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Physical Medicine and Rehabilitation

Back Pain Tests and Treatments

What you should consider beforehand

Back pain is a common reason to see a doctor. And there are many different tests and treatments for back pain. Some of them may not be right for you. That's why it is important to talk to your doctor.

Here are some things to consider before you have any tests or treatments.

IMAGING TESTS

You may not need them for back pain.

If you have back pain, your doctor may order an imaging test, such as an X-ray, CT scan, or MRI. You might not need these tests, unless you have had back pain that doesn't get better after a month or two.

Get a physical exam first.

Before you get an imaging test, your doctor should give you a physical exam and review your medical history. These can help your doctor know what to look for and what tests to order.

Check your insurance.

Some imaging tests are expensive. Your insurance may not cover the full cost. Ask your insurance company what they will cover before you get the test. If tests show "false alarms," you may need other, more costly, tests.

Some imaging tests use radiation.

X-rays and CT scans expose you to radiation. The more scans you get the more radiation you get. This increases the risk of cancer.



Usually, lower-back pain gets better on its own. Consider simple remedies to ease your pain before you decide to see a doctor.

ELECTROMYOGRAPHY (EMG)

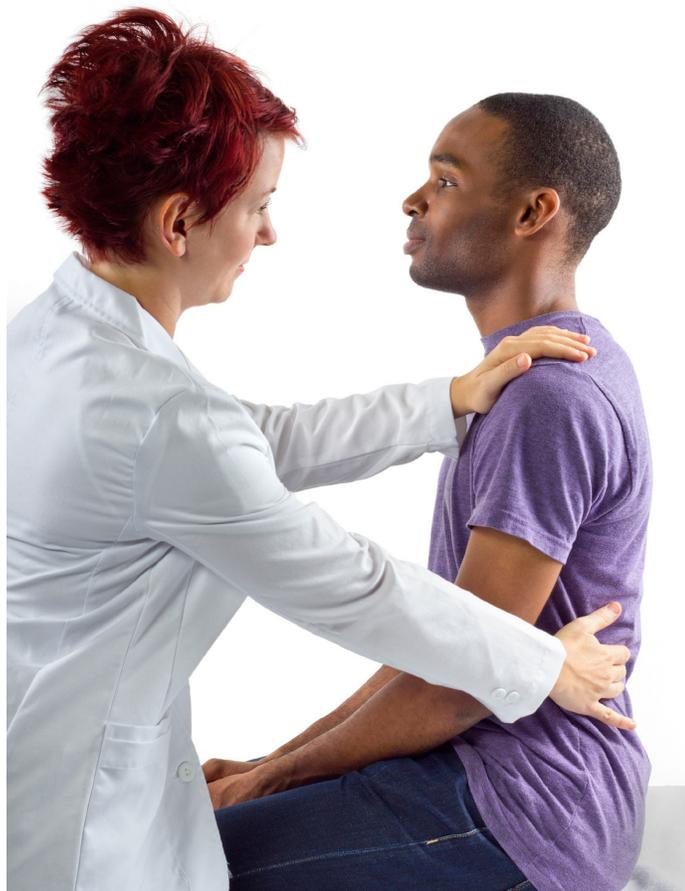
Consider EMG if you also have leg pain or sciatica symptoms.

EMG is a test that checks for damage to muscles and nerves. It uses a needle to measure electrical activity in a muscle.

If you have lower-back pain with leg pain or sciatica, this test can help your doctor be sure of what's wrong. Sciatica is pain that you feel going down the leg from your back. But if you don't have these other issues, the test is not likely to help. Also, you don't need the test if the doctor is sure of your diagnosis.

Do I need EMG if I have mid-back pain or neck pain?

- For mid-back pain: EMG tests won't help your doctor find the cause.
- For neck pain: An EMG will only help if you also have pain or weakness in your arm.



STEROID INJECTIONS

Think twice before you receive additional steroid injections.

