

Back pain

arthritis-uk.org



 **Arthritis**UK

We are Arthritis UK

We're the 10 million adults, young people and children living with arthritis. We're the carers, researchers and healthcare professionals. The families and the friends. All united by one powerful vision: a future free from arthritis. So that one day, no one will have to live with the physical, emotional and practical challenges that arthritis brings.

There are many different types of arthritis. And we understand that every day is different. What's more, what works for one person may not help another. That's why our trusted information blends the latest research and expert advice with a range of lived experiences. In this way, we aim to give you everything you need to know about your condition, the treatments available and the many options you can try, so that you can make better-informed choices to suit your needs.

We're always happy to hear from you whether it's with feedback on our information, to share your story, or just to find out more about the work of Arthritis UK. **Contact us at healthinfo@arthritis-uk.org**

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Heledd's Story



My back pain started after I had my children in my early 30s.

A lot of women have back pain when they have kids. You can lose your core strength, you're lifting them a lot, and your posture might not be as good.

I got to the stage where I was rolling out of bed in the morning and limping after sitting.

It would wear me down as there was no relief.

I'm a GP and my job can be quite sedentary. After a full day's work at my desk, it would be very painful walking back to the house after driving home.

I sought help, and I saw a physio who told me it could be improved by doing relatively straightforward things, such as improving my posture and simple daily back exercises.

If I did the exercises, I usually didn't need to take painkillers. I also paid more attention to my posture.

I was then recommended to see another physio – he's also a personal trainer and has his own gym.

He worked on strengthening exercises. I had kept up my running, swimming and cycling, but it wasn't until I started doing simple back exercises and gym work that things started to get better.

I would have some pain with exercise but generally it didn't hurt more afterwards.

I am lucky that I love to exercise, but I can find an excuse not to do it, so I understand why people avoid it. I booked sessions that I then felt obliged to attend. Now I do at least 2 regular gym sessions a week with friends and I find it easier to commit. There are ways to overcome most barriers.

It was helpful seeing professionals who had the confidence to say I didn't need X-rays or scans. Being a GP, I know people often want to have these investigations, but most of the time they don't give us any more useful information, change the way someone's back pain is managed or lead to a better outcome.

You can't always give answers to everything, but that doesn't mean you can't do anything about it.

Having been through this experience I'm more sensitive to the impact back pain can have and I'm passionate about the importance of exercise. It really is the best thing to help with back pain.

I had this problem most days for 8 years and was beginning to think it wasn't solvable. With guidance, it was. In the end, it was quite simple to sort with basic exercises and general strengthening work in the gym, which I still do, and I've been pain-free for around 5 years.

What should I know about back pain?

Back pain is a very common problem. Most of us will have it at some time in our lives.

It may be due to a muscle strain or there may not even be a clear cause. Back pain isn't usually a sign of something serious.

In most cases, back pain gets better after a few weeks. If it does return, it's unlikely to be a problem that persists.

Being inactive is likely to make your back pain worse or last longer. The best thing to do is continue with your normal routine as soon as you can and to keep moving, even if it feels uncomfortable.

Staying active will help you get better quicker. Taking pain relief medicines for a few days can help you stay active by reducing your pain.

If you're overweight, changing your diet and doing some regular exercise to help you lose weight can reduce the strain on your back.

If you are worried about being active, it can be helpful to speak to your doctor, who can suggest some exercises for you.

How is back pain likely to affect me?

Most people with back pain will recover within a few weeks. However, the pain may come back every now and then.

There are several things that can be linked to ongoing back problems. Pain can impact on sleep and everyday activities. Getting the right pain relief to allow you to return to your usual activities is the key to success in the early stages.

If you have had your back problem for a long time, then the symptoms are more likely to keep coming back. But most people with long-term back pain manage to lead a normal life and stay at work with the right pain relief and exercise.

Because feeling low and demotivated can prevent you from doing things to help yourself with your pain, your doctor will want to know how you are feeling. This will help them to guide your treatment and signpost further support.



