

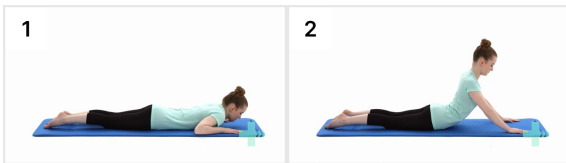
Wyre Forest Health Partnership

- You do not need to complete all exercises in one sitting, break it down to smaller blocks if required
- Aim to exercise 1-2 times a day if you can
- Start by working on a day on and day off basis in the first week, then aiming for daily ONLY if you feel able.
- If you experience any high or sharp pain on the exercises please stop and move onto the next one
- Slight discomfort (So no more than 6/10 on the pain scale) is normal, especially with new exercises
- On some days you may feel better or worse than before. This is normal to have fluctuations when rehabbing.
- Using heat may help make movements feel easier. You can apply heat with a hot water bottle or heat patch, or even just do the exercises after a hot bath or shower - use heat for no more than 10-15 mins at a time and be careful not to burn the skin with repeated application
- Please note that it can take up to 12 weeks to see big changes in strength and flexibility when training regularly. However, I would expect that you start to feel some slight improvement within 4 weeks which may include; decreased pain, better movement, increased strength, exercises feeling easier.
- Carry on exercising even if your symptoms ease, as this can stop them coming back.

1 Set / 10 Reps / 5 s hold

1. Lumbar extension in prone

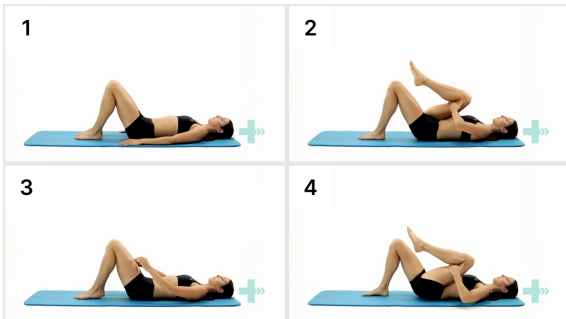
Lie on your front with your palms on the floor by your shoulders. Slowly push up through your hands, arching your lower back. Stop at the point you feel a stretch in your lower back. Keep your hips on the floor at all times. Hold this position, then slowly lower your body back down.



1 Set / 10 Reps / 1 s hold

2. PROM hip flexion supine

Bend your knees so that the feet are flat on the floor. Reach underneath your knee and pull the knee in towards your chest as far as you can go comfortably. Ensure you grab behind the thigh and not on top of the knee to avoid compressing the knee joint. Hold this position.



1 Set / 10 Reps / 1 s hold

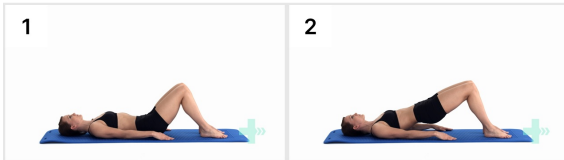
3. Lumbar rolling stretch - knee rocks

Lie on your back with your knees bent and your feet flat on the floor. Keeping your shoulders flat on the bed, roll both knees out to one side. Hold this position. You may feel the stretch in your hips, as well as your lower back. Bring your knees back to the middle before repeating the same movement on the other side.



4. Bridge on the floor

Lie on your back with your knees bent and your feet flat on the floor.
Tighten your buttock muscles and lift your hips up into the bridge position.
Make sure you keep your hips up and level throughout the movement.



1 Set / 10 Reps / 5 s hold

5. Seated trunk flexion legs together (hands to toes)

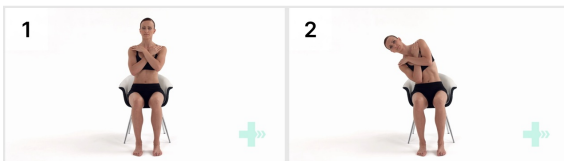
Sit up straight in a chair with your hands on your knees.
Ensure your legs are together.
Slowly bend forward over your thighs, sliding your hands down the front of your shins as far as you can go.
Hold this position, and then slowly return to the upright position, using your hands to assist you if needed.