People with back pain sometimes get a steroid shot in the spine. The shot can help reduce swelling and pain, especially if you have pain from a pinched nerve.

Your doctor may want to give you two steroid shots. But try to wait before getting a second shot. Wait to see if the first shot works. Then check in with your doctor. And consider other treatments also.

Multiple shots of steroids have risks.

- They raise your blood pressure.
- They raise your blood sugar levels.
- They make it easier for you to get sick.

Ask your doctor:

- Is a second shot likely to help?
- Is it better to try another treatment first?

BED REST FOR LOWER-BACK PAIN

Think twice before getting more than two days of bed rest.

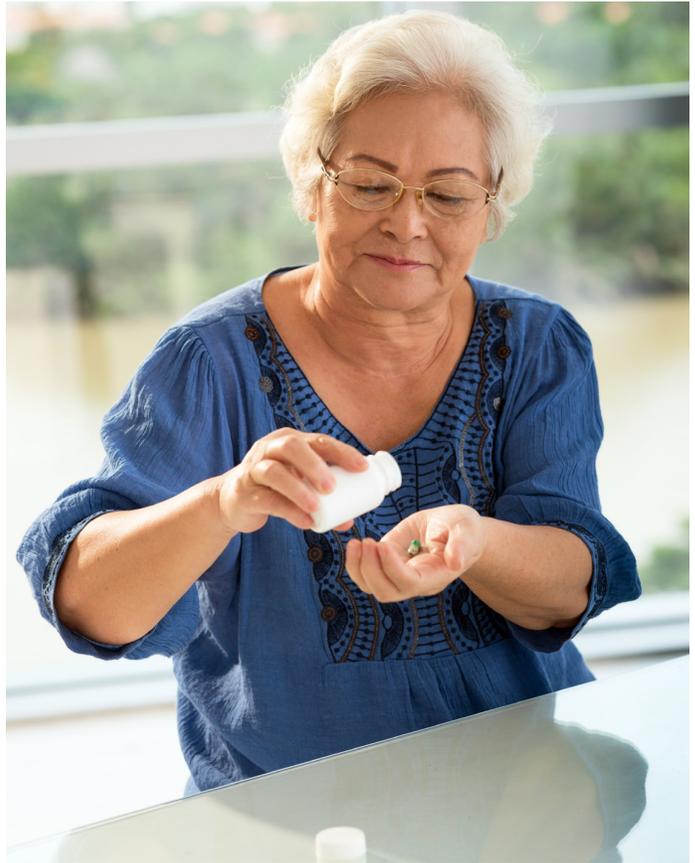
There is no good evidence that long periods of bed rest help lower-back pain. In fact, studies show that patients actually feel better faster if they are active.

Get an exam before getting more bed rest.

Before you get more than two days of bed rest, your doctor should evaluate you. An exam is especially important if you have serious symptoms, such as:

- Loss of bowel or bladder control
- Fever
- Numbness in your groin
- Weakness, falling, or the inability to walk
- Night-time pain
- New numbness, tingling, or sensory loss
- Unusual weight loss

If you don't have these symptoms, you probably won't need more than two days of bed rest.



PAIN KILLERS FOR LOWER-BACK PAIN

Try to avoid addictive pain killers.

Many patients ask for pain killers and many doctors prescribe them. Nearly a third of people suffering from back pain receive drugs that can be addictive, including:

- Oxycodone
- Acetaminophen/oxycodone
- Acetaminophen/hydrocodone

With drugs like these, you need more over time. The longer you use them, the more drugs you may need to relieve your pain. This raises your risk of addiction. It also can increase side effects.

Consider other treatments first.

Before prescribing one of these drugs, your doctor should do a thorough exam and try other treatments.

See the Advice section for tips on managing back pain at home. Studies show that over-the-counter (OTC) drugs can help back pain. See the Advice section for a list of OTC drugs.



Have a doctor examine you before you take more than two days of bed rest. Before considering prescription pain medicines, try other treatments at home.

