

# Physiotherapy for Acute Back Pain



**ST VINCENT'S  
PRIVATE HOSPITAL**  
NORTHSIDE

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

This information is a general guide only.

Instructions and specific exercises may vary depending on your specific surgery and situation. Your surgeon or physiotherapist will inform you of any further instructions or limitations.

Please ask if there is anything you are unsure about.

Your physiotherapist: \_\_\_\_\_

Phone: 07 **3326 3000**    Pager no. **0104**

Alternative contact: \_\_\_\_\_



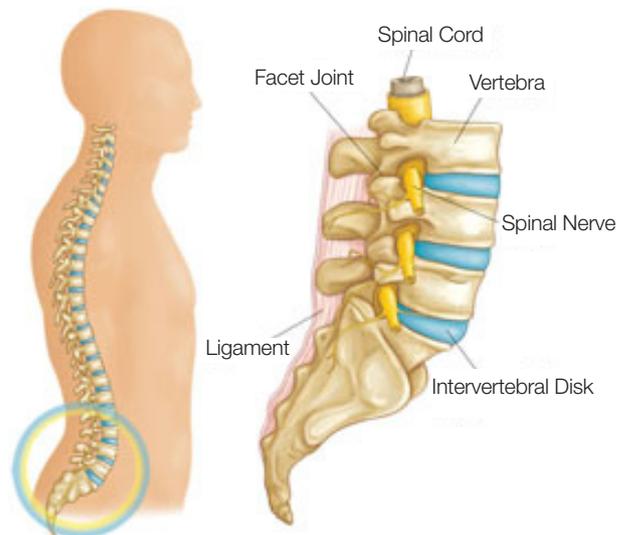
Please contact your nurse if you require an interpreter.

# Physiotherapy for Acute Back Pain

## Welcome to St Vincent's Private Hospital Northside

Please take the time to read through the information in this booklet as it is relevant to your wellbeing and rehabilitation.

There is a Notes section at the back of this booklet for any questions you may wish to ask your physiotherapist.



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## Understanding acute back pain

Acute low back pain is one of the most common conditions suffered by people in Australia. The prevalence in countries like Australia is up to 70% (*Airaksinen et al 2006*).

The good news is that the majority of cases will not require surgery and will recover in 4-6 weeks with only minor complaints still after one year (*Costa, LCM et al 2012, Van Tulder et al, 2006*).

Your Specialist will advise you on the complexity of your condition and treatment options.

Despite how it feels, back pain is generally not serious. It could be a sprained ligament, a muscle tightness/spasm or a sore and irritated joint – all of these things are painful, just as they are if you sprain an ankle or tear a muscle around your shoulder, but they are not serious and they will resolve.

Back pain can be a challenging thing to understand as there is widespread evidence that the results of MRI scans and x-rays have little correlation with actual symptoms (*Deyo et al 2001*).

Our nervous system is not that good at determining when a pain is something to worry about or not. Pain intensity is generally a poor indicator of back pain seriousness.

The goal of physiotherapy management whilst you are in hospital is to keep you mobile, regain function and educate you on long-term back care.

