



Low back pain

Background and important information

This information leaflet will provide you with guidance on your back pain. It is designed to provide information about back pain and to explore different ways to **self-manage** back pain to assist with longer term improvement and reduction in symptoms.

It is intended to supplement the advice and information given to you by your GP, Physiotherapist or at one of the back classes offered within the Wiltshire MSK Physiotherapy services.

It is important to speak to a GP if symptoms change significantly. If you develop any of the symptoms below you should see your doctor/attend A&E immediately:

- Difficulty passing or controlling urine
- Loss of sensation or inability to stop a bowel movement
- Numbness around your back passage or genitals

These symptoms can be a sign of more serious problem which needs to be assessed urgently.



Working in partnership Great Western Hospitals NHS Foundation Trust Royal United Hospitals Bath NHS Foundation Trust Salisbury NHS Foundation Trust www.wiltshirehealthandcare.nhs.uk	
This is a controlled document. Whilst it may be printed, the electronic version saved on the T.drive is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local drives but should be accessed from the T.drive	
Date of last review: 01/18	Document Ref: 301187
Printed on 25/01/2018 at 10:31 AM	

Back pain is not fun!

Back painWhat is it?

Low back pain (LBP) is a common disorder that can involve the muscles, nerves, and bones of the back. Pain can vary from a dull constant ache to a sudden sharp feeling.

Who gets back pain?

80% of people suffer from back pain at some point in their lives, however 60% of people find their back pain rapidly improves within the first month.

Back pain is the most common musculoskeletal disorder that people experience.

Some facts and figures about back pain:



- *In the UK, **2.5 million people** have back pain every day*
- ***1 in 15** of the population will consult their GP about their back pain*
- ***Very few sufferers will need surgery***
- *It is estimated that **60-75%** of all back pain is **Non Specific Low Back Pain***

What is Non Specific Low Back Pain?

Pain or discomfort experienced between the bottom of the rib cage and the top of the legs. In most cases, it is not due to a serious disease or serious back problem, and the exact cause of the pain is not clear. Several structures may contribute to the symptoms. The advice is to keep active and continue with your normal activities as much as possible to help reduce these symptoms.

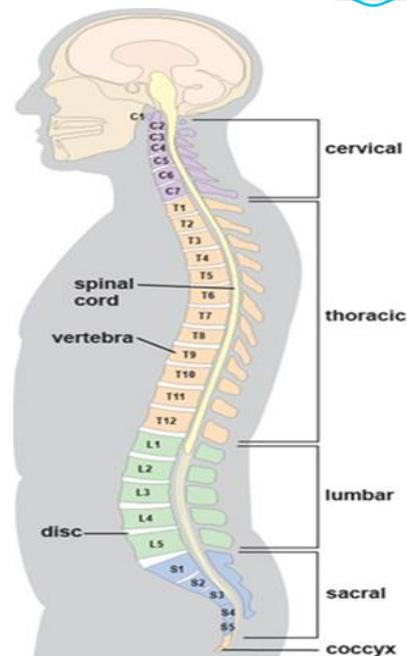
Working in partnership Great Western Hospitals NHS Foundation Trust Royal United Hospitals Bath NHS Foundation Trust Salisbury NHS Foundation Trust www.wiltshirehealthandcare.nhs.uk This is a controlled document. Whilst it may be printed, the electronic version saved on the T.drive is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local drives but should be accessed from the T.drive	
Date of last review: 01/18	Document Ref: 301187
Printed on 25/01/2018 at 10:31 AM	

Anatomy of the spine

The spine is made up of 5 areas – the **cervical spine** (neck), **thoracic spine** (mid back), **lumbar spine** (lower back), **sacrum** (attached to the pelvic bones) and the **coccyx** (tail bone). Each individual bone in the cervical, thoracic and lumbar spine is called a **vertebra**. In between each of the vertebrae are **spinal discs**.

The vertebrae and discs are connected and supported by lots of ligaments and muscles.

The main functions of the spine are to protect the spinal cord, provide support and stability to the rest of the body and to allow movement.



There are many potential sources of back pain including:

- Ligaments
- Muscles
- Discs
- Bone – arthritis, osteoporosis
- Nerves – Spinal stenosis, nerve root pain

When back pain has been present for a number of months, it is often the case that pain can be attributed to a number of sources rather than just one. For example a muscular back sprain may cause tighter muscles, which in turn will reduce movement of the spine and cause stiffness in the spinal ligaments and spinal joints. For more detailed information on these different sources of pain see **Fact Sheet One (p12)**

Summary – The spine is a complex structure made up of many components. Sometimes it isn't possible to attribute pain to one particular component.

Working in partnership
 Great Western Hospitals NHS Foundation Trust
 Royal United Hospitals Bath NHS Foundation Trust
 Salisbury NHS Foundation Trust
www.wiltshirehealthandcare.nhs.uk

This is a controlled document. Whilst it may be printed, the electronic version saved on the T.drive is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local drives but should be accessed from the T.drive