How does the back work?

The spine, which is also called the backbone or spinal column, is one of the strongest parts of the body and gives you a great deal of flexibility.

It's made up of 24 bones, known as vertebrae, with discs sitting in between these bones. The discs cushion the bones and help your spine move.

The spine is supported and stabilised by strong bands of tissue attached to your bones, known as ligaments, as well as muscles around the vertebrae.

On either side of the spine, all the way up and down it, are small joints called facet joints.

The spinal cord passes inside the vertebrae, which protect it.

The spinal cord connects to the brain through the base of the skull and to the rest of the body by nerves that pass through spaces between the bones of the spine. These parts of the nerves are called the nerve roots (see Figure 2).

Some bones in the tailbone at the bottom of the back are joined together and have no discs in between.

As you grow older, the structures of your spine, such as the joints, discs and ligaments, age as well. The structures remain strong, but it's usual for your back to get stiffer as you get older.

Figure 1. Sections of the spine

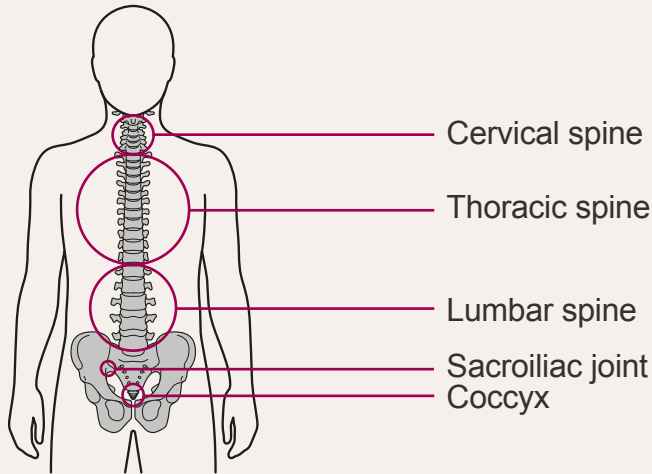
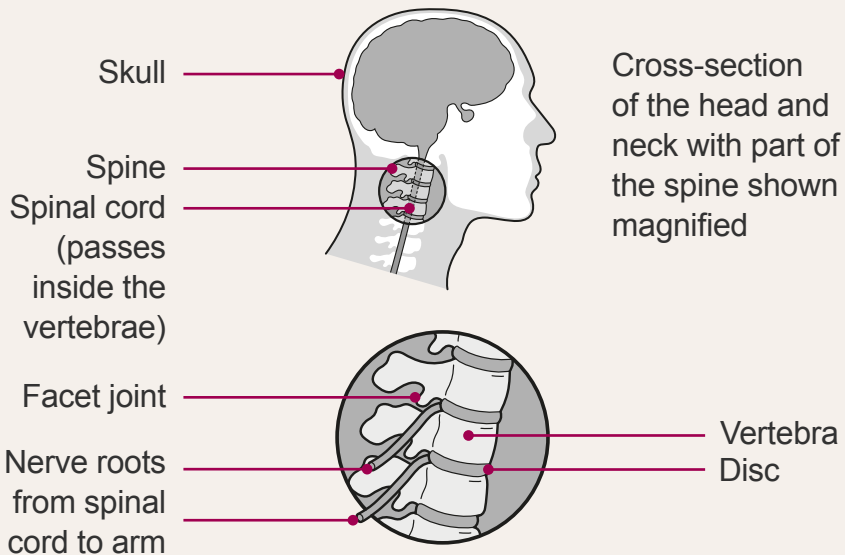


Figure 2. Structure of the head and neck



What causes back pain?

Back pain rarely has a single cause.

Sometimes, it can be due to 1 or more of the following:

- lack of exercise resulting in stiffening of the spine and weak muscles
- muscle strains or ligament sprains
- prolonged poor posture.

There are also specific conditions which may be linked with back pain. Some of the more common conditions are listed below.