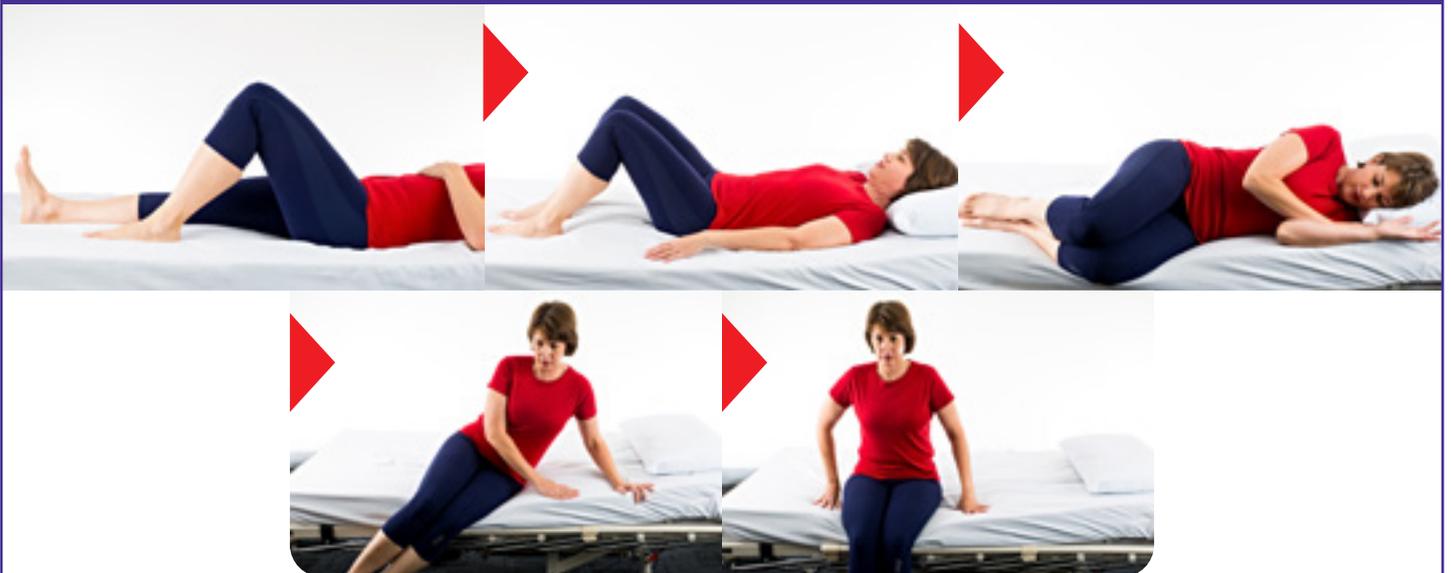
# Circulation exercises: *for the prevention of blood clots*

## ● Foot and ankle pumps

- Move your feet up and down from the ankles.
- Repeat ten (10) times every hour when awake.
- Make sure that you aren't just wiggling your toes, but that your whole foot is moving up and down.



## Getting in and out of bed



### Getting out of bed

- Lie on your back, bring one leg up at a time until both knees are bent.
- Roll over to your side, using a bed stick or rail if required. Move your legs at the same time as you move your trunk. Keep your back straight as you turn (*this is called log rolling*).
- Push through your arms (+/- bed stick) into a sitting position as you lower your legs down. This should avoid any twisting of the spine.

### Getting into bed

- Sit onto the edge of the bed, lower down onto your side as your legs come up onto the bed. From your side, roll over onto your back, moving your trunk and legs at the same time.

## Standing up



- Try to keep your movement symmetrical so you avoid any twisting of your back.
- Bring your bottom to the edge of your bed or chair. Have both feet apart and flat on the ground.
- Lean forward, pushing strongly through your legs.
- Raising the height of the bed or chair will make this easier.

## Finding comfortable positions



### Lying on your back

- Lie with a pillow under your knees.

### Lying on your side

- Lie with a pillow between the legs to help keep your back straight.



- When sitting, try placing a rolled up towel in the arch of your back (NICE guidelines).

## Activity

The spine is a very strong part of your body and is designed to move. For this reason, resting in bed for longer than 24-48 hours is not helpful when you have low back pain, even when it is severe. Staying gently active will help your recovery. Some things will be painful but remember HURT does not equal HARM.

*Walking* is a very important part of your recovery. You may be provided with an aid to help you to walk at first. This will take some pressure of your back and enable you to keep moving whilst you are in hospital and your back pain is settling. It is important to take short walks through the day. There is NO evidence that staying in bed decreases your pain in any way.

Aim to gradually increase the amount you are walking without overdoing it. Excessive walking may irritate your pain again. There is no rule as to how much walking is indicated, and what time or distance might be excessive. Your physiotherapist will be able to help you set goals for walking distances during your recovery. Your physiotherapist will also help you work on maintaining good posture and gain control and awareness of the important muscles that support your spine during walking.

Sitting puts the most pressure on your spine. As a general rule avoid sitting for too long at a time. Sit in a well-supported chair with normal spinal curves and feet flat on the floor. Avoid soft couches and low chairs.