Date of last review: 01/18

Document Ref: 301187

Printed on 25/01/2018 at 10:31 AM

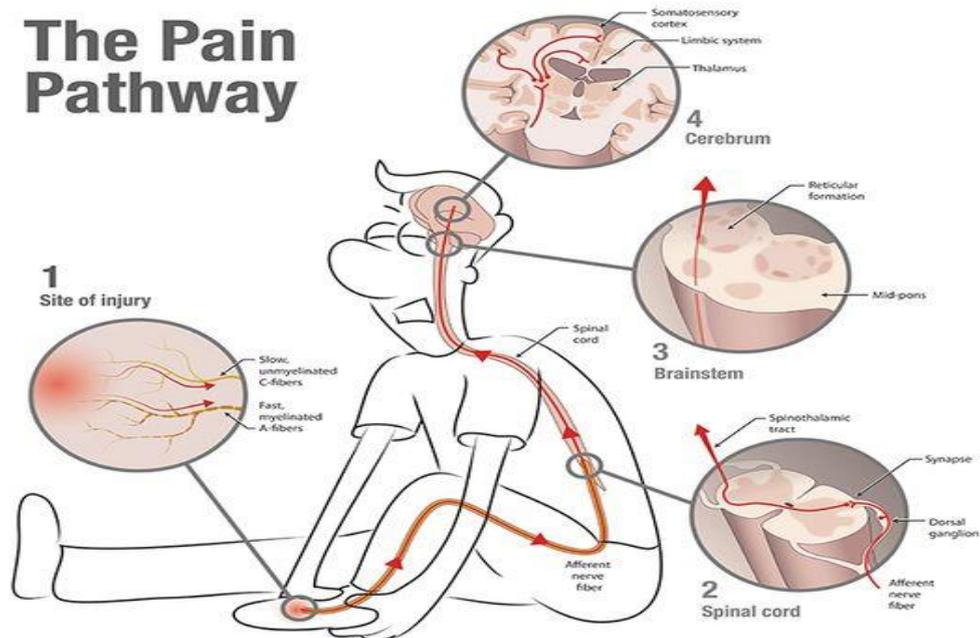
Let's look more in depth at pain.....

What is pain?

*'An unpleasant sensory and emotional experience of **actual or potential harm**'*

How is pain created?

When a painful stimulus or tissue damage occurs, specialised nerve cells (nociceptors) are activated which result in a signal being sent to the spinal cord. These signals enter at the dorsal horn of the spinal cord and, if the signal is significant enough, the signal continues up the spinal cord into the brain. The brain then analyses this signal, taking into account many factors such as the environment, perceived threat, previous experience etc. and decides on the appropriate response. A signal is then created by the brain and sent back down the spinal cord and out to the point of injury and it is at that point that we feel pain. Therefore pain doesn't exist unless and until the brain receives information from the body, where this information is then decoded and perceived as pain.



This entire process happens almost instantly e.g. if you touch a hot stove your brain will immediately tell you to remove your hand to avoid further damage.

Working in partnership Great Western Hospitals NHS Foundation Trust Royal United Hospitals Bath NHS Foundation Trust Salisbury NHS Foundation Trust www.wiltshirehealthandcare.nhs.uk This is a controlled document. Whilst it may be printed, the electronic version saved on the T.drive is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local drives but should be accessed from the T.drive	
Date of last review: 01/18	Document Ref: 301187
Printed on 25/01/2018 at 10:31 AM	

Normal Healing Times

It is generally agreed that normal healing of tissue involves three stages:

Inflammation - This occurs within a few minutes of injury and can last up to a week. This is the body's natural response to trauma. People can experience swelling, pain, heat and redness.

Proliferation- The wound begins to be rebuilt with new, healthy granulation tissue. This occurs in the first few weeks after injury.

Maturation - Also known as remodelling, is the last stage of the wound healing process. This usually begins around 3 weeks and takes a few months to complete. During this phase new tissue is remodelled to more closely mimic surrounding, mature tissues.

There are things which can delay healing times such as age, blood supply, tissue health, smoking, diabetes etc, but in general most healing is completed within 3 months.

So why does pain last longer than the normal healing time of 3 months for some people?

Pain experienced within this 3 month period is referred to as '**acute pain**'.

Pain that continues over a longer period of time is referred to as '**chronic pain**'. This is due to changes that occur in the nervous system when pain has persisted for more than 12 weeks. However, these changes do not need to be permanent and can be reversed if we actively manage the pain.

How accurate is pain as an indication of damage?

Pain is used as a **warning mechanism**. In the acute phase it is usually reasonably accurate e.g. we can tell the difference between a sprain and a fracture. However, the pain warning mechanism isn't always accurate e.g. it does not provide an accurate indication of tissue damage with some injuries such as paper cut, battle injury. Chronic pain is a less accurate warning mechanism e.g. light touch or small movements can cause significant levels of pain which aren't related to new tissue damage.



Working in partnership Great Western Hospitals NHS Foundation Trust Royal United Hospitals Bath NHS Foundation Trust Salisbury NHS Foundation Trust www.wiltshirehealthandcare.nhs.uk This is a controlled document. Whilst it may be printed, the electronic version saved on the T.drive is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local drives but should be accessed from the T.drive	
Date of last review: 01/18	Document Ref: 301187
Printed on 25/01/2018 at 10:31 AM	

Why do these changes in the accuracy of pain occur?

There are many reasons:

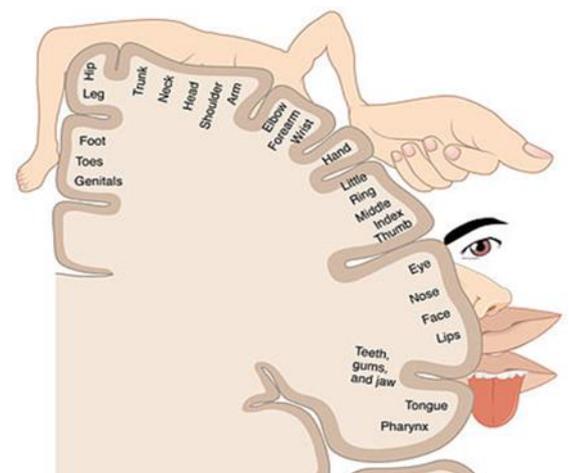
Muscular System:

Ongoing pain affects how we use our body. We may avoid certain movements or move in a different way. This leads to muscle weakness and loss of muscle length which, in turn, triggers further warning responses in the brain. Keeping the muscles strong and supple reduce these warning responses.

The brain:

The homonculus is a map of all the body parts and is found in the centre of the brain.

