# Lumbar Patterns

**Mechanical Back Pain**

Mechanical pain originating from the spine can be categorised in many different ways. Below is a table designed to provide you with practical tips and advice on pain management for the most common types of lumbar pain.

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|  | ***Type 1****(commonly called “Disc pain”)* | ***Type 2****(commonly called “Facet joint pain”)* | ***Type 3****(commonly called “Sciatica”)* | ***Type 4****(commonly called “Spinal stenosis”)* | ***Type 5****(Other/Non-Mechanical)* |
| ***LOCATION*** | Dominant symptoms are in the lower back, however buttock and leg pain may be present. | Dominant symptoms are in the lower back, however buttock and leg pain may be present. | The dominant symptoms are in the leg, back pain may also be present. | The dominant symptoms are in the leg/s, back pain may also be present. | The location may vary and may include, back/buttocks and leg pain |
| ***NATURE*** | Pain may be intermittent or constant with varying intensity | Pain is always intermittent | Pain is constant – occasionally intermittent if in chronic stage. | Pain is intermittent. | Pain is always constant and will remain unchanged through most movements or worsen at night |
| ***AGGRAVATING*** | Pain is made worse with flexion and sitting | Pain is made worse with extension based activity, standing and walking for prolonged periods | In the acute stage, most movements/activity will cause increased pain | Any activity that puts the spine into an extended position. People will normally have difficulty walking further than 100m | Most activity will aggravate the pain, and the pain will remain aggravated long after activity is ceased |
| ***EASING*** | Pain is better with extension based activity. Better to walk than it is to stand, better to stand than it is to sit. | Pain is relieved through sitting down, or bending forward. Often when standing it is more comfortable to have one foot raised | Pain is typically reduced when lying flat either in supine or prone, or with the legs lifted on a seat. | Sitting down or bending forward will abolish any leg symptoms within a few minutes.  | It is unusual for any mechanical position/movement to be relieving  |
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| ***DAILY TIPS*** | The use of a lumbar roll when sitting is necessary in order to maintain the natural and appropriate curvature of the spine. | The use of a foot stool in sitting/standing can assist in bringing the pelvis to a more neutral position, therefore alleviating pressure through the spinal joints. | Maintenance of appropriate posture during normal tasks is required. Consult a health professional regarding the use of NSAID’s | When walking or standing, practice pulling the navel in and tilting the hips back, this will open the space between the joints and take the pressure of the nerves. | Consult a GP for further investigation to rule out any other pathologies, at this stage also discuss appropriate medications. |
| ***PAIN CONTROL*** |  **Repeated Extensions**-Lying on the stomach, slowly extend your arms in a push up fashion whilst keeping the hips down. 1 sets of 10 – hourlyhttp://www.stretching-exercises-guide.com/images/repeated_extension_in_lying.jpg | **Cat Stretch**- On hands and knees rock back so that the buttocks sit on the ankles. Return to 900 of hip flexion only.1 sets of 10 – hourlyhttp://www.yogacards.com/yoga-postures-2/yoga-postures-S/balasana-child-pose.jpg | **Z Lying**- In the acute stage this may be necessary for the reduction of pain. Simply lie on the back with the legs on a chair15 min max – hourlyhttp://sciaticnervepain.ca/wp-content/uploads/2010/10/z-lying.jpg | **Knees to Chest**-Bring both knees to the chest and then drop them back towards the floor by extending the arms.3 sets of 10 – 2 hourlyhttp://www.sleighfamilychiropractic.com/sleighfamilychiropractic/assets/Image/knee_to_chest2.jpg | **Medication**http://www.visualphotos.com/photo/2x4001629/Multicolored_Pill_Capsules_42-19582291.jpg- Given these symptoms are non-mechanical, most control positions/ movements will be ineffective in pain management. |