe short term rest, perhaps some anti-inflammatories and simple pain-killers, physiotherapy and graduated exercise. There are both biomechanical, physiological and psychosocial factors that cause and perpetuate pain.

Not all low back pain is "Non-Specific": When back pain persists beyond 4-6 weeks, it is important to assess the cause more specifically and treat both the body and the brain. A skilful rehabilitator can more specifically assess the likely contributors and pain-generators and provide a plan for return to function, whilst gradually returning you to exercise to send messages to the brain that movement is safe and good. Further imaging is sometimes (but not always) helpful.

The back is held up by our muscles, which protect the joints like guy-wires. Early improvement in function almost always requires a shift in balance of rest and stress:

A- **Eliminate Triggers:** specific irritants for pain

B- **Build Capacity:** stability, strength and endurance of the muscles around the spine

The long-term benefits come from applying this to functional tasks or sporting performance.