Try this at home

Most Americans have lower-back pain at some point in their lives. Usually it gets better on its own. Before you rush to the doctor, try these simple remedies. They may ease your pain while you wait to see if your back gets better on its own.

Over-the-counter (OTC) pain medicine.

Start with an OTC pain medicine. Studies show that they really can help relieve pain. For back pain, try:

- Acetaminophen (Tylenol and generic).
- Ibuprofen (Advil and generic).
- Naproxen (Aleve and generic).

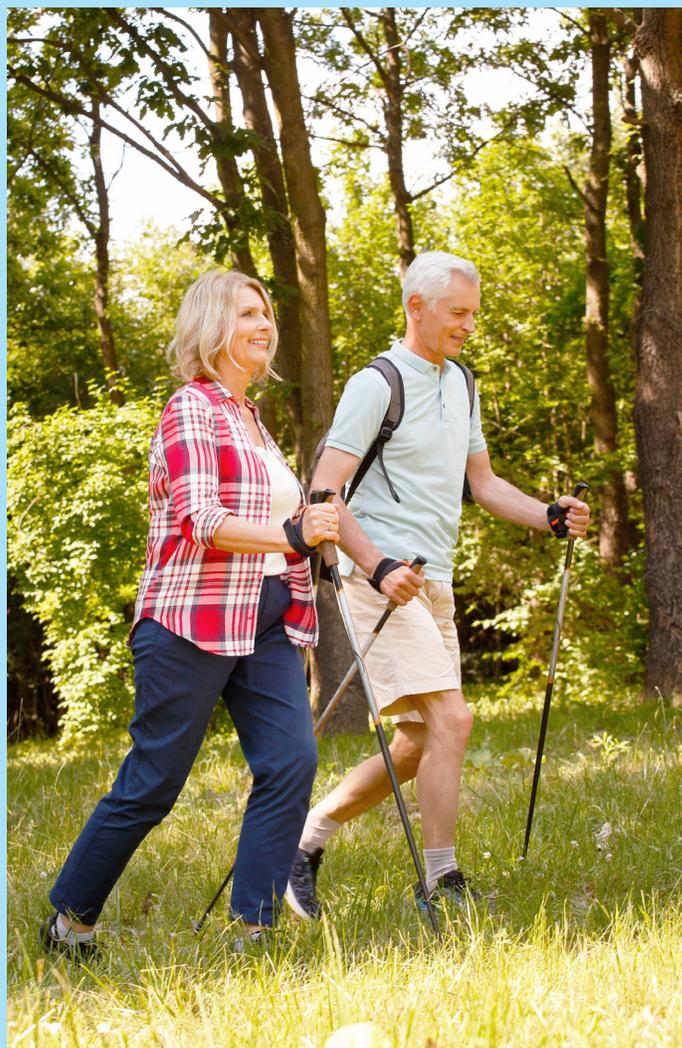
Take the medicine “around the clock” for a few days instead of waiting for the pain to get worse. This will keep the pain under control, but it is not for everyone. Check with your doctor first.

Keep moving. If you can, stay active. Gentle exercises like stretching and walking can help. Just don’t overdo it, and make sure you can do so safely. Once you’re feeling better, try to stay active. Regular activity can help prevent back pain.

Get a massage. There’s evidence that a massage can help ease back pain. But the relief may not last.

If the pain doesn’t go away.

Call your doctor if the pain lasts more than a couple of days. Call the doctor sooner if the pain is keeping you from daily tasks. An office visit might be all it takes to come up with the right treatment.



If you have other symptoms.

Seek care right away if you have other symptoms, such as:

- Fever
- A sudden change in bowel or bladder function
- Tingling, weakness, or loss of feeling in a leg
- Falling
- Inability to walk

Also seek care if you have been in an accident or have a past history of cancer.

This report is for you to use when talking with your health-care provider. It is not a substitute for medical advice and treatment. Use of this report is at your own risk.

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