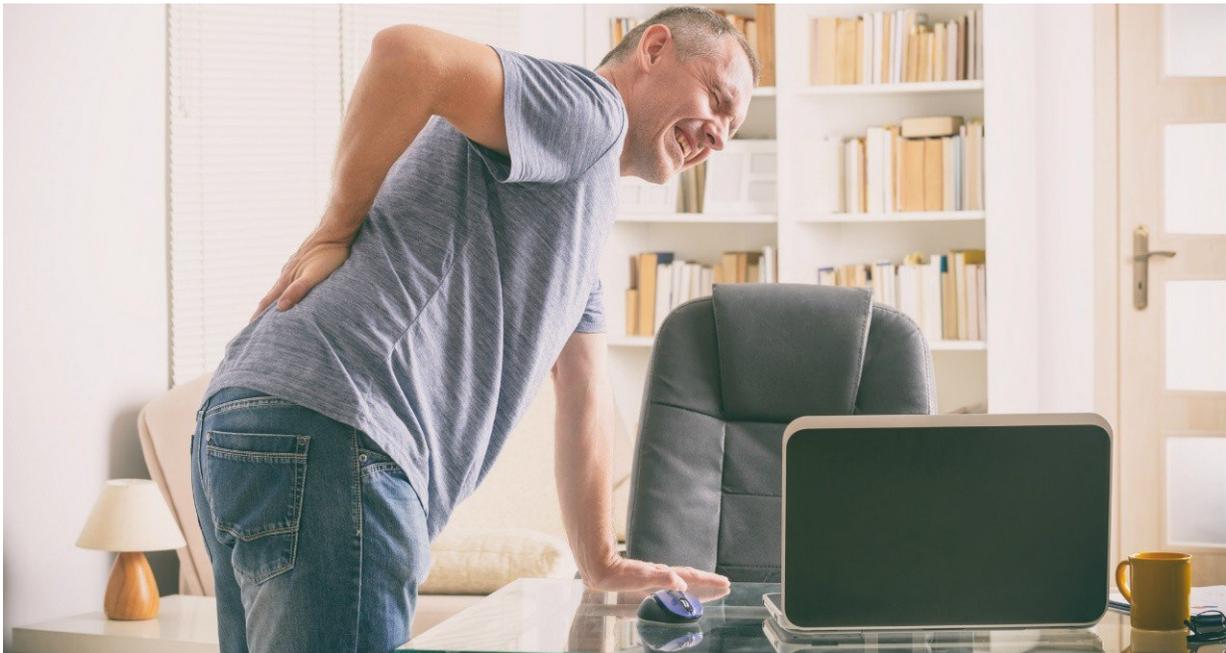


# New research suggests staying active, within reason, is the best medicine for back pain

March 22 2018, by Bev Betkowski

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Credit: University of Alberta

New University of Alberta research is putting some kinks in assumptions about treating low back pain.

While it may seem logical to take a [pain](#) reliever and rest up in bed, it's not the best way to treat occasional [low back pain](#), said Doug Gross, a professor in the Faculty of Rehabilitation Medicine and co-author on a

global study.

Instead, the findings suggest doing just the opposite: stay as active as possible and if needed, get advice from a health professional to help you get moving.

"The spine needs movement," said Gross, who teamed up with 30 colleagues worldwide to look at research and guidelines related to clinical practices for preventing and treating low back pain. The study is one of a series of three papers just published in *The Lancet*, exploring the phenomenon of low back pain.

For decades, the recommended treatment and the doctor's advice was to rest in bed, take [pain relievers](#), and if that didn't work, consider diagnostic imaging and surgical options. But those recommendations have become outdated, Gross said.

"Historically, we tended to medicalize back pain. We've been conditioned to think that pain is always caused by something serious or catastrophic that needs rest or immobilization, but most back pain gets better on its own with appropriate activity and movement."

## **Universal problem**

As a widespread condition—back pain is the single leading cause of disability worldwide and has more than doubled since 1990—it's become an urgent public health concern. The problem is forcing a rethink of traditional medical treatments that add to health-care costs but offer little benefit to patients, he noted.

"Medical and pharmacological interventions are no longer the first line of recommended treatment. They won't reduce low-back-pain disability or its long-term consequences," said Gross. "There are also adverse

effects from unnecessary surgery or drugs like opioids."

It's rare for a specific cause of back pain to be identified, so expensive medical imaging—which researchers found was being used at a high rate—is typically ineffective.

"There is no evidence that routine back imaging improves outcomes. It could actually provide misleading information from age-related changes that are common even in people without pain," Gross said. "X-rays or MRI may be required in cases of trauma or accident, or when back pain comes with other symptoms like radiating pain. Otherwise they should be avoided."

The study also showed that over-the-counter and prescription medications offer only limited benefits and should be a secondary treatment.

"Pills are not a cure," Gross said, adding that surgery is usually only needed in a small number of more specific cases.

Gross and his research colleagues recommend more education about treating back pain as one way to address the issue.

Since 2003 he's led a research team evaluating BackActive, an Alberta-based public awareness campaign launched more than 10 years ago. Before the campaign, 55 per cent of people agreed they should stay active if they had back pain; today that number is up to 75 per cent. "That's encouraging, but we still have a way to go."

There's also a need for more standardized approaches in the health-care system to help people get the right care at the right time and avoid unnecessary procedures.

## Three ways to handle back pain

Here's what to keep in mind when [lower back pain](#) strikes:

### Keep moving

Though capacity differs for everyone, it's important to stay as active as possible while recovering from a new episode of back pain. "If the pain is severe, you'll likely have to stop some of your usual activities, but still get up and move around every couple of hours." Studies the researchers looked at showed that constant bedrest actually contributed to longer periods of disability. Regular movement also helps avoid stiffness and promotes healing.

If needed, modify activity while recovering from back pain, Gross added. "Change the way you do things; you may need to change your workout routine or stop playing hockey for a while, and go for a walk instead. If your life is more sedentary, this is a chance to get moving and start an exercise program that will have other long-term health benefits."

Maintaining work is also recommended, though this means planning with an employer to take on lighter or modified duties during recovery.

### Expect to get better

About 80 per cent of new cases of back pain resolve on their own within two weeks, so there's no reason to worry or be afraid, Gross advised. "Pain drives fear, and it leads us to stop being active. Back pain can be awful, but expect that it will get better."

If lower back pain is still debilitating after a few days, worsens, comes with other symptoms or lingers for more than two or three weeks, get

checked out and seek advice from a health-care professional on how to stay active.

## **If needed, get help to cope with pain**

For pain lasting less than six weeks, hands-on physiotherapy, massage and other manual therapies are recommended supplemental treatments. Applying heat or over-the-counter anti-inflammatories can also help, Gross said. "The goal is to help you get moving, but none are a cure on their own." Strenuous exercise isn't recommended in early stages, but an exercise program should begin as soon as possible.

For pain lasting longer than six weeks, recommended treatments also include exercise, yoga or psychological treatments to help overcome fear and anxiety. "All of these methods have been found to have some benefit, with minimal side-effects."

**More information:** Rachelle Buchbinder et al. Low back pain: a call for action, *The Lancet* (2018). [DOI: 10.1016/S0140-6736\(18\)30488-4](https://doi.org/10.1016/S0140-6736(18)30488-4)

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