If the brain has consistently received signals from a particular area of the body, this body part's representation in the homonculus map becomes 'bigger'. This means that the brain will respond more quickly to messages from these sensitive regions. This, in turn, causes amplified pain signals to be sent back down to the problem area, despite the inputting signal not having changed in size.



The nervous system - Sympathetic and parasympathetic:

The **sympathetic nervous system's** primary process is to stimulate the body's **fight-or-flight** response i.e. the production of adrenaline. It is automatically triggered by the body in response to ongoing pain. Increased activity of this system causes increased heart rate and blood pressure and, at even higher levels, causes increased alertness and can lead to disturbed sleep.

The sympathetic nervous system is described as being complementary to the **parasympathetic nervous system** which stimulates the body to "**rest-and-digest**". This system has a calming effect and assists better sleep and healing. The difficulty is that when we are in pain it is often difficult to sleep well and to activate this system! In this circumstance, practising relaxation can be helpful.

Working in partnership Great Western Hospitals NHS Foundation Trust Royal United Hospitals Bath NHS Foundation Trust Salisbury NHS Foundation Trust www.wiltshirehealthandcare.nhs.uk This is a controlled document. Whilst it may be printed, the electronic version saved on the T.drive is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local drives but should be accessed from the T.drive	
Date of last review: 01/18	Document Ref: 301187
Printed on 25/01/2018 at 10:31 AM	

Why do these changes in the accuracy of pain occur? (Continued)

Previous experience: Previous experience of pain or treatments is stored in the memory and influences expectations of the outcome of treatment.

Expectations of consequences: Fear of pain can lead to avoidance of activities that are associated with the occurrence of pain. When we then try those activities again the body has an expectation of pain. Moving as normally as possible helps to reduce these fears.

Social/work environment: Family and work life can add stresses and strains e.g. lack of confidence in performing work activities, supportiveness of managers. Good support assists with actively managing pain levels.

Cultural beliefs: “Culture has the ability to shape attitudes and beliefs about health and illness. More specifically, it affects openness to receiving support in addition to one’s health seeking behaviours.” (Lovering, 2006)

Endocrine system: The hormone system is responsible for controlling tissue regeneration and healing. There’s no question that chronic pain can lead to stress which results in the release of hormones such as cortisol into the body. Persistent pain alters hormone levels and this affects mood, quality of sleep, healing times and increases pain levels - it’s a cruel cycle. For this reason it is very important to take measures to reduce daily emotional and physical stress.

Summary - CHRONIC PAIN IS COMPLEX! *It has many contributing factors and involves the alteration of how the brain is organised. This can result in normal movements or sensations causing pain. This is called ‘Central Sensitivity’*

HOWEVER: *The sensitivity of the **nervous system** can be changed and is **not a fixed state**. It can be re-trained. As with all cells, pain sensors are replenished every few days and therefore have the **potential to change**.*

What will help?

Working in partnership Great Western Hospitals NHS Foundation Trust Royal United Hospitals Bath NHS Foundation Trust Salisbury NHS Foundation Trust www.wiltshirehealthandcare.nhs.uk This is a controlled document. Whilst it may be printed, the electronic version saved on the T.drive is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local drives but should be accessed from the T.drive	
Date of last review: 01/18	Document Ref: 301187
Printed on 25/01/2018 at 10:31 AM	

Research looking into back pain and its management does not support the **widespread use** of invasive techniques such as **spinal injections or surgery**. There are many simple measures that can help you to manage your pain.

Activity/Exercise: Many people with pain fear exercise in case it causes more problems or pain. However this is not true. Research has found that regular exercising actually decreases pain and discomfort. It prepares the body for other activities. It can strengthen weak muscles and improve mood and well-being. Exercising results in the release of hormones such as endorphins and serotonin from the brain. Endorphins and serotonin trigger a positive feeling in the body and endorphins act as analgesics, which means they diminish the perception of pain. Start slowly and build up exercise. Unfit and under used muscles can ache more than developed ones but this will improve with practice.

Medication: There are many different types of medication which work on different parts of the pain pathway. Pain medication can be used as part of treatment for chronic pain to help **regulate** or normalise the pain pathway. This, in turn, can enable more comfortable movement, higher activity levels and help maintain normal life.

Physical therapies: Mobilisations, soft tissue work and manipulations can be useful at initial stages of treatment in combination with exercises.

Other modalities:

Some people find using heat or cold is useful at providing pain relief. For example, a warm bath, a hot water bottle or an ice pack placed on the affected area for 10-15 mins at a time. Wrap an ice pack or bag of frozen peas in a cloth. Do not put directly onto the skin. Others find treatment modalities such as a TENS machine to be useful in helping to regulate the pain pathway.

The effectiveness of these treatment options tend to be down to an individual's personal preference.



Working in partnership Great Western Hospitals NHS Foundation Trust Royal United Hospitals Bath NHS Foundation Trust Salisbury NHS Foundation Trust www.wiltshirehealthandcare.nhs.uk This is a controlled document. Whilst it may be printed, the electronic version saved on the T.drive is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local drives but should be accessed from the T.drive	
Date of last review: 01/18	Document Ref: 301187
Printed on 25/01/2018 at 10:31 AM	

What will help? (Continued)

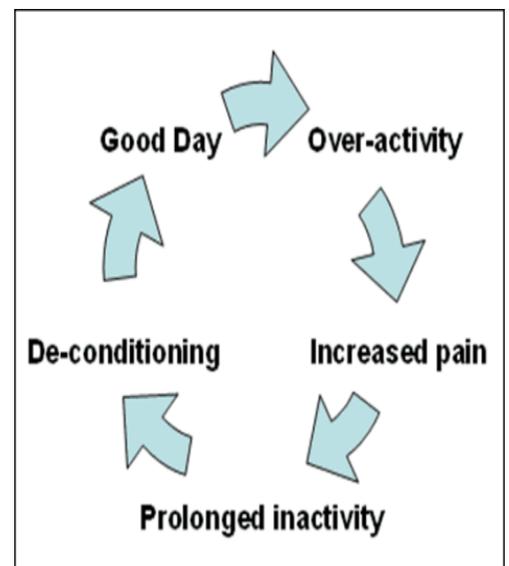
Relaxation: Learning relaxation techniques can be a very useful skill to help cope with and manage pain. Anxiety, tension and stress can make the pain worse. Also, the pain itself can lead to anxiety, tension and stress, so it's a vicious circle. We can try and break this cycle using relaxation.

