

Acute back pain

Definition: Back pain for less than 1-2 months.

Diagnosis:

By history and physical exam.

You do **not** need x-rays or other imaging if you have acute pain. Here's why:

- About 1 in 4 adults with **NO** pain have abnormal x-rays. More than half have abnormal CT scans. 1/4 to 1/2 have abnormal MRI scans.
- Abnormal findings in patients with **NO** pain include desiccation/degeneration of discs, bulging/herniated discs, loss of disc height, spondylolysis/previous stress fracture, bone spurs, and mild stenosis (narrowing).
- Abnormal findings do **NOT** change the recommendations for treatment of acute back pain.

Prognosis:

1 in 3 patients are greatly improved after one week.

2 in 3 patients are greatly improved after seven weeks.

Recurrences are common and may affect up to 40% of patients within six months. Most recurrences heal just the same way as the initial acute pain.

Sciatic pain (back pain radiating down the legs) typically heals more slowly. 1 in 3 patients are greatly improved in two weeks, and 75% have recovered after three months.

Are you a Chronic Pain patient?

Do NOT use your chronic pain medications to treat acute back pain. If you do this, you are likely to run out early, and your doctor (and the emergency room or urgent care doctors) is very UNlikely to give you any additional medicine.

Treat chronic pain chronically (with your usual medicine, used in the usual way), and acute pain acutely (see below). Your prognosis for acute back pain is about the same as anybody else's.

Treatments:

Bed rest?

NO. You should be as normally active as you are able to tolerate.

Patients who stay in bed for 2-7 days have more pain and less complete recovery, due to loss of muscle mass, which is very rapid in bed rest.

Consider getting a doctor's note for temporary work restrictions on heavy lifting and bending.

Medications to discuss with your doctor:

NSAIDs, Ibuprofen/Advil 600mg 4x/day OR etodolac 400-500mg 2x/day OR meloxicam/Mobic 15mg/day (not during pregnancy, or with kidney disease, hepatitis C, or active liver disease)

Acetaminophen/Tylenol, 1000mg 4x/day (limit to 2x/day in hepatitis C or active liver disease)

Muscle relaxers, cyclobenzaprine/Flexeril 5-10mg 3x/day, methocarbamol/Robaxin, 1500mg 3x/day, carisoprodol/Soma 250-350mg 3-4x/day (2 weeks maximum)

Lidocaine patch/Lidoderm, 12 hours on, 12 hours off

Complementary treatment to use on your own:

Heat and cold (heating pad or rice bag; ice pack)

Ointments and rubs (asperceme, arnica, capsaicin/hot pepper ointment, tiger balm, etc.)

Massage therapy

Acupuncture

Chiropractic

Ten "Red Flags" that indicate dangerous causes of back pain:

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| <ul style="list-style-type: none">• Recent significant trauma (for example, fall from a height), or milder trauma over age 50.• Unexplained sudden weight loss.• Unexplained fever.• Immunosuppression (HIV, diabetes, chronic steroids).• Past medical history of cancer. | <ul style="list-style-type: none">• Current or recent intravenous (IV) drug use.• Osteoporosis, and/or using chronic steroids.• Age >70.• Nerve damage with worsening disabling symptoms (weakness, urinary retention, severe numbness).• Severe pain not improving for more than 6 weeks. |
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If you have Red Flags, you will need a complete physical exam, a back x-ray, and some blood tests, to rule out infection and cancer as unusual causes of acute back pain. **These occur less than 1% of the time!**