SYMPTOM

Lumbar pain

Lumbar pain is discomfort in the lower part of your back.

WHAT IT FEELS LIKE
An ache, stiffness, or sharp pain in the lower back

WHERE IT IS FELT
Between the bottom ribs and the top of the buttocks

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
Often days to weeks; longer with some underlying causes

SEE A DOCTOR IF
Not improving within a few weeks or limiting daily activities

Overview

Lumbar pain means pain in the lower back. The lumbar area sits between the bottom of your ribs and the top of your buttocks. It contains bones called vertebrae, cushioning discs, joints, muscles, ligaments, and nerves.

Pain can begin suddenly, such as after lifting or twisting. It can also develop gradually without a clear injury. Most episodes are related to the muscles, joints, or other structures of the back and improve over time.

Lumbar pain is a symptom, not a diagnosis. Less often, it comes from a nerve problem, inflammatory condition, fracture, infection, or an organ outside the spine. The pattern of your symptoms and a physical examination help narrow down the cause.

What it may feel or look like

Lower back pain may feel like a dull ache, tightness, stiffness, burning, or a sharp catch with movement. It may stay in one spot or spread across the lower back.

The pain may be worse when you bend, lift, twist, sit for a long time, or get out of bed. Some

people feel better when walking or changing position. Muscle spasms can make the back feel temporarily locked or difficult to straighten.

Pain that travels into a buttock or leg may mean that a nerve is irritated. You might also notice tingling, numbness, or weakness. Leg symptoms are sometimes called sciatica, but several conditions can produce this pattern.

Common causes

Common causes are usually mechanical, meaning they involve how the back's muscles, joints, discs, and ligaments move or carry load.

These include:

Stress, poor sleep, and low mood do not mean the pain is imaginary. They can increase muscle tension, reduce recovery, and make pain feel more intense.

Less common causes include inflammatory conditions, a compression fracture, narrowing around the spinal nerves, or pain referred from the kidneys, abdomen, or pelvis.

Rare but urgent causes include serious pressure on the nerves at the base of the spine, spinal infection, cancer affecting the spine, or a major fracture. These are more likely when specific warning signs are present.

- Strained or irritated muscles and ligaments after lifting, twisting, or unfamiliar activity
- Irritated small joints at the back of the spine
- Gradual disc and joint changes that become more common with age
- Reduced movement, prolonged sitting, or a sudden change in activity
- A sensitive or irritated spinal nerve, sometimes linked to a bulging or herniated disc

When to seek medical care

Seek emergency care now if lumbar pain occurs with:

These symptoms can indicate serious nerve pressure or spinal injury and should not wait for a routine appointment.

Arrange urgent, same-day medical advice if you have back pain with fever, chills, or feeling very unwell. You should also seek prompt assessment after a minor fall if you have osteoporosis or fragile bones, or if the pain is severe and you have a weakened immune system, a recent serious infection, or a history of cancer.

Book a routine appointment if the pain is not starting to improve within a few weeks, repeatedly returns, disrupts sleep, or limits walking, work, or everyday activities. Make an appointment sooner if pain travels down a leg or you develop persistent numbness or weakness.

- New inability to pass urine, loss of bladder or bowel control, or numbness around the genitals, anus, or inner thighs
- Rapidly worsening leg weakness, especially if both legs are affected
- Severe back pain after a major crash, fall, or other significant injury

How the cause is found

A healthcare professional will ask when the pain began, what makes it better or worse, and whether it spreads into your legs. They may also ask about injuries, fever, bladder or bowel changes, medical conditions, medicines, sleep, work, and daily activities.

An examination may check your back movement, leg strength, reflexes, skin sensation, and walking. These findings often provide more useful information than a scan.

Most new episodes do not need immediate imaging when there are no warning signs. X-rays show bones but not nerves or discs well. MRI gives more detail about soft tissues and nerves, but age-related changes are common even in people without pain. Imaging may be appropriate when a serious cause is suspected or when the result could change treatment.

Treatment and self-care

For uncomplicated lumbar pain, gentle activity is usually better than prolonged bed rest. Continue normal activities as much as you comfortably can, but reduce or adapt movements that sharply increase the pain.

Helpful measures may include:

Pain medicines are not suitable for everyone. A pharmacist or healthcare professional can help you consider the benefits and risks based on your health conditions and other medicines. Do not combine products without checking their ingredients.

Treatments such as injections or surgery are used only for selected causes. Surgery is not a routine treatment for ordinary lower back pain, but it may be considered for severe nerve pressure or certain structural problems.

- Short, frequent walks and regular changes of position
- Heat for stiffness or muscle spasm
- Gradually returning to lifting, exercise, and usual activities
- Adjusting a chair, workstation, or task that repeatedly aggravates symptoms
- Physiotherapy or a guided exercise programme if pain persists or keeps returning

What to expect

Many new episodes improve over days to several weeks, although stiffness or milder discomfort may take longer to settle. Symptoms can fluctuate during recovery. A brief increase after activity does not always mean that the back has been damaged again.

Some people have recurring or longer-lasting pain. Gradual exercise, staying active, improving sleep, and addressing work or movement triggers can help. Persistent pain deserves review so that the diagnosis and treatment plan can be reconsidered.

Common questions

Should I rest until the pain disappears?

A short period of reduced activity may be reasonable when pain is intense, but staying in bed for long periods can increase stiffness and weakness. Gentle movement within your limits is usually encouraged.

Does pain mean I have damaged a disc?

Not necessarily. Pain intensity does not reliably show the amount of tissue damage. Muscles, joints, nerves, sleep, stress, and previous pain experiences can all affect how lumbar pain feels.

Do I need an MRI?

Usually not at the start if there are no warning signs. A scan may be useful when serious disease is suspected, symptoms are not improving as expected, or the result would guide a specific treatment.

Can kidney problems cause lumbar pain?

Kidney pain is often felt more to one side and higher in the back, below the ribs. Fever, nausea, pain when urinating, or blood in the urine may also occur. These symptoms need medical assessment.

Sources

- Low back pain and sciatica in over 16s: assessment and management , National Institute for Health and Care Excellence, guideline NG59
- VA/DoD Clinical Practice Guideline for the Diagnosis and Treatment of Low Back Pain , US Department of Veterans Affairs and Department of Defense, 2022
- ACR Appropriateness Criteria: Low Back Pain , American College of Radiology
- Back pain , NHS
- Low Back Pain , National Institute of Neurological Disorders and Stroke