It sounds easy, but quite often, learning to properly relax takes time. It requires regular practice, ideally every day, and gradually it should become easier.

Pacing activities:

It's very common to fall into an unhelpful trap of 'boom and bust' patterns, where on days with less pain we find ourselves saying: *"I must get this and that before my pain increases again."*

The trouble with this is we often overdo things, ending up with increased pain for a few days afterwards. This pattern of activity can lead to being stuck in the cycle of pain and is demoralising. Learning to find a personal balance of activity, breaks, relaxation, and change of activities in different postures can boost confidence and help overall productivity. It also helps to keep the muscles strong and active, reducing the chances of 'deconditioning'.



Goal Setting: Sometimes it's difficult to know where to start when tackling back pain. It can impact so many areas of our lives. Goal setting can be a useful strategy to help focus our attention of on improving one area at a time that is affected by our pain. Pain can be quite overwhelming at times and goals can give us an incentive to get started and keep going. Sometimes progress can be quite slow but when we set goals and achieve them then we can recognise that we have made progress and that there has been some improvement. See **Activity One (p16)**.

Working in partnership Great Western Hospitals NHS Foundation Trust Royal United Hospitals Bath NHS Foundation Trust Salisbury NHS Foundation Trust www.wiltshirehealthandcare.nhs.uk This is a controlled document. Whilst it may be printed, the electronic version saved on the T.drive is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local drives but should be accessed from the T.drive	
Date of last review: 01/18	Document Ref: 301187
Printed on 25/01/2018 at 10:31 AM	

Desensitising techniques: When pain is chronic, the body's response to sensations such as light touch, pressure, heat or cold can become altered. The nervous system may become extra sensitive to these sensations and consequently give you a lot of pain. This is called allodynia. You can reduce these sensations by deliberately bombarding the sensitive nerve endings with different stimuli. You may need someone to help you with these techniques if you are unable to reach the affected area. See **Activity Two (p17)**.

Beliefs, knowledge & logic: Research has shown that understanding pain, why it is created, how it is affected and what can be done to manage it is of utmost important when dealing with chronic pain. It's important to take an **active role in your health care**. That way challenges are met head on and you feel more in control of your pain.

Posture and Ergonomics: Posture is a term used to describe how your body is positioned when you're sitting, standing and lying down. In a good posture muscles work more efficiently, joints and discs are loaded normally and ligaments are at their optimum tension, providing their best support. Ergonomics is the science of refining the design of products to optimise them for human use. We should aim to combine good posture with good ergonomics with all tasks at work or at home. See **Activity Three (p18)**.

Managing mood and thoughts: Our experience of pain stays with us in our memory and that can affect our thoughts, mood and behaviours. For example, we may start to associate something with pain and actively avoid it due to being worried that it will cause significant damage. We might find that a feeling of pain may be set-off just by thinking of a past experience of pain. Sometimes we need to explore these thoughts and feelings a little further and implement some changes to manage them. It can be useful to talk to someone e.g. a friend, GP or therapist to help to implement changes. The following links are helpful in exploring our thinking patterns.

Pain management <http://www.paintoolkit.org/>
Cognitive Behavioural Therapy self-help <http://www.getselfhelp.co.uk/selfhelp.htm>
Mood juice <http://www.moodjuice.scot.nhs.uk/>
Mood gym <https://moodgym.anu.edu.au>

Working in partnership Great Western Hospitals NHS Foundation Trust Royal United Hospitals Bath NHS Foundation Trust Salisbury NHS Foundation Trust www.wiltshirehealthandcare.nhs.uk This is a controlled document. Whilst it may be printed, the electronic version saved on the T.drive is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local drives but should be accessed from the T.drive	
Date of last review: 01/18	Document Ref: 301187
Printed on 25/01/2018 at 10:31 AM	

Managing flare-ups of pain

Occasionally ‘flare-ups’ of back pain may occur. These can be frustrating and disappointing but it is important to try not to be too disheartened. A flare-up should be temporary and will settle down. If you have a flare up, firstly try not to panic! If the pain is severe take pain medication as it’s been prescribed and keep any bed rest to a minimum – no more than 48-72 hours. Consider implementing strategies such as relaxation, pacing activities and changing position regularly. Remember that flare-ups are not just physical. A flare-up of pain can triggered by external circumstances such as stress or lack of sleep. During a flare-up unhelpful thoughts such as “this is awful”, “I can’t cope”, “I am back at the beginning” may develop. It is important to try and manage these thought patterns.

Further information:

Prof Lorimer Moseley *Insightful explanation of pain – “Why Things Hurt”*;

<https://www.youtube.com/watch?v=gwd-wLdlHjs>

Explain pain in less than 5 minutes:

https://www.youtube.com/watch?v=C_3phB93rvl

Dr Mike Evans *Low Back Pain*: <https://www.youtube.com/watch?v=BOjTegn9RuY>

Dr Mike Evans *23 and ½ Hours*: <https://www.youtube.com/watch?v=aUalnS6HIGo>

Pain and Me: Tamar Pincus talks about chronic pain, acceptance and commitment (3 minute Youtube clip): <https://www.youtube.com/watch?v=ZUXPqphwp2U>

Health and Safety Executive Advice: <http://www.hse.gov.uk/msd/backpain/>

Government guidelines for physical activities:

