

Lower Back Pain EXPLAINED

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Every month, 23% of the population experience some form of lower back pain¹. The upside of this alarming statistic is that 90% of these lower back complaints are what's termed non-specific; a local segment in the back has suffered a minor strain or sprain. This essentially means that there is no significant structural cause for your pain².

In the early stages, your pain complaint is likely to be acute lower back pain. This is short-term pain and tends to be associated with some degree of damage to the body structures. The bodies' amazing healing capacity means that management of keeping active, gentle stretches and the use of simple medications will usually see a steady reduction in pain and the full recovery of function.

However occasionally after an injury, the body may subconsciously adopt different movement strategies and hold itself differently. This can lead to mal-adaptive lower back pain. These faulty movement patterns can sensitize other structures and inhibit recovery of the injured tissue³. Your Physiotherapist is highly skilled to identify and correct these faulty movement patterns and get you onto the road to recovery (*see right*).

In rare cases of persistent lower back pain lasting months or even years, factors including poor general health, mental health complications, poor pain coping behaviours and nervous system changes may continue to drive ongoing lower back pain⁴. This is a more complicated presentation which requires a different management strategy.

Early Physiotherapy review is therefore crucial to rule out any significant cause for your pain so that you can commence the appropriate management for your individual lower back complaint and get on the road to a speedy recovery.

References

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2. Koes, B. W., Van Tulder, M. W., & Thomas, S. (2006). Diagnosis and treatment of low back pain. *BMJ: British Medical Journal*, 332(7555), 1430.
3. O'Sullivan, P. (2005). "Diagnosis and classification of chronic low back pain disorders: Maladaptive movement and motor control impairments as underlying mechanism." *Manual Therapy* 10: 242-255.
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Faulty movement patterns commonly look like this:

Flexor Pattern



Extensor Pattern



Normal Pattern