Spondylosis

The bones, discs and ligaments in your spine can weaken as they age. This happens to all of us, but it doesn't always cause a problem and not everyone will have pain from this.

Over time, the discs in the spine become thinner and the spaces between the vertebrae narrow. Little pieces of bone may form at the edges of the vertebrae and facet joints.

The medical term for this is spondylosis and this is a lot like the changes caused by osteoarthritis in other joints.

Keeping your spine supple and the muscles around your spine and pelvis strong will reduce the impact of spondylosis on your daily life.

Sciatica and referred leg pain

Back pain can sometimes spread to 1 or both legs, and there may be numbness or a tingling feeling. When the leg pain is caused by a trapped nerve in the low back, it's often called sciatica. For most people with sciatica, the leg pain can be the worst part. Some people have little or no back pain at all.

You might also hear the phrase 'referred leg pain'. This is when the pain you feel in your leg is not because of a trapped nerve, but it may be caused by other tissues in the spine such as muscles or joints.

Sciatica is often caused by a bulging disc pressing on a nerve. Discs are designed to bulge so we can move our spines easily, but sometimes a bulge can irritate or squeeze a nerve root, causing pain that travels all the way down the leg to the foot.

Most people recover fairly quickly, although in some cases it might take a number of months.

Starting gentle exercise as soon as you can is likely to help with sciatica or referred leg pain. It is also a very good idea to see a physiotherapist, who can help guide you through your recovery.

Spinal stenosis

Sometimes back pain is linked with pain in the legs that starts after you walk for a few minutes, then usually gets better very quickly when you sit down. This is known as spinal stenosis.

This can happen from birth or it can develop as you get older.

Problems are caused when there is a reduction in the small space in the middle of the spine, where the nerves are. This space, which is called the spinal canal or nerve root canal, can be narrowed by bone or ligament.

Symptoms often affect both legs, but 1 may be worse than the other. The pain usually gets better when you sit down and rest, and some people find they have less pain if they walk a little stooped. Like sciatica, the main problem tends to be leg pain rather than back pain.

In most cases, neither sciatica nor spinal stenosis are serious problems. But if the symptoms cause you a lot of trouble and greatly affect your quality of life then you should see your doctor for further

advice and to discuss what else can be done. They may also want to rule out other reasons for your pain.

Some rarer causes of back pain include:

- bone problems such as a fracture – often linked to thinning of the bones, which is known as osteoporosis
- an infection
- a tumour
- inflammation in or around the spine – this can lead to pain, stiffness and swelling, and may be part of a condition called spondyloarthritis. Axial spondyloarthritis, a type of spondyloarthritis, mainly affects the spine and can make it less flexible.

You should see your doctor if your pain:

- is very bad
- lasts for a long time
- stops you from working or doing the things you enjoy
- affects your everyday activities
- gets worse.

If the pain is causing you significant problems and stops you from getting on with normal life and work activities, your doctor will examine you and ask you questions.

These questions will help predict how likely it is that you need further help with your back pain. If you do need further support, your doctor will refer you to physiotherapy for early treatment, to help with your pain and allow you to return to normal activities.

If you're concerned about the cause of your back pain, it can help to talk openly about any worries with a healthcare professional, as reducing any fear may give you the confidence to move more, which can help speed up your recovery.

What are the warning signs of a serious problem?

Very rarely, back pain or pain that travels down the legs is a sign of a serious problem.

If you have any of these symptoms along with back pain, you should seek urgent medical attention:

- difficulty controlling or passing pee
- loss of control of your bowels
- numbness around your back passage or your genitals
- weakness in your legs so you struggle to stand
- severe back pain that gets worse over several weeks
- changes in sexual function, for example, being unable to get an erection.

The symptoms listed above could be linked to a rare but serious condition called cauda equina syndrome. This happens when the nerves at the base of the spine are being pressed on or squeezed. If you have these symptoms, you should go to A&E immediately.



How are back problems diagnosed?