<https://www.gov.uk/government/publications/uk-physical-activity-guidelines>

Back In Control: A self help guide to managing back pain & enabling recovery

<https://www.nhsinform.co.uk/msk/back>

NHS Choices website - <https://www.nhs.uk/conditions/nhs-fitness-studio>

Activity and Nutrition Tips: <http://www.nhs.uk/change4life/Pages/change-for-life.aspx>

Relaxation resources: <http://www.learnrelaxationtechniques.com/1221/free-guided-meditation-resources/>

Working in partnership

Great Western Hospitals NHS Foundation Trust

Royal United Hospitals Bath NHS Foundation Trust

Salisbury NHS Foundation Trust

www.wiltshirehealthandcare.nhs.uk

This is a controlled document. Whilst it may be printed, the electronic version saved on the T.drive is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local drives but should be accessed from the T.drive

Date of last review: 01/18

Document Ref: 301187

Printed on 25/01/2018 at 10:31 AM

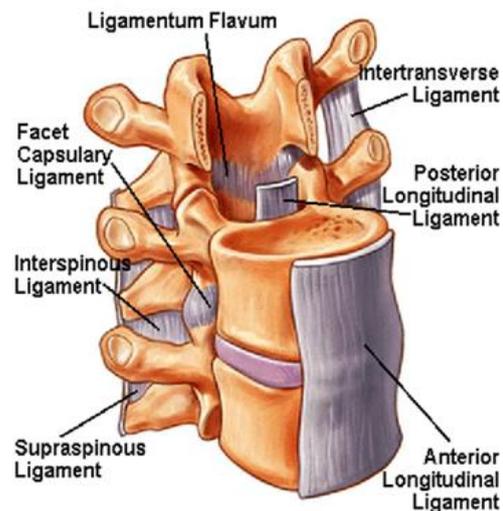
Fact Sheet One – Anatomy of the spine:

Ligaments:

There are many ligaments in the spine. The main cause of ligament pain is usually trauma or sudden and excessive movements. This may be twisting, incorrect lifting or awkward bending. These actions can cause the ligaments to become over-stretched resulting in a sprain.

Poor posture can also cause the lower spinal and pelvic ligaments to gradually become stretched and lengthened which can result in additional pressure on the spine.

Being mindful of posture and lifting techniques, along with exercising regularly and moving normally i.e. not avoiding movements, has been shown to improve and prevent ligament pain.



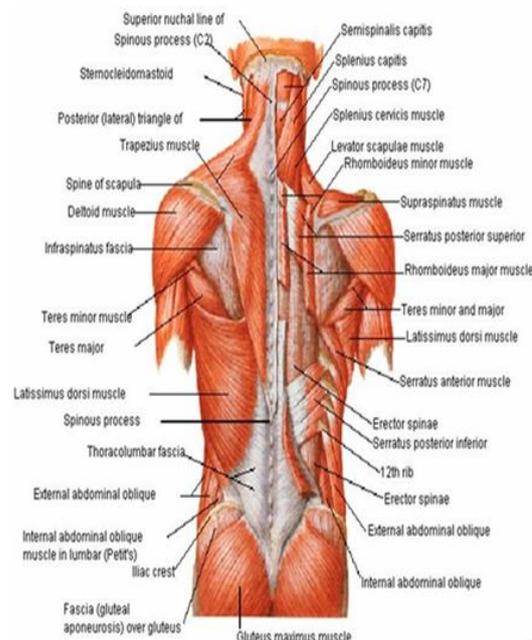
Muscles:

The picture illustrates there are many muscles in the back. Some are designed to 'stabilise' the spine, some are 'mover' muscles and some are 'power' muscles.

Muscle strain can be caused by any movement that puts undue stress on the lower back. Frequent causes include lifting a heavy object, lifting while twisting, sudden movements or a fall.

Muscular pain can be a mild ache or sudden debilitating pain. Typical symptoms can include localised pain in the low back, pain that is better at rest and worse on movement and muscle spasm.

Pain can also occur when muscles become gradually weakened or lengthened due to underuse or poor posture. Research shows that exercise is one of the best ways to alleviate muscular pain.



<p>Working in partnership Great Western Hospitals NHS Foundation Trust Royal United Hospitals Bath NHS Foundation Trust Salisbury NHS Foundation Trust www.wiltshirehealthandcare.nhs.uk This is a controlled document. Whilst it may be printed, the electronic version saved on the T.drive is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local drives but should be accessed from the T.drive</p>	
Date of last review: 01/18	Document Ref: 301187
Printed on 25/01/2018 at 10:31 AM	

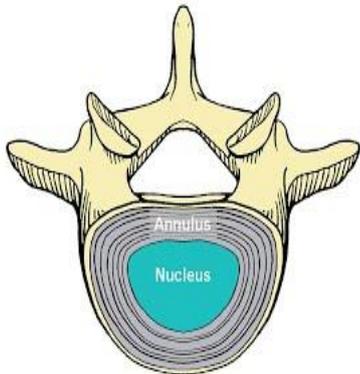
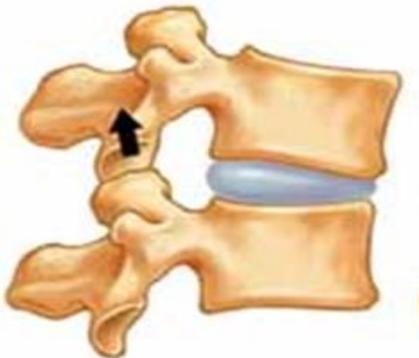
Anatomy of the spine (continued):

Discs:

The spinal discs act as shock absorbers between vertebrae. They are made up of two parts: a tough outer fibrous portion (annulus fibrosus) and a soft inner core (nucleus pulposus).