## What can I do?

### Pain relief

- Take regular pain relief as prescribed by your doctor.
- Trial the use of heat or cold packs which can help with muscle and joint pain.

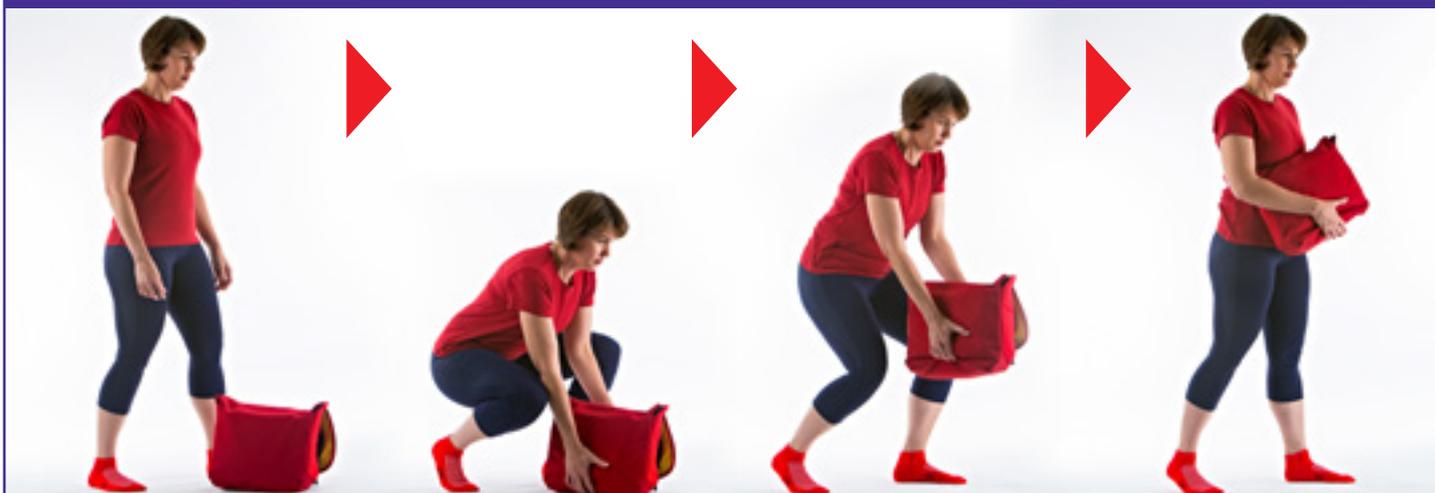
## The future

It is possible that you will experience further episodes of back pain.

Good back care involves awareness of posture, movement, the way you do your day to day activities, weight management and maintaining general fitness.

The exercises you have been prescribed by your physiotherapist may help to prevent future episodes of back pain, or decrease the severity of pain experienced.

## Lifting



Once you are able to start lifting begin with small, light items, and gradually increase the weight.

### When lifting:

- Ensure you maintain a neutral spinal position – try to bend with your knees rather than your back.
- Carry loads around waist height, and as close to you as possible.
- Position the heaviest part of the load the closest to you.
- If possible, break the load you are lifting into smaller loads.

# Exercise program

The following exercises can help decrease low back pain and regain function. Your physiotherapist will advise which ones are suitable for you to do.

Generally exercises are done 2-3 times a day.

## ● Lumbar rotation



- Lie on your back. Bend both knees up (one at a time).
- Gently take both knees to one side, and then to the other side.
- This movement should be relatively pain-free.
- Gradually increase the distance you move your knees.
- Repeat five (5) times to each side per session.