Doctors often start with a watch-and-wait approach when diagnosing back pain. This is because most back pain improves on its own within 2 to 4 weeks.

Your GP will talk to you about your symptoms and may examine your back. Most back problems can be diagnosed in this way, and you usually won't need any tests.

What tests are there?

You may be sent for some form of scan if:

- you've had a significant injury, such as a fall
- your doctor thinks there may be an underlying cause for your pain
- your pain has lasted much longer than 2-4 weeks.

X-rays are rarely used for back pain because many causes are related to soft tissues, such as muscles and ligaments, which do not show up on an X-ray.

Sometimes, even after careful assessment and tests, it may not be possible to find a clear cause for your back pain.

The way you treat your pain is likely to be the same, whether or not you know the reason for it. So, your GP will still be able to help you with some pain relief medicines and pain management approaches.

How can I manage my back pain?

There are lots of things you can do to manage your back pain when it is causing you problems.

Keeping moving

Keeping the muscles around your spine strong will provide more support to the bones and joints, and take pressure off them.

It's important to remember that our backs and our spines are very strong and are designed to move.

When you're in pain for a long time, your first thought may be to avoid normal activities and movement. But we know that lack of activity can cause the back muscles to become weak. This will mean that your muscles will tire more easily and will be more vulnerable to further strain. This is known as deconditioning.

Regular exercise can lead to shorter and less frequent episodes of back pain. It also releases chemicals called endorphins, which are the body's natural pain relief. These reduce your pain and make you feel happier.

Exercise might make your back feel a bit sore at first, but try not to let it put you off. Taking some pain relief medicines before you exercise can help.

It's better to choose a form of exercise you enjoy, as you're more likely to stick with it. There are many forms of exercise that you may find help with your back pain. These include:

- walking
- swimming
- yoga
- Pilates
- going to the gym.

While you can push yourself and build up to more intense exercises, it's important not to overdo it. If you're in pain that you can't cope with during or after your activity, you'll need to see a doctor.

The key is to start off gently and to gradually increase the amount you do.

It's important that you continue to exercise regularly when your back pain has cleared up. If you stop when the pain is gone, all the improvements you've made will wear off within a few weeks.

If you're having any trouble exercising, it can be a good idea to see a GP or ask for a referral to a physiotherapist for personal exercise advice. If you're a member of a gym, there may be personal trainers there who can give you expert advice. Make sure you tell them about your pain.



Yoga and Pilates

Research has found that a specially developed 12-week yoga programme can help people with low back pain lead more active lives and manage their condition more effectively. Many of the people who took part in the study also found that they had the knowledge to prevent further episodes of back pain.

You can find more information about the 12-week programme at **yogaforbacks.co.uk**

Many community and sports centres also run yoga classes if you're interested in trying it. Make sure you speak to the yoga instructor before you start so they're aware that you have back pain.

Pilates is another form of exercise that can help to strengthen muscles around the core of the body, including the back. This can give more support to the back. It might help to find a class with a teacher who is trained in dealing with back pain.

Look for a Pilates instructor who has a good reputation, and the right training and qualifications.



Scan here to find our exercise videos:

You can also find our exercises for the back on our website: **arthritis-uk.org/exercises-for-the-back**



Pain relief medicine

NSAIDs such as ibuprofen are usually recommended first for back pain if you can safely take them. They can help reduce pain and allow you to stay active.

Paracetamol on its own is no longer routinely recommended for back pain, as it does not provide enough relief for many people. But it may still be an option if you cannot take NSAIDs or if a healthcare professional advises it.

If you are using pain relief medicines, always take them at the recommended dose and spacing rather than waiting for your pain to become severe. This can make it easier to keep moving and continue with everyday activities.

There are also anti-inflammatory creams or gels that can be rubbed onto affected areas.

If you have any questions or concerns about what drugs you can take and the dosage, talk to a doctor or a pharmacist.



