SYMPTOM

Low back pain

Low back pain is aching, stiffness, or sharp discomfort in the area between your ribs and buttocks.

WHAT IT FEELS LIKE
A dull ache, sharp catch, or stiffness when moving

WHERE IT IS FELT
Lower spine, sometimes spreading into the buttocks or legs

MOST COMMON CAUSES
Muscle strain, joint irritation, age-related disc changes

WHEN IT IS URGENT
New bladder trouble, saddle numbness, or worsening leg weakness

USUALLY LASTS
Days to weeks for many strains; longer with ongoing causes

SEE A DOCTOR IF
Not improving after several weeks, recurring, or limiting daily activities

Overview

Low back pain is discomfort in the area between the bottom of your ribs and the top of your buttocks. It may begin suddenly after a movement or develop gradually without a clear trigger.

Most episodes are linked to temporary irritation of muscles, joints, ligaments, or spinal discs. A disc is a soft pad between the bones of your spine. Back pain does not always mean that the spine has been damaged, and scan findings often do not explain exactly why someone hurts.

Pain may stay in your back or travel into a buttock or leg. Pain that follows a nerve into the leg is often called sciatica. Low back pain is a symptom with many possible causes, not one diagnosis.

What it may feel or look like

Your back may feel sore, tight, stiff, burning, or tender. Some people notice a constant dull ache. Others have a sharp catch when bending, twisting, standing up, coughing, or lifting.

The pain may:

Pain intensity does not reliably show how serious the cause is. A muscle spasm can be very painful, while some important conditions begin with less dramatic symptoms.

- Be stronger on one side or across the whole lower back
- Spread into the buttocks, hip, thigh, or lower leg
- Improve or worsen with certain positions
- Come with muscle spasms or reduced movement
- Cause tingling, numbness, or weakness if a nerve is irritated

Common causes

Most low back pain is described as non-specific or mechanical . This means it is related to how the muscles, joints, discs, and ligaments are moving or being loaded, but no single injured structure can be confirmed.

Common possibilities include muscle or ligament strain after lifting, an unusual activity, prolonged sitting, or a sudden movement. Irritated joints and normal age-related changes in spinal discs can also contribute.

A spinal nerve may become irritated or compressed. This can cause pain that travels down a leg, sometimes with tingling or numbness. A bulging or herniated disc is one possible cause, but not the only one.

Less common causes include inflammatory conditions affecting the spine, osteoporosis-related fractures, or pain referred from the kidneys, pelvis, abdomen, or hips.

Rare but urgent causes include infection around the spine, pressure on the bundle of nerves controlling the bladder and bowel, a fracture after significant injury, or disease affecting a major blood vessel. Cancer is an uncommon cause of new back pain, but a history of cancer can affect how quickly you should be assessed.

When to seek medical care

Call emergency services or go to an emergency department now if back pain occurs with:

These symptoms may indicate serious pressure on nerves, a major injury, or another condition needing immediate assessment.

Seek same-day medical advice if you have fever or feel significantly unwell with back pain, particularly after a recent infection, operation, spinal procedure, or injection. Prompt

assessment is also important for new back pain with a weakened immune system.

Book a routine appointment if the pain is not improving after several weeks, keeps returning, disrupts sleep or daily activities, or is accompanied by ongoing leg pain, numbness, or weakness. Arrange an earlier review if you have unexplained weight loss, a history of cancer, osteoporosis, or long-term steroid medicine use.

- New loss of bladder or bowel control
- Numbness around the genitals, anus, or inner thighs
- Rapidly worsening weakness or numbness in both legs
- Severe chest or abdominal pain, fainting, or marked breathlessness
- A major fall, crash, or other high-force injury

How the cause is found

A healthcare professional will ask when the pain began, where it travels, what makes it better or worse, and whether you have numbness, weakness, fever, injuries, or bladder and bowel changes.

The examination may check your movement, muscle strength, reflexes, sensation, walking, hips, and abdomen. This is often enough to guide initial care.

Most people do not need an X-ray or scan straight away. Imaging may not identify the source of pain, and age-related changes are common even in people without symptoms. An X-ray, MRI, CT scan, or blood test may be considered when symptoms suggest a fracture, infection, nerve compression, inflammatory condition, cancer, or another specific cause.

Treatment and self-care

For uncomplicated low back pain, staying gently active is usually more helpful than prolonged bed rest. Try to continue normal tasks within comfortable limits, changing position regularly rather than remaining still for long periods.

Helpful measures may include:

Pain medicines may help some people stay active, but they are not suitable for everyone. Ask a pharmacist or clinician what is appropriate, especially if you have kidney, stomach, heart, liver, bleeding, or pregnancy-related concerns, or take other medicines.

If pain persists, treatment may include guided exercise or physiotherapy. Psychological

approaches can also help with long-lasting pain by improving sleep, pacing, confidence, and coping; this does not mean the pain is imaginary. Injections or surgery are reserved for selected situations and are not routine treatments for non-specific low back pain.

- Short walks and gradual returns to usual activity
- Heat for stiffness or muscle spasm
- Brief use of cold packs after a recent strain, if soothing
- Gentle movement without forcing painful stretches
- Adjusting lifting, sitting, or work tasks temporarily

What to expect

Many new episodes improve over days to several weeks, although stiffness or mild discomfort may take longer to settle. Symptoms can fluctuate, and a temporary increase does not always mean new damage.

Gradually rebuilding movement and activity can reduce the effect of pain on daily life. If recovery stalls, symptoms repeatedly return, or leg symptoms become more noticeable, arrange a review. Long-lasting pain may need a broader plan addressing strength, activity, sleep, work demands, and emotional well-being.

Common questions

Should I rest in bed?

Brief rest may be reasonable when pain is intense, but staying in bed for long periods can increase stiffness and weakness. Change position and move gently as you are able.

Do I need a scan?

Usually not at first. Scans are most useful when the result is likely to change care, such as when there are signs of serious disease or significant nerve problems.

Is it safe to exercise?

Gentle activity is usually appropriate for uncomplicated back pain. Begin at a manageable level and build gradually. Stop and seek advice if activity causes new weakness, spreading numbness, or bladder or bowel symptoms.

Can poor posture cause low back pain?

No single "correct" posture prevents all back pain. Remaining in one position for a long time

may aggravate symptoms, so regular movement and comfortable position changes are often more useful than trying to sit perfectly.

Why does the pain keep returning?

Repeat episodes may relate to activity changes, reduced conditioning, sleep, stress, work demands, or an ongoing spinal or medical condition. Recurring pain is worth discussing during a routine appointment.

Sources

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