



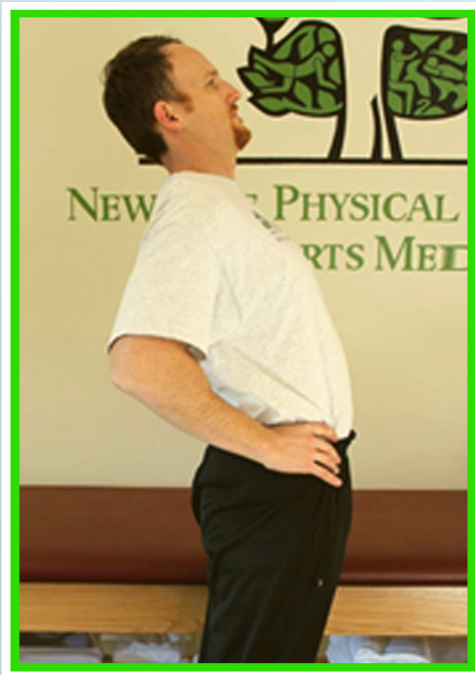
## If You Have Pain that Goes Down Your Leg(s)

If you have pain that goes down either or both of your legs, initial movements will be discussed to find ways to “move” the pain to the low back region. That is the first step in attempting to resolve the problem.

Once the pain is out of the legs and just in the low back, the next step is to work on pain-relief to improve the intensity or overall discomfort you are experiencing. It is important to get pain out of the legs, even if it means your low back pain actually increases in the short-term.

Your onsite specialist may instruct you on movements that follow either a forward, backward, or side-to-side motion. You should complete these exercises, 10 repetitions at a time, for as many sets as you need to perform to make the pain travel from your leg closer to your back. If at any point in time, these exercises make the pain go away from your back and down your leg (towards your foot) STOP doing them immediately.

Use these movements anytime that pain returns or begin to creep down your leg after standing, walking, sitting, bending, etc.



### New Life Portage

2639 New Pinery Rd. Ste.2  
Portage, WI 53901

☎ 608-742-9356 • 📠 608-742-9358

Call to discuss your options

[www.NewLifePT.com](http://www.NewLifePT.com)

### New Life Baraboo

840 State Road 136,  
Ste. 3 Baraboo, WI 53913

☎ 608-356-23346 • 📠 608-356-2636



## My Back Just Started Hurting...Now What?



Low back pain will affect 60-80% of Americans within their lifetime and is the fifth most common reason for a physician office visit. The most common form of low back pain is called “non-specific low back pain” and is defined as low back

pain not attributed to recognizable, known specific pathology. Low back pain is usually categorized in 3 subtypes: acute (less than 6 weeks), sub-acute (6-12 weeks) and chronic low back pain (12 weeks or more).

Acute back pain in the absence of trauma is rarely serious and typically resolves within days to a few weeks. Imaging (X-rays, MRI, CT-Scans) are not necessary for most cases. Unnecessary imaging increases the risk of unnecessary testing and treatment due to the presence of false positive findings that can be attributed to a normal aging process.

### Step 1: Rule Out More Serious Issues

There are several situations when a physician referral may be indicated\* at the start of low back pain. These may include:

- ▶ Age over 55
- ▶ Previous personal history of cancer
- ▶ Fever over 102°F
- ▶ Loss of control of bowel/bladder, or difficulty starting/stopping or emptying your bladder
- ▶ Significant loss of feeling and strength in your legs
- ▶ Significant trauma or light trauma/injury in the presence of low bone density

- ▶ Pain that does not seem to be related to movement/position/activity

*\*Your onsite orthopedic specialist can help you determine when a referral is indicated vs. not*

### Step 2: Stay Active

Resting in bed or on the couch for more than a day or so can worsen stiffness, cause weakness, depression, and slow recovery. It is recommended that you stay active and do daily activities and work to your tolerance. Blood flow and movement will assist in the recovery process.

### Step 3: Contact your Physical Therapist



While most people get over back pain in a few weeks, there are definitely some tips and suggestions that may assist in the recovery process. This includes recommendations for what to use: heat or ice; tips on sleeping positions to help you

get better rest; which specific movements may be best for your condition; and information on why prescription pain-relievers and muscle relaxers should be avoided initially. Most importantly, your onsite specialist can help you determine why you are having low back pain and issues and potential risk factors for why a specific movement or task is causing you issues, as well as ways to decrease risk for future recurrence.

See other side for specific movement interventions →