For more information about pain relief, visit our website:
arthritis-uk.org/painkillers-and-nsaids

Heat/ice packs

Applying a heat pack can ease pain and stiffness. You can buy a reusable heat pad from chemists and sports shops, or you can use a microwavable wheat bag or a hot-water bottle.

A warm bath or hot shower can have a similar soothing effect.

An ice pack bought from a chemist, or even just a bag of frozen peas, can also be useful.

You may find it helpful to use heat and ice at different times, based on what feels most comfortable.

Make sure you protect your skin from direct contact with heat or ice packs to avoid burns or irritation. A tea towel over the heat or ice pack is one way to do that. Read the instructions carefully if you have bought a heat or ice therapy product.

Applying ice or heat for about 15 to 20 minutes, every few hours, is usually enough.



Posture

Posture means the position in which you hold your body. Slouching or standing in awkward positions will affect the soft tissues in your back that support your spine. This could increase your back pain or your recovery time.

- Try to maintain good posture when sitting and standing.
- Change your posture often, because remaining in the same position for too long can make the pain worse.
- If your job involves working at a desk, make sure it is set up properly. Your manager should be able to help you with this.
- Remember to take regular breaks to get up and move around throughout the day.

Lifting correctly

Learning to lift correctly may help to prevent further episodes of back pain.

- Bend your knees when lifting and allow your spine to move as necessary, without twisting it.
- When doing tasks like carrying shopping, try to use both hands.
- Keeping weight close to your body also helps.
- If you're wearing a backpack, use both straps to spread the weight. Avoid lifting anything that is too heavy for you, or which is large and an awkward shape.
- Always ask for help if you need it.

What treatments are there for long-term back pain?

Often, we don't know why someone has long-term back pain. Even if a cause can be found, the pain may continue after the original problem has settled down.

Taking some pain relief medicines, staying active and doing some specific exercises are often the most helpful treatments for people with back pain. But some people will need further medical treatment.

Physical therapies

Physiotherapy can help to improve your strength and flexibility. A physiotherapist can oversee your exercise programme and recommend specific exercises to help.

Manual therapies, such as manipulation and mobilisation of the spinal joints, may also be useful during your recovery.

These techniques are usually carried out as part of osteopathy, chiropractic or physiotherapy treatment. They work best alongside regular exercise.

These therapies might not be suitable for all back conditions. Talk to your doctor or your therapist if you're thinking of trying one of these.

If your back pain is causing problems with daily activities such as dressing, washing and driving, you may find it useful to see an occupational therapist. They may suggest ways of doing things to reduce strain on your back or suggest aids that will help you.

Drugs

If standard pain relief medicines or NSAIDs aren't working for you, your doctor may suggest some other treatments.

Amitriptyline

Amitriptyline acts to relax muscles and improve sleep. You'll be prescribed the lowest dose that controls your symptoms. If the starting dose does not work, your dose can be gradually increased.

This approach will help to lower the risk of side effects, which can include a dry mouth, drowsiness and blurred vision. If you experience these side effects, you should discuss it with your doctor, who may suggest you stop taking it.

Gabapentin and pregabalin

Gabapentin and pregabalin are no longer offered for back pain. If you are currently taking them, speak to your doctor about the risks and benefits.

Injections

Sometimes injections are useful for back pain or sciatica that is more severe, or if the usual treatments are not working well enough.

For sciatica, there are injections called epidurals. This involves an injection of a steroid, which is a strong anti-inflammatory medicine, as well as anaesthetic, near the spine or through the tailbone, to try to help with pain from a 'trapped' nerve root.



Another type of injection can help with back pain that comes from changes that happen over time to the small joints in the spine, known as facet joints. It involves heating up the nerves in the facet joint, which stops these nerves from sending pain signals.

Your doctor will send you to see a specialist to discuss if injections might be an option for your back pain or your sciatica pain.

Talking therapies and pain management programmes

Back pain, especially if it lasts for a long time, can affect your mood. If you're feeling low or worried, it's important to talk to someone close to you or a doctor. Talking therapies can also be useful.