1 Set / 12 Reps / 1 s hold

6. Sitting active trunk side flexion

Sit straight in a chair.
Cross your arms over your chest.
Lean your upper body out to one side and hold and then lean to the other side and hold.
Relax and repeat.



1 Set / 5 Reps / 20 s hold

7. Seated Hamstring stretch

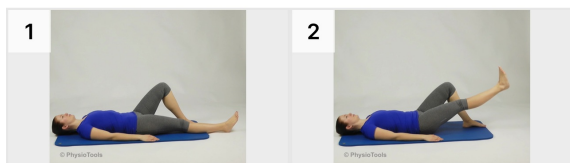
Sit in a chair.
Place your affected leg out in front of you.
Straighten your knee, keeping your foot on the floor.
Keeping your back straight, lean forwards from your hips until you feel a stretch down the back of the thigh.
Hold and then relax.



8. Active straight leg raise

Lie on your back with one knee bent. Spine in neutral position.

Tighten your front thigh muscles and lift the straight leg. Lower the leg to the starting position in a controlled manner. Keep your pelvis level and maintain neutral spine.



1 Set / 12 Reps

9. Sitting pelvic tilts

Sit upright in a chair with your weight through your seat bones.

Move forwards so your back is away from the back of the chair.

Separate your feet and knees and place both hands on top of your knees.

From this position, slowly roll back slumping your weight through your tail bone.

Your shoulders will round but keep your gaze straight ahead.

Roll forwards again on to your sitting bones, opening up the chest and shoulders as you go.

Repeat this cycle at a steady pace.



1 Set / 12 Reps

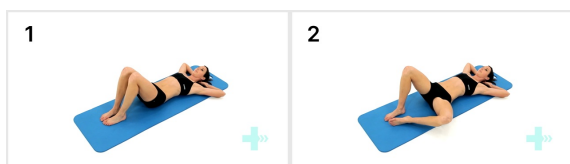
10. Core activation - single leg fall out

Lie on your back with your legs bent and feet flat on the floor.

Engage your core stability and pelvic floor muscles, then lower one leg fall out to the side.

The key is to maintain a level pelvis, using your core to prevent it rotating with the movement of your leg.

Control the movement back to the start position and repeat.



So you have back pain?

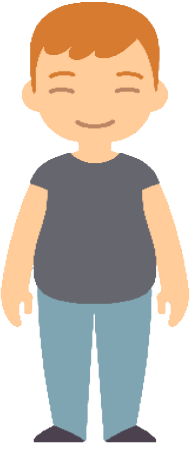
Your guide to back pain and what you can do about it

Most people will experience back pain at some point in their lives.
This leaflet will tell you what back pain is, how it can affect your life and what you can do about it

Meet people like you:

Mark

19 year old Mark works full-time in a call centre and sits a lot of the time. His doctor says he is overweight. He had a sudden episode of back pain but with movement and painkillers he felt better very soon.



Navya

Navya is a 36 year old office manager. She has had back pain on and off for years. It flares and settles and she needed to see a physiotherapist to help her.

Danny

Danny is 52 years old and is a builder. He has had several incidents of back pain over the years but recently experienced pain that went down his leg. He worries about his back pain and his future.



Faye

Faye is in her sixties now and has had back pain for many years. She has found it hard to cope with her back pain at times but by getting to know herself she has developed ways to cope with the pain and feel more positive.

You can also experience this leaflet in augmented reality

- Download Zappar for free from your app store
- Scan the zapcode then aim at the whole image
- Watch it come to life!



Zapcode - scan this

What causes my back pain?

There are lots of things that can lead to back pain such as poor posture, computer use, driving, lifting incorrectly and not being active enough. Very occasionally back pain is caused by an underlying condition and your doctor or therapist will consider this when they assess you.