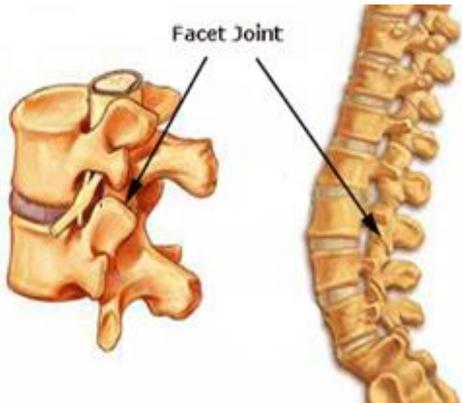
Leaning forward may push the soft core inside the disc towards the back causing the disc to then expand. If this movement is done repeatedly, the outer fibres of the disc start to wear down. This can cause a weakness in the disc which can lead to the soft core bulging through the fibrous casing of the disc, or in some cases the fibrous casing can split and the soft core protrudes outside. This is clinically known as a disc prolapse or herniation but is often referred to as a 'slipped disc'. If this disc prolapse puts pressure on a spinal nerve root this can cause severe pain in the low back or down the leg. In 90% of cases a disc prolapse will naturally resolve within 3 months of onset.

Over time, spinal discs dehydrate and become stiffer, causing the disc to be less able to adjust to compression. Gradual degeneration can occur to the spinal discs also. Nearly everyone experiences some disc degeneration after age 40. It doesn't necessarily mean it will be painful.



Bones:

Degenerative changes in the spine (also referred to as Osteoarthritis) are not typically due to a specific injury but rather to age. Osteoarthritis occurs at the facet joints when the protective cartilage that cushions the top of bones degenerates, or wears down. This can cause pain. It may also result in the development of osteophytes (spurs of bone).



Working in partnership Great Western Hospitals NHS Foundation Trust Royal United Hospitals Bath NHS Foundation Trust Salisbury NHS Foundation Trust www.wiltshirehealthandcare.nhs.uk This is a controlled document. Whilst it may be printed, the electronic version saved on the T.drive is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local drives but should be accessed from the T.drive	
Date of last review: 01/18	Document Ref: 301187
Printed on 25/01/2018 at 10:31 AM	

Anatomy of the spine (continued):

Osteopenia and Osteoporosis:

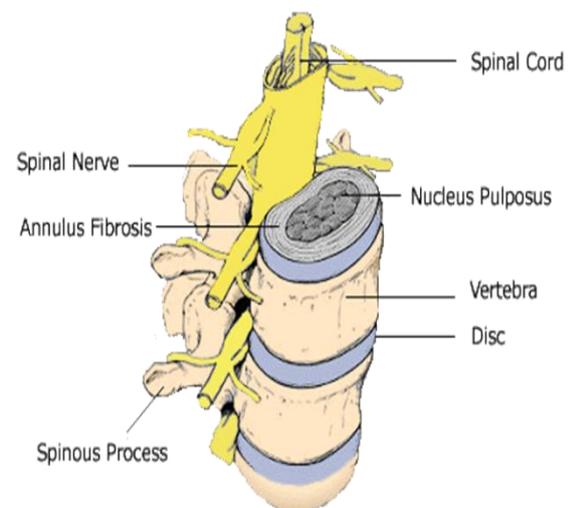
Osteopenia is the thinning of bone mass and is considered a risk factor for the development of osteoporosis. Osteoporosis is a condition that weakens bones, making them fragile and more likely to break. It develops slowly over several years and is often only diagnosed when a minor fall or sudden impact causes a bone fracture. Fractures that occur purely due to reduced bone strength and without trauma are described as ‘fragility fractures’.



Nerves:

Nerve root pain:

The most common cause of nerve root pain is narrowing of the bony canal where the nerve exits from a certain level of the spine. The canal can be narrowed by something soft like a disc bulge or something hard like increased bone due to age related changes. If the nerve has been irritated then it is likely that the nerve will become inflamed. An inflamed nerve tends to increase in size and therefore takes up more room. Nerve root pain can range from mild to severe. Often nerve root pain and back pain are present at the same time. If the leg pain is worse than the back pain it is more likely to be from the nerve. Around 1 in 20 people with spinal pain will have nerve root pain. The most common age for nerve root pain is 30-50. As the inflammation around the nerve reduces, the limb pain will also reduce.



Working in partnership Great Western Hospitals NHS Foundation Trust Royal United Hospitals Bath NHS Foundation Trust Salisbury NHS Foundation Trust www.wiltshirehealthandcare.nhs.uk This is a controlled document. Whilst it may be printed, the electronic version saved on the T.drive is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local drives but should be accessed from the T.drive	
Date of last review: 01/18	Document Ref: 301187
Printed on 25/01/2018 at 10:31 AM	

Anatomy of the spine (continued):

Spinal stenosis:

Spinal stenosis is a disorder that is caused by a narrowing of the spinal canal. This narrowing usually happens as a result of the degeneration of the facet joints and the intervertebral discs or age related thickening of the spinal ligaments. These changes can cause a narrowing of the spinal canal and may begin to impinge and put pressure on the nerve roots and spinal cord, creating the symptoms of spinal stenosis. Symptoms usually develop slowly and vary with activity. Initially stenosis can cause pain in low back but can develop to a pain in both legs when walking or standing which is relieved by sitting.

Hypermobility:

Hypermobility is the term used to describe the ability to move joints beyond the normal range of movement. Joint hypermobility is common in the general population. It may be present in just a few joints or it may be widespread. In most people joint hypermobility is of no medical consequence and commonly does not give rise to symptoms. However, some people with hypermobile joints may have symptoms such as joint or muscle pain and may find that their joints are prone to injury.