Cognitive behavioural therapy (CBT) can help you cope with chronic back pain. The aim is to break any problems you have down so they are more manageable.

Your doctor may be able to refer you for CBT, in some places you can self-refer, or you might like to pay to go private if you can afford to, in order to be seen more quickly.

Pain management programmes may help you control your pain and teach you how to live with long-term pain. The sessions are usually for outpatients (you don't stay in hospital), and look at:

- the physical effects of pain
- how it affects your mood and wellbeing
- ways to approach any difficulties.

Keeping socially and physically active may help to ease your pain, or at least distract you from it, as well as helping with low mood and worry. Simple things such as joining a walking group or sports club, or just getting out and seeing friends for a coffee, might really help you.

Complementary treatments

There are many different complementary treatments that are believed to help with pain relief, and some people do feel better when they use them.

On the whole, these treatments aren't recommended for use on the NHS because there's no proof that they work.

Talk to your doctor before you try any complementary treatment. The key is to choose a therapist or a supplier who is a member of a relevant body and is fully insured.



For more information on complementary and alternative treatments, go to: [arthritis-uk.org/ complementary-and-alternative-treatments](https://arthritis-uk.org/complementary-and-alternative-treatments)

Acupuncture and dry needling

Your doctor may recommend a course of acupuncture or dry needling from a trained NHS healthcare professional, such as a physiotherapist, to help with your pain.

Acupuncture and dry needling both use fine needles, which are inserted into specific parts of the body to relieve pain.

While acupuncture is based on ancient Chinese medicine and the idea of restoring energy flow through the body, dry needling is a modern treatment based on Western medicine. Dry needling works by applying needles into 'trigger points', relaxing bands of tender or tightened muscles.

Massage

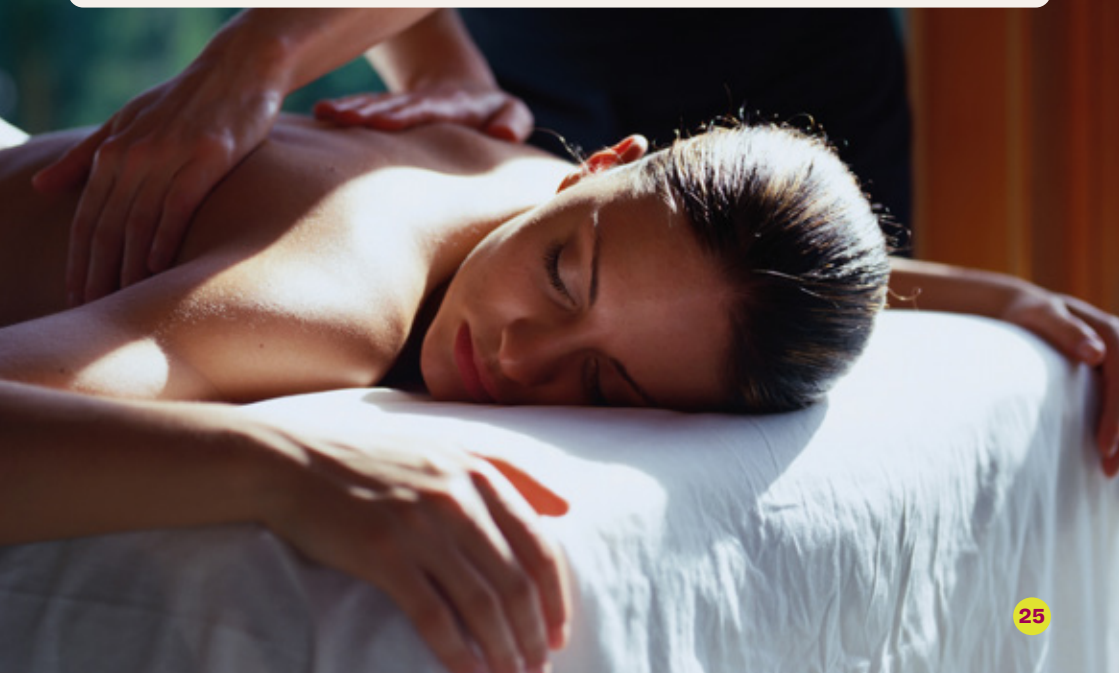
Massage is a manual technique that uses strokes, kneading or tapping actions to move the muscles and soft tissue of the body. Massage can reduce worry and stress levels, ease tension in muscles and fatigue, and improve circulation, which all works to reduce pain levels.