## ● Pelvic tilting



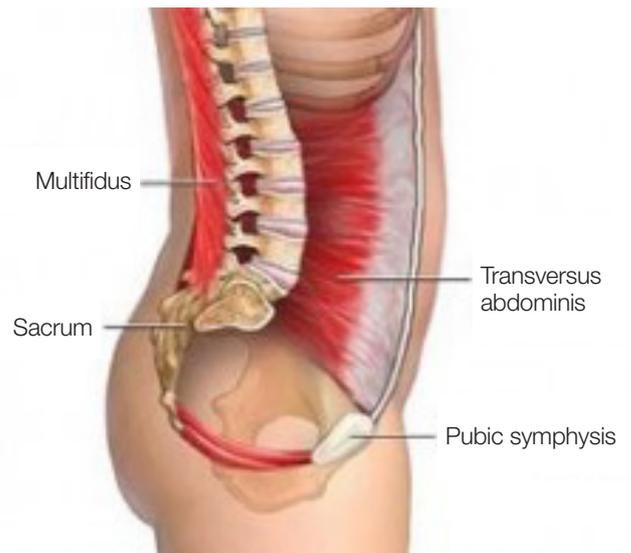
- Lie on your back with knees bent up.
- Place your hands on your pelvis.
- Gently flatten your lower back, then arch your lower back. This movement is quite small and should not increase your pain.
- Repeat five (5) times.

## ● Knee to chest

- Lie on your back.
- Bring one knee gently towards chest.
- Hold for two (2) seconds.
- Then lower knee back down.
- Repeat on other side (it is normal for one side to feel different to the other side).
- Repeat three (3) times on each leg.

## ● *Transversus Abdominus* exercise

- The *Transversus Abdominus* (Trans Ab) is a very important muscle for stabilising your spine. It acts as a muscular corset and works in conjunction with your pelvic floor muscles.
- Lie on your back with bent or straight knees. Place your fingers at the front of your hip bones. When the Trans Ab contracts you should feel a gentle tightening underneath your fingers.
- Draw in your pelvic floor muscles (*your physiotherapist will help you find the correct way to do this*), and gently draw in your lower abdomen.
- Maintain this position whilst breathing in and out for five (5) breaths. Then relax everything.



## ● Bent knee fall-out

- Lie on your back with knees bent up.
- Whilst contracting your *transversus abdominis* muscle, slowly lower one knee to the side and then bring it back up to the middle.
- Do not move your trunk or your pelvis during the exercise and don't hold your breath.
- Repeat five (5) times to each side per session.



# Once you are home

## General activity

When doing any activity ensure you prepare your environment well. Have items you use regularly within an arm's reach and at waist height. They should be positioned so you don't need to twist or bend whether you are sitting or standing.

This may involve rearranging your kitchen/bathroom/laundry/workspace etc.

Break your activities down into small portions and spread these out over the day – little and often.

Listen to what your body needs and rest when you need to.

Try to integrate the transversus abdominus exercise (pelvic floor activation) into your everyday movements – such as rolling over in bed, getting in and out of bed, standing up and sitting down, and walking.

Your goal is to have these muscles working at a low level throughout the entire day. You should contract the muscle just enough to feel it working. The more you practice this the more automatic it will become.

## Domestic activities

- Break your household jobs down into small tasks, and spread these tasks out over the day or week, rather than doing everything at once.
- Use long-handled tools (e.g. mop, upright vacuum cleaners) when possible. Bend your knees, keep your back straight and avoid twisting.
- If you need to reach the ground (e.g. when making beds), kneel down rather than bending over.
- When ironing, or completing kitchen tasks, make sure the workbench is high enough so you are not leaning over. Have your things in front of you, so that you are not twisting or reaching too far.
- When shopping use a small trolley rather than baskets, and do several smaller shops rather than one big one if possible.

## Childcare

- If possible, ask someone else to help with lifting your child. Use kneeling rather than bending if you need to be down at the child's level, including bathing and getting in and out of a pushchair.
- When carrying your child, have their back towards you so the heaviest part of the load is closest to you.
- When picking your child up, kneel if coming from the ground, or squat if coming from a lower surface, have the child as close to you as you can before you lift, and use a support (such as a chair) to push up on.
- When putting children or babies in car seats, put one foot on the footwell and slide your child off your thigh into their seat. Older children can be encouraged to climb up themselves.

## Car travel

- When you are in a car move the seat right back and make sure your back is well supported – you might find a lumbar roll or cushion behind your back helps with this.
- If driving for long distances, have regular breaks so that you can stand up and stretch your back.