MARK: "I had an episode of back pain recently when I woke up one morning and got out of bed. I felt a **sudden pain** when I bent down to put on my slippers - it felt like a piece of elastic when the rubber perishes. It wasn't excruciating but it was bad enough to make me wince - I understood exactly what people meant by **feeling as if something had gone in my back!** Every other person I speak to has some back pain, so it is very common, but it affects some people more than others."

How might it affect me?

Pain varies from person to person:



For some it is severe and frightening, for others it is mild and familiar. For some it will get better quickly and for others it will stay persistent. Some people with persistent back pain may need additional help and support.



FAYE: "I was in a traffic accident when I was in my 20s - A motorbike hit me in my lower back. The pain generally reduced over time but I have been left with it for the long term. **I was left feeling constantly uncomfortable** and for several years the persistent pain affected both my **career** and my **social life**. My self-esteem plummeted and I felt lost and alone."

Does everyone feel back pain differently?

Yes, and it affects various aspects of peoples' lives:



NAVYA: "My back pain started years ago - I had to stop the car to change a flat tyre far from home. I changed the wheel at the side of the road and then discovered that I couldn't stand up straight again. **Back pain is very common. I was advised a sore back may last a day or two but that a more severe episode can last for a few weeks. Mine certainly flares and settles.** There does not seem to be any pattern, sometimes I have no pain at all, but sometimes I have moderate pain."

DANNY: "I was quite young when my back pain started, I think it was around about my late teens. I had a heavy, manual job at the time and it happened at work. Four of us had been tasked with carrying some heavy equipment through a narrow doorway, but it was awkward to manoeuvre and unfortunately the weight of the equipment shifted on to me when my back was bent. Since then I have had **pain that comes and goes**. Now **it varies from a dull ache to full on pain**, and I now get shooting, burning pain which goes down my leg. Life is not as happy as it should be because of the pain and although you learn to tolerate some of it, it can make me feel quite anxious and worried about the future."



What can I do about my back pain?

Although health care professionals will support you, the most important thing is for you to feel in charge of the pain, and not let the pain be in charge of you.

There are many effective things that you can do to manage your back pain:

1) Get moving

It's natural when back pain is bad for you to try resting or lying down, but it's really important to get active again as soon as you can. Start gradually and don't worry if it's uncomfortable to start with.

Remember **hurt doesn't mean harm.**

MARK: "I understood that **keeping active is crucial to recovery.** I took painkillers at first but what really helped was that I kept moving by doing gentle stretching, strengthening my core muscles, walking and swimming and **I found exercise also helps if you are feeling low from the pain.** Being over-weight can aggravate all kinds of problems, especially in your back, so I know now to keep my weight healthy. I have a desk job, so I made sure that I went for **regular walks away from my desk.** I still do this now!"



FAYE: "Every person is different with their pain and how they deal with it. I have really had to **get to know myself** and listen to my body to understand my pain. I attend a local pain clinic. For me, **learning to pace myself** has been a huge help, I have to plan tasks and think of my limita-



tions – I have to think before I act! The pain is annoying but I know how to manage it now. By learning about my back pain and knowing what I need to do, **I feel like I am proactively doing something to help myself,** which gives me a more positive outlook on my condition."

2) Everyone is different

How you experience pain will depend on what's going on in your life and how you are feeling generally. Being stressed, tired or feeling down doesn't cause back pain, but can make it seem worse. Becoming more aware of these things will help you manage your pain better. So keep a diary and learn more about yourself.

3) Telling others

It can be hard feeling that people may not believe you. Often there are no visible signs, however most people have had back pain at some point in their life and know what it feels like. Try to explain how your back pain affects your life.

DANNY: "Having back pain can make you feel very down and if you're not careful you could feel isolated and it can be upsetting. **But if you have support from family and friends it can help so much.** It also helped me immensely to speak to other people who have been through the same as me."