For more information on massage, go to:
arthritis-uk.org/massage

Very few people with back pain need surgery. Sometimes an operation is needed for spinal stenosis or for severe sciatica to free the nerve, although most doctors would recommend trying other measures first, such as medication and physiotherapy.

Urgent surgery may be needed if you lose bladder or bowel control or the use of your legs. If you experience any of these symptoms, call 999 or go to A&E.



What if my back pain is affecting my work?

In the past, people were advised to rest in bed if they had back pain. We now realise this does more harm than good and that it's better to keep moving, even if you need to take some pain relief medicines to allow you to do so.

Many people are able to return to work within a few days, although the length of time off work can vary based on the type of job you do.

You don't need to wait until your back problem has completely gone. Taking a long time off work can make it harder to return and may lead to longer-term pain problems, so it's usually best to get back as soon as you can.

It's important to keep in contact with your employer and discuss what can be done to help you return to work. If your work involves heavy lifting or other physical tasks, you may need to do lighter duties or fewer hours for a while.

If you have access to occupational health through your job, they can advise on what work you're able to do safely. They can also arrange any adjustments to your work or workplace to help you stay at work.

For roles that involve working at a computer, make sure that your chair and desk are at the correct height for you. Your lower back should be well supported, and you should be able to put your feet on the floor. If you can't, you might need a footrest. You should avoid stretching to reach things like your mouse, keyboard or phone.

Ask for a workplace assessment and tell whoever carries it out about your back pain. Try to take regular breaks and have a stretch and walk around. Maybe set a timer on your phone or computer to remind you to do this at least once an hour.

If you're having any difficulties travelling to or from work or need an item of equipment, the Government's Access to Work Scheme (gov.uk/access-to-work) might be able to help.

If you're unable to get back to work after 2 weeks of absence because of your back pain, you should talk to your GP and employer about arranging physiotherapy or other treatment to get you moving again.



Our work adjustment plan offers help and guidance around working with arthritis: arthritis-uk.org/work-adjustment-plan

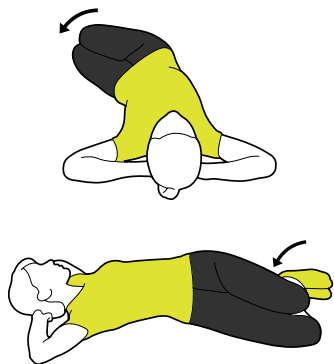


Exercises for back pain

Stretching exercises

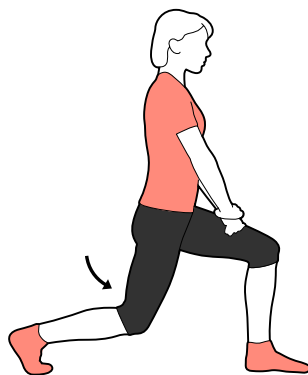
Back stretch (stretches back muscles)

Lie on your back. Bend your knees and, keeping your feet on the floor, roll your knees to one side, slowly. Stay on one side for between 5–10 seconds. Repeat 3 times each side. Try to always keep your knees together.



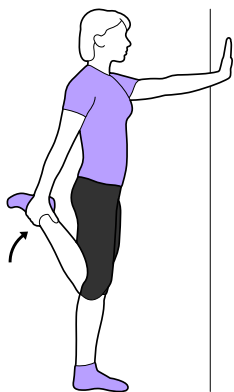
Deep lunge (stretches muscles in front of thigh and abdomen)

Kneel on one knee, the other foot in front. Lift your back knee up, making sure you keep looking forwards. Push your hips forward. Hold for 5 seconds and repeat 3 times each side. Try to keep your upper body upright, avoid bending or leaning forwards.