## Returning to work

Your doctor will advise you on when you can return to work.

Once back at work, try to change your position regularly between sitting, standing and walking.

- If you sit at a desk try to have a chair that pivots and is on wheels to minimise twisting and reaching, and when sitting ensure your elbows are at desk height.
- If your work involves lifting or repetitive back movements and you would like further information on lifting techniques and back safety please consult a physiotherapist before you return to work.

## Sport and leisure

Ensure you try and return to some sort of regular exercise. This activity should ideally be something you enjoy, as you are more likely to continue with it. Regular exercise helps to keep your muscles strong, maintain a healthy weight and is good for stress relief.

## Sex

You can resume sexual activity when you feel comfortable – however it is advisable to take a more passive role initially. Generally lying on your back is the safest and most comfortable position, and you may find using a pillow under your back helps with support. Please ask your therapist if you would like further advice.



## References

Airaksinen O et al. European guidelines for the management of chronic nonspecific low back pain. *Eur Spine J.* 2006 Mar; 15 suppl 2:S192-300.

Costa, LCM et al 2012, The prognosis of acute and persistent low-back pain: a meta-analysis. *Canadian Medical Association Journal* May 2012.

Tulder MW and Koes BW, Diagnosis and treatment of low back pain. *The BMJ* 2006; 332:1430.

Deyo RA, Wienstein DO. Low Back Pain. *N.Eng J Med*: Feb 2001; 344: 363 – 370.





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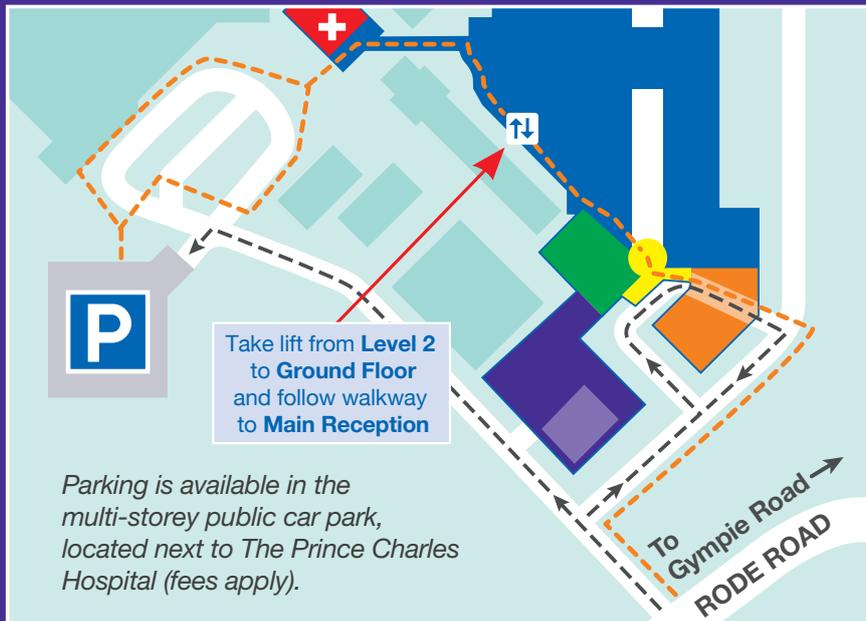
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*Parking is available in the multi-storey public car park, located next to The Prince Charles Hospital (fees apply).*

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|---|---|
|  St Vincent's Private Hospital Northside     |  St Vincent's Northside Education Centre |
|  Main Reception/drop-off zone                | <b>Level 1</b>  |
|  St Vincent's Northside Medical Centre       | - Breast Health Centre  |
|  Mary Aikenhead Building                     | - Consulting Suites   |
|  St Vincent's Northside Breast Health Centre | <b>Ground Floor</b>   |
|   | - Education Training Centre   |
|   | <b>Lower Ground Floor</b>   |
|   | - Executive Suites  |
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|--|---|
|  Brisbane Northside Private Emergency |  Multi-storey public carpark |
|  The Prince Charles Hospital          |  Vehicular route             |
|  |  Pedestrian route            |



Developed in consultation with our consumers (May 2017)

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