Working in partnership
Great Western Hospitals NHS Foundation Trust
Royal United Hospitals Bath NHS Foundation Trust
Salisbury NHS Foundation Trust
www.wiltshirehealthandcare.nhs.uk

This is a controlled document. Whilst it may be printed, the electronic version saved on the T.drive is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local drives but should be accessed from the T.drive

Date of last review: 01/18

Document Ref: 301187

Printed on 25/01/2018 at 10:31 AM

Activity One – Implementing Goal Setting:

We can use the acronym SMART to help use set goals:

S – Specific – Goals need to be detailed with regard to what you want to achieve

M – Measurable – You need to know when you’ve achieved the goal

A – Achievable – Aiming for something that isn’t too ambitious

R – Realistic – What is reasonable? Take into consideration time available etc.

T – Timed – Give yourself a timeframe by which you are aiming to achieve this goal

There are many different categories of goals:

Physical goals — getting back to things you love to do, like walking, jogging, bicycling, or going to the gym

Recreational goals — participating in favourite activities such as gardening, going to the cinema or playing sports

Lifestyle goals — improving your health and outlook by stopping habits like smoking, by losing weight, or getting regular sleep

Creative goals — getting our mind off the pain by painting, writing, playing a musical instrument, or taking up a new hobby

Example Goals:

“I want to do some gardening for 15 minutes each day without pain”

“I want to be able to walk pain free for 20 minutes on flat terrain”

Long term and short term goals:

Short term goals are small stepping stones to achieving long term goals. Achieving several short term goals will lead to achieve long term goals.

Exercise – Setting your personal goals:

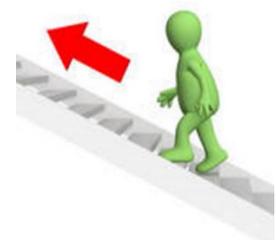
My goal is: _____

How I will do it: _____

How I will measure it: _____

How I will achieve it: _____

Target date to achieve my goal: _____



Working in partnership Great Western Hospitals NHS Foundation Trust Royal United Hospitals Bath NHS Foundation Trust Salisbury NHS Foundation Trust www.wiltshirehealthandcare.nhs.uk This is a controlled document. Whilst it may be printed, the electronic version saved on the T.drive is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local drives but should be accessed from the T.drive	
Date of last review: 01/18	Document Ref: 301187
Printed on 25/01/2018 at 10:31 AM	

Activity Two – Desensitising Techniques

Massage the sensitive area for five minutes, every two hours – you could use a perfume free moisturiser, such as Nivea or E45.

Different textures (such as velvet, Velcro, cloth, moleskin, towelling)

- Choose a texture that is almost unbearable for you to touch.
- Rub this texture over the area for a few seconds.
- Then choose a texture that is bearable.
- Rub this over the area for two to three minutes, concentrating on feeling the touch rather than the pain.
- Return to your first (unbearable) texture and rub it over the area for two minutes. It should now be more bearable.
- Once the first texture becomes bearable, choose a new unbearable one and continue the process.
- Repeat 5 times a day.

OR

Pick three types ranging from soft to rough. Stroke the texture with full skin contact up and down the area ten times, four times a day.

Working in partnership

Great Western Hospitals NHS Foundation Trust
Royal United Hospitals Bath NHS Foundation Trust
Salisbury NHS Foundation Trust

www.wiltshirehealthandcare.nhs.uk

This is a controlled document. Whilst it may be printed, the electronic version saved on the T.drive is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local drives but should be accessed from the T.drive

Date of last review: 01/18

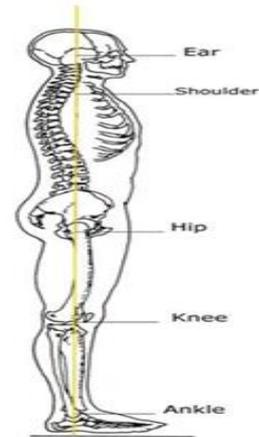
Document Ref: 301187

Printed on 25/01/2018 at 10:31 AM

Activity Three – Good Posture and Ergonomics

Good standing posture

- Long neck
- Shoulder blades drawn downwards
- **Neutral** spine
- Knees relaxed
- Even weight distribution



Good Sitting Posture

- Hips at 90° or slightly higher
- Knees at 90°
- Feet firmly on the floor
- Lumbar lordosis maintained
 - could use a lumbar roll
- Supportive chair
- Move every 20-30 minutes
- When standing up move to the edge of the chair and push with the legs to stand



Good driving posture

- Adjust your seat so that wrists rest on the steering wheel and knees are slightly bent
- Adjust mirror
- Possibly use a lumbar support
- Move in your seat when stationary
- Plan frequent breaks
- Use aids to get in/out if needed
- Luggage – limit the weight you lift in/out of boot



Working in partnership
 Great Western Hospitals NHS Foundation Trust
 Royal United Hospitals Bath NHS Foundation Trust
 Salisbury NHS Foundation Trust
www.wiltshirehealthandcare.nhs.uk

