TOWER BRIDGE HOSPITAL
LONDON

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open Mon–Sat, 9am–7pm (closed Sundays until September)
towerbridgehospital.co.uk

PATIENT INFORMATION · MUSCULOSKELETAL

Lower back pain and sciatica
why movement is the treatment

Back pain is extremely common and rarely caused by anything dangerous. Severe pain does not mean severe damage — the back can hurt a great deal from a simple strain. Most episodes improve substantially within four to six weeks, and what speeds that up is staying active rather than resting.

Call 999 or go to an emergency department now if you have

- **numbness or tingling around the genitals, buttocks or back passage** — the area that would touch a saddle;
- **difficulty passing urine**, or a loss of sensation when you do;
- **loss of control of your bladder or bowels**, or new incontinence;
- **numbness or weakness in both legs**, or legs that are getting weaker;
- new **loss of sexual sensation**.

Together these can indicate cauda equina syndrome — pressure on the nerves at the base of the spine. It is uncommon, but it needs surgery within hours to avoid permanent damage, so do not wait to see if it settles. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

Arrange an appointment the same day if you have back pain with

- a fever, or feeling generally unwell;
- unexplained weight loss, or a history of cancer;
- a significant injury such as a fall or road accident, or osteoporosis and a minor fall;
- pain that is constant, unrelated to movement, or wakes you every night;
- a weakened immune system, long-term steroid use, or injecting drug use;
- first onset of significant back pain under the age of 20 or over 55.

What is actually going on

In the great majority of cases no single structure is to blame and no specific diagnosis is needed. Muscles, joints, ligaments and discs all share nerve supply, and the back is very good at producing severe pain from minor irritation. Spasm — the muscles tightening protectively — accounts for a lot of the pain and much of the difficulty moving.

Scans are not usually helpful early on. Almost everyone over 30 has changes on an MRI that are simply part of normal ageing, and finding them does not change the treatment. Imaging is used when the examination suggests a specific problem, not to explain ordinary back pain.

Bed rest makes back pain worse, not better

Lying down for days stiffens the joints, weakens the muscles that support the spine, and lengthens recovery. Rest for a day if the pain is severe, then start moving. Continuing normal activity — including going to work, with adjustments if you need them — is one of the strongest predictors of a quick recovery.

What to do

Helps

- Keep moving. Short walks, often, from day one.
- Carry on with work and daily activities as far as you can.
- Heat — a hot water bottle, heat pack or warm shower — before moving or stretching.
- Change position regularly; get up from a desk every 30 to 45 minutes.
- Sleep in whatever position is comfortable, on a supportive mattress.

Does not help

- Do not take to bed for days at a time.
- Do not wait for the pain to disappear before moving — movement comes first.
- Do not rely on paracetamol alone; on its own it is not effective for back pain.
- Do not use a back brace or corset unless it has been specifically prescribed.
- Do not push through sharp, shooting pain into a leg — modify instead.

Pain relief

An anti-inflammatory such as ibuprofen or naproxen, taken regularly at the lowest effective dose for the shortest time, is the first choice for back pain. Take it with food. Anti-inflammatory gels rubbed into the area also work and carry fewer risks.

Check with a pharmacist or with us before taking anti-inflammatories if you have asthma, indigestion or a stomach ulcer, kidney problems, high blood pressure or heart disease, or if you take blood thinners. If they do not suit you, we can discuss alternatives.

Sciatica

Sciatica is pain travelling from the back or buttock down the leg, often past the knee, sometimes with pins and needles or numbness. It happens when a nerve root is irritated, commonly by a disc bulge.

- The leg pain is often worse than the back pain, and can be sharp or burning.
- Most cases settle over six to eight weeks, though some take longer.
- The same principles apply — keep moving, use anti-inflammatories, avoid prolonged sitting.
- Come back to us if the leg is becoming weaker, the numbness is spreading, or there is no improvement after six weeks. Nerve root injections and specialist opinion are options when conservative treatment is not enough.

Getting back to normal, and staying there

- Build up walking distance week by week.
- Once the acute pain settles, regular exercise of any kind you will actually do — walking, swimming, Pilates, yoga, strength work — is the best protection against another episode.
- Back pain often recurs. A recurrence is not a sign of damage accumulating; treat it the same way and it usually settles faster than the first time.

> **Book with our physiotherapy or orthopaedic team if** you are not improving after four to six weeks, the pain keeps coming back, sciatica is not settling, or you need help getting back to a physical job or to sport. We can assess you, arrange MRI through our CQC-registered imaging partners if it is genuinely indicated, and provide a graded rehabilitation programme.

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open Mon–Sat, 9am–7pm (closed Sundays until September)

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Physiotherapy** · **Orthopaedics** · **MRI scans** · **All patient leaflets**

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This leaflet is based on current NHS and NICE guidance on low back pain and sciatica. It is general information and does not replace advice from a clinician who has examined you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.