Dealing with Back Pain
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General information
Most people with back pain aren’t sure of what caused it. Most sudden back pain will get better on its own within a reasonable amount of time.

Before giving an opinion about your back pain, a doctor or physiotherapist needs to:
› Listen to your story
› Take your past medical history
› Do a physical exam

In most cases, an X-ray of your back is not helpful in finding a cause.

Remember: most episodes of back pain get better with time.
Ways to help manage your back pain

• Keep moving. Staying in one position for too long may increase your pain. Gradually try to increase your activity a little each day.

• Walking is the best form of exercise if you have back pain.

• Take the medications suggested by the doctor in the Emergency Department or your family doctor. Narcotic prescription medication is not advised for back pain.

• Using heat and/or ice may help you manage your pain. You need to have good sensation (feeling) in the areas that you are applying the heat/ice so that you can tell if it is too hot/too cold. Wrap the ice or hot pack in a moist towel and apply for 15-20 minutes at a time. Check your skin after using heat or ice to make sure that it returns to its normal color.
Rest positions you may find helpful:

1. “Z” lie: lie on your back, put your feet on a chair with your knees bent at 90 degrees, and move the chair closer to your body so your knees move toward your chest.

2. Lying on your stomach with a pillow under your hips.

3. Lying on your side with a pillow between your knees.

4. When sitting in a chair, place a small cushion or rolled up towel in the curve of your low back for support.
General tips

• Practice good posture. Stand and sit up straight.
• Avoid sitting for long periods of time. Get up and move around every 15-20 minutes.
• For mild to moderate back pain, it is best to keep doing your routine activities. Research shows that you’re better off moving than staying still.
• When you lift objects, it is important to use good body mechanics. Keep your spine in neutral and remember to bend at your hips and knees.
• Improve your general fitness to prevent future back problems. The safest exercises are walking and swimming. Ask your family doctor or physiotherapist for advice.
• Wear low-heeled shoes with “shock absorber” insoles, especially when walking or standing for long periods of time.
• Being overweight can put more stress on your back, and it may be harder to recover from a back injury. If you are overweight, talk with your family doctor about ideas for losing weight and getting into better shape.
• Research shows there is a strong link connecting people who smoke and back pain. If you are a smoker and you have back pain
you may want to speak to your family doctor or pharmacist about options for products that can help you quit smoking.

• Be mindful of your pain. Pain will change over time. You may have good days and bad days. Some activities may make your pain worse. If so, you will need to change how you do that activity for a period of time when your symptoms are worse.

Your options for treatment
See a physiotherapist for a back assessment and a back exercise program designed for you.

In Nova Scotia, physiotherapy is paid for by our province’s health care system. You can get outpatient service at your local hospital. A doctor’s note is not needed. There is a waitlist for this service.

You can get private therapy in a local clinic or in your home by calling your local physiotherapy clinic. Clinics are listed in the phone book or online. Often, you are able to book an appointment a day or two after you call. A doctor’s note is not needed unless your insurance company requires it. Treatments must be paid for out-of-pocket or with private health insurance. Contact your insurance company to find out what they will pay.
See your family doctor if:
• You have new pain going down one or both legs.
• You have numbness or weakness in one or both legs that is new or getting worse.
• You have repeated episodes of back pain.
• You have back pain that is worse at night or constant at night.
• You can’t control your bladder or bowels (peeing and pooping) or use the bathroom in a normal way.

Return to the Emergency Department if:
• You can’t control your bladder or bowels (peeing and pooping) or use the bathroom in a normal way.

Constipation (having a hard time pooping) or stress incontinence (poor control of bladder function, e.g., peeing when laughing or coughing) are not reasons to go to the Emergency Department.

What are your questions?
Please ask. We are here to help you.
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The information in this pamphlet is to be updated every 3 years or as needed.