NAVYA: "I was worried about telling work, but my physiotherapist advised me to talk to my line manager and it went very well – I had my duties minimised after my initial absence to allow a mixture of activity and rest. **This allowed me to do the essentials of my job whilst making a good recovery.**



I found the experience of seeing a physiotherapist excellent. I was given reassurance, advice and exercises to help my recovery."

4) Talk to work

Getting back to work is important and you can talk to your workplace about this. It is **not** necessary to stay off work until the pain has completely gone. Your GP can give you a Fit Note that advises a gradual return with shorter hours or lighter duties.

You may have some questions....

Having back pain can be upsetting and frustrating. You may have questions. Below are three of the most frequently asked questions about back pain and some advice for these. However, remember that your health care professional (pharmacist, doctor, physiotherapist or nurse) can answer your own personal questions.

Do I need painkillers?

- Painkillers **are not a cure** for back pain.
- Talk to your pharmacist, doctor, physiotherapist or nurse about which painkiller to choose in the **short term** to help you to get moving again.
- Long term and regular use of painkillers could cause harm, so remember - **exercise works better**.

DANNY: "A combination of a little bit of rest, exercise and painkillers worked for me.

I feel it's important to keep moving as much as

I can, I watch my posture and generally think about what I am doing more. Mostly I just get on with it."



Do I need tests?

- Your doctor or health care professional can assess you properly by listening to your story and by examining you. **Usually this is enough** without doing further tests to work out how best to help you, and is more important than a scan.
- The back is made of many things such as bones, discs, ligaments and nerves and any of these can be the source of pain, often in combination, but this **doesn't always show up on tests**.
- What's important now is that you invest your energy into **helping yourself manage and cope with the pain**.



NAVYA: "I went to the doctor who examined my back and listened to me talk. She said that tests are only needed if a fracture

or something more sinister is suspected, **so I knew that x-rays or blood tests were not going to help."**

REMEMBER: Contact your health care professional if you feel things aren't going according to plan

Why has my back pain lasted for months?

- Your back pain is not getting better and your doctor or physiotherapist has reassured you there's **no underlying spinal condition**. You are not alone. Many people with back pain find it persists long after that first episode. Like you, many people find **the pain is still stopping them** doing the things they'd like to do or they enjoyed doing before the back pain.
- The feeling of pain takes place in the brain's pain centre and acts **like a burglar alarm**. It sends out loud signals if it gets disturbed, so that you can take action. But like a burglar alarm, the pain centre can go wrong and can go on producing pain even if the source of pain has gone away.
- It is important that you keep active and try to do and enjoy things because this helps to 're-set' the pain centre. You will not be harming your back by doing this even if you still have pain. **Hurt doesn't always mean harm**.
- There is no quick and easy way to switch the pain centre off, but over time, you can reset and quieten it down. There are health care professionals who can help you with this.

Get moving, know yourself, tell others, talk to your workplace....

PRIMARY CARE CENTRE VERSUS ARTHRITIS



BMA

Patient information awards
Commended

This leaflet is endorsed by NICE and Commended in the 2019 BMA Patient Information

You may find these YouTube videos helpful. Scan your smartphone over the QR codes.



Further information:

<https://startback.hfac.keele.ac.uk/>

@KeeleStartBack

@Keele IAU





Common Back Pain

Many patients have a combination of back pain, leg pain, leg numbness and weakness. These symptoms can be distressing for you but don't necessarily require emergency medical attention. **A rare but serious back condition, Cauda Equina Syndrome, can lead to permanent damage or disability and will need to be seen by an Emergency Specialist Spinal Team. See other side of card for some warning signs of Cauda Equina Syndrome.**



Cauda Equina Syndrome Warning Signs

- 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
- 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
- Loss of sensation when you pass a bowel motion
- Change in ability to achieve an erection or ejaculate
- Loss of sensation in genitals during sexual intercourse

**Any
combination
seek help
immediately**