One-leg stand – front (stretches front thigh)

Steady yourself with one hand on a wall or work surface for support. Bend one leg up behind you. Hold your foot for 10 seconds and repeat 3 times each side. Try to keep your knees and thighs level with one another.



Knee to chest (stretches muscles of bottom – gluteal muscles)

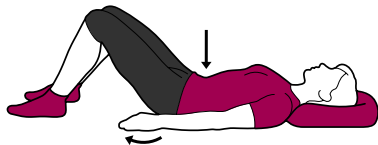
Lie on your back. Bring one knee up and pull it gently towards your chest for 5 seconds. Repeat for up to 5 times each side.



Strength and stamina stabilising exercises

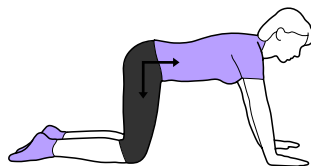
Pelvic tilt (works the deep muscles around the pelvis)

Lie down with your knees bent. Tighten your stomach muscles, flattening your back against the floor. Hold for 5 seconds. Repeat 5 times.



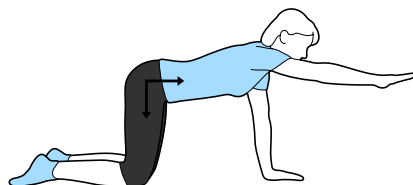
Deep stomach muscle tone (stabilises lower back)

Kneel on all fours with a small curve in your lower back. Let your stomach relax completely. Pull the lower part of your stomach upwards so that you lift your back (without arching it) away from the floor. Hold for 10 seconds. Keep breathing! Repeat 10 times.



Back stabiliser

Kneel on all fours with your back straight. Tighten your stomach. Keeping your back in this position, raise one arm in front of you and hold for 10 seconds. Try to keep your pelvis level and don't rotate your body. Repeat 10 times each side. To progress, try lifting one leg behind you instead of raising your arm.



Research and new developments

Arthritis UK is funding research to improve our understanding of the causes of back pain and to develop better treatments.

One area of research is looking at how ageing cells contribute to disc degeneration and the pain it can cause. Researchers hope this will lead to new treatments that remove these abnormal cells and slow or prevent further damage to the spine.

We are also supporting research to improve the diagnosis of axial spondyloarthritis. Earlier and more accurate diagnosis could help people access the right treatment sooner and reduce the impact the condition has on their lives.



You can read more on this story here: arthritis-uk.org/news/2025/july/introducing-our-2025-career-development-fellows

Notes

Discover our support services

You don't need to face arthritis alone. Get the information, advice and support that you need.



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0800 5200 520



Connect with our online community, go to:
community.arthritis-uk.org



Chat with AVA, our online assistant, go to:
arthritis-uk.org/ask-AVA-our-virtual-assistant



Track your symptoms with our easy app, go to:
arthritis-uk.org/track-my-arthritis-symptoms-app

Thank you!

A team of people helped us create this booklet. We would like to thank:

Aminah Amer

Steve Kent

Lauren Croot

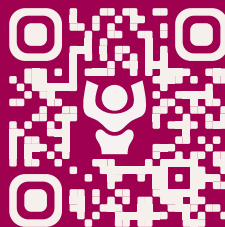
We would also like to give a special thank you to Chris White and Gaby Ford, who shared their stories, opinions and thoughts on the booklet. Your contributions make sure the information we provide is relevant and suitable for everyone.



Support our work

At Arthritis UK we rely on donations to fund our work. Help support people with arthritis and fund life-changing research by making a donation today. Every contribution makes a difference.

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Patient Information Forum

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Registered with
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REGULATOR**

Arthritis UK Registered Charity England and
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