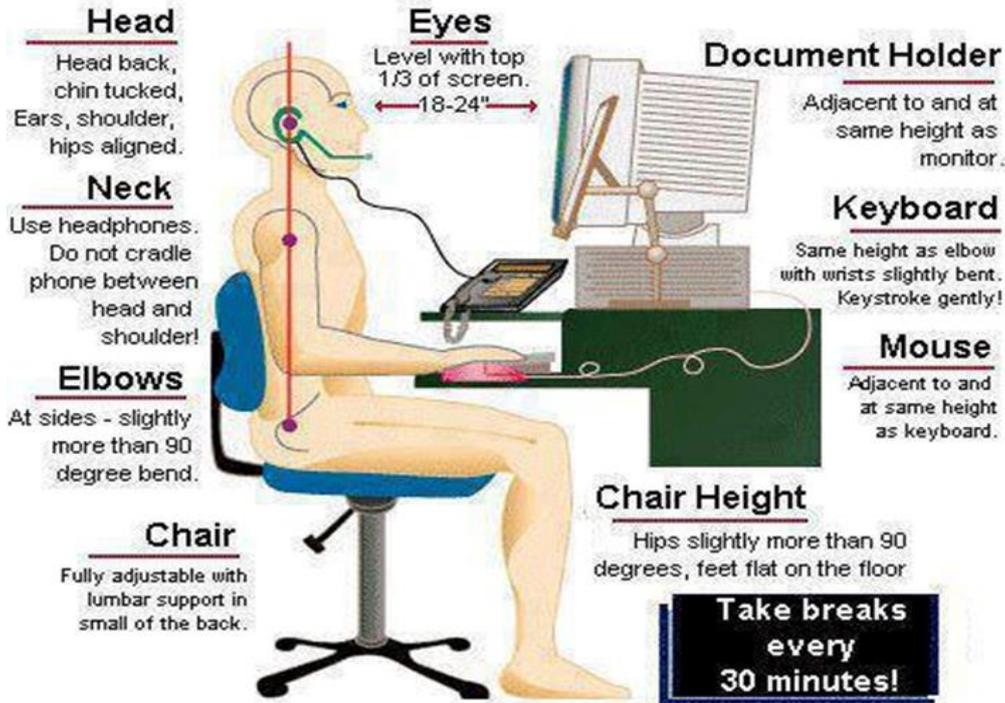
This is a controlled document. Whilst it may be printed, the electronic version saved on the T.drive is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local drives but should be accessed from the T.drive

Date of last review: 01/18

Document Ref: 301187

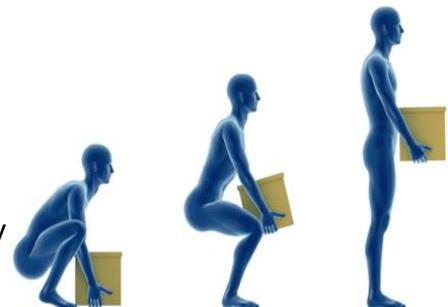
Printed on 25/01/2018 at 10:31 AM

Computer/desk work



Lifting

- Think first! Is it necessary? Can it be broken into stages?
- Keep a wide base of support (feet apart)
- Try to avoid twisting or bending your back
- Bend your knees
- Have a firm grip and keep the load close to your body
- Gently tighten tummy muscles



Working in partnership
Great Western Hospitals NHS Foundation Trust
Royal United Hospitals Bath NHS Foundation Trust
Salisbury NHS Foundation Trust
www.wiltshirehealthandcare.nhs.uk
This is a controlled document. Whilst it may be printed, the electronic version saved on the T.drive is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local drives but should be accessed from the T.drive

Date of last review: 01/18

Document Ref: 301187

Printed on 25/01/2018 at 10:31 AM



References:

The Back Booklet ISBN 0-11-702949-1

Explain Pain by Lorimer Moseley and David Butler ISBN 0-9750910-0-X

NICE guidelines on management of low back pain

<https://www.nice.org.uk/guidance/cg88/chapter/1-guidance>

Lovering 2006: Cultural Attitudes and Beliefs About Pain, Journal of Transcultural Nursing; Vol17; p389

Further Information:

Below are the telephone numbers for the Community Outpatient Physiotherapy departments. Please call your local department for any further information/guidance;

Chippenham - 01249 456451

Devizes - 01380 732520

Malmesbury - 01666 827583

Melksham - 01225 701027

Salisbury - 01722 336262 Ext 4425/4413

Savernake - 01672 517310

Trowbridge – 01225 711341

Warminster – 01985 224716

Working in partnership
Great Western Hospitals NHS Foundation Trust
Royal United Hospitals Bath NHS Foundation Trust
Salisbury NHS Foundation Trust
www.wiltshirehealthandcare.nhs.uk

This is a controlled document. Whilst it may be printed, the electronic version saved on the T.drive is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local drives but should be accessed from the T.drive

Date of last review: 01/18

Document Ref: 301187

Printed on 25/01/2018 at 10:31 AM



Safeguarding

Wiltshire Health and Care have a strong commitment to care that is safe, of a high quality and that upholds our patients' rights. All our patients have the right to live lives free from abuse or neglect and, where they are able, to make or be supported to make informed decisions and choices about their treatment, care and support. Where patients are not able to make their own decisions, Wiltshire Health and Care staff are committed to ensuring that treatment, care and support is undertaken in accordance with the person's best interests. In order to fulfil these commitments, Wiltshire Health and Care follow the Safeguarding principles and responsibilities laid out in sections 42-46 of the Care Act (2014) and are informed by, and apply, the guiding principles and provisions of the Mental Capacity Act (2005).

If you or your carer have any concerns about abuse, neglect or your rights in relation to care provided by Wiltshire Health and Care or any other agency or individual, please raise this directly with any Wiltshire Health and Care staff or contact the Safeguarding Adults Team by telephone on: 0300 4560111.

Wiltshire Health and Care Patient Advice and Liaison Service (PALS)

If you have any questions, or concerns, suggestions or compliments about our service, please speak to a member of staff.

This information sheet is available in other languages and formats. If you would like a copy, please contact us on 0300 1237797 and PALS.wiltshirehealthandcare@nhs.net

Working in partnership Great Western Hospitals NHS Foundation Trust Royal United Hospitals Bath NHS Foundation Trust Salisbury NHS Foundation Trust www.wiltshirehealthandcare.nhs.uk This is a controlled document. Whilst it may be printed, the electronic version saved on the T.drive is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local drives but should be accessed from the T.drive	
Date of last review: 01/18	Document Ref: 301187
Printed on 25/01/2018 at 10:31 AM	



<p>Working in partnership Great Western Hospitals NHS Foundation Trust Royal United Hospitals Bath NHS Foundation Trust Salisbury NHS Foundation Trust www.wiltshirehealthandcare.nhs.uk This is a controlled document. Whilst it may be printed, the electronic version saved on the T.drive is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local drives but should be accessed from the T.drive</p>	
Date of last review: 01/18	Document Ref: 301187
Printed on 25/01/2018 at 10:31 AM	