



Guidelines

for chronic back pain

TREATMENT

First, talk with your doctor and follow his or her treatment directions. For most people, treatment includes gradual return to activity and relief from pain with acetaminophen or a non-steroidal anti-inflammatory medication such as Ibuprofen, Motrin, Aleve, Advil and Naprosyn. Applying ice to the painful area is often recommended during the first 24 to 48 hours, warm massages or baths may be recommended. Back braces or other aids are rarely necessary, and surgery is not usually recommended.

BED REST

Bed rest should be limited during episodes of acute chronic back pain, and an early and reasonable return to normal activity (work, school, recreation) will not further damage your back or delay recovery.

POSTURE

Good posture can help reduce back stress and decrease pain. Practice good posture when lifting or carrying objects, and when sitting, standing or sleeping. Also remember to use correct posture during work or school activities.

EXERCISE AND AEROBIC CONDITIONING

Don't fear activity. Gentle back stretching and light activity performed during periods of acute back pain and spasm will help relieve pain. Low-impact exercises (biking, walking or swimming) can be started during the first two weeks of back pain. Your goal should be 20 minutes of exercise, three or four days per week. Your program should include flexibility exercises, strengthening and aerobic conditioning. Always consult your doctor before starting any exercise program.

PSYCHOLOGICAL FACTORS

Behaviors that may delay full recovery are:

- Your pain perception
- Present or absent social support
- Undiagnosed or unmanaged depression
- Obesity
- Smoking
- Fixed beliefs on what will cure your chronic back pain such as medications and surgery.