HEALTH BASICS

Low back pain exercises

Low back pain exercises are movements used to restore activity, mobility, and strength.

WHAT IT IS
Movements supporting back mobility, strength, and confidence

WHERE IT COMES UP
During recovery from short-term or persistent low back pain

WHY IT MATTERS
Can improve function and support usual activity

WHAT IT IS NOT
Not a diagnosis or single treatment plan

WHO TO ASK
GP, physiotherapist, or qualified musculoskeletal clinician

HOW IT IS CHECKED
Progress measured through movement, function, and comfort

Overview

Low back pain exercises are movements intended to help you stay active or return to activity. They may work on flexibility, strength, balance, or control of the muscles around your spine, abdomen, hips, and legs.

These exercises are not a disease or a diagnosis. They are one possible part of managing low back pain. The right approach depends on how long the pain has lasted, how it affects you, and whether there are signs of a specific condition.

For common low back pain without a serious underlying cause, prolonged bed rest is usually unhelpful. Gentle movement and a gradual return to normal activities are often encouraged. If pain persists, a structured exercise programme may help with pain and everyday function.

There is no single exercise that works best for everyone. Walking, swimming, strength training, yoga, Pilates-style exercise, and specific back movements can all be reasonable options when adapted to your needs.

Exercise should not be used to push through new weakness, loss of bladder or bowel control, numbness around the genitals or buttocks, or pain following major trauma. These need medical assessment rather than an exercise plan.

How it works

Your spine is supported by muscles in your back, abdomen, pelvis, hips, and legs. Exercise can improve how these areas move and share physical loads. It can also rebuild confidence in movements that may have become difficult or worrying.

Mobility exercises gently move the lower back and nearby joints. Examples include controlled pelvic tilts, moving the knees from side to side while lying down, or bringing one knee toward the chest. These movements should stay within a comfortable range.

Strength exercises make muscles work against resistance. A bridge, for example, involves lifting your hips while lying with your knees bent. A bird-dog involves extending one arm and the opposite leg from a hands-and-knees position. These can be made easier or harder.

Aerobic exercise raises your breathing and heart rate. Walking, cycling, swimming, or another activity you enjoy may improve general fitness and help you do more without becoming as tired.

Movement-control exercises focus on smooth, steady movement and body awareness. Yoga, Pilates-style programmes, and physiotherapy exercises may include this approach. The labels matter less than choosing an activity that is suitable and sustainable.

Pain during exercise is not always a sign of damage. A mild, short-lived increase can happen when you begin moving more. However, the exercise should not cause severe or rapidly increasing pain, new numbness, or new weakness. If symptoms remain clearly worse after the activity, reduce the range, effort, or duration and seek advice if the change continues.

Progress is usually gradual. You might first make a movement easier, then add repetitions, resistance, or a more demanding version. A physiotherapist can help adapt exercises if pain, disability, pregnancy, arthritis, osteoporosis, or another health condition affects what you can safely do.

Why it matters for your health

Low back pain can make bending, lifting, walking, sleeping, working, and caring for others harder. Avoiding all movement may lead to stiffness, reduced fitness, and less confidence in using your back.

Exercise can help you return to activities that matter to you. For persistent low back pain, research supports exercise as one useful part of care, although the amount of benefit differs between people. Exercise may be combined with education, support for sleep and wellbeing, medicines, or other treatment when appropriate.

The aim is not necessarily to keep your spine perfectly still or to use "perfect" posture. Spines are designed to move. It is often more useful to build tolerance for different positions and tasks than to hold one position all day.

Regular activity also supports heart health, muscle strength, sleep, and mood. Those wider effects can matter when back pain has interrupted your usual routine.

A scan is not needed simply to choose a basic exercise in many cases. Imaging may show age-related changes that are also common in people without pain. A clinician may arrange imaging when the history or examination suggests a fracture, infection, cancer, significant nerve problem, or another condition requiring investigation.

What can go wrong

An exercise can be too difficult, performed with more resistance than you are ready for, or increased too quickly. This may cause a temporary flare of back or muscle pain. Adjusting the movement and returning to a manageable level is often enough.

Pain spreading down a leg, tingling, numbness, or weakness may relate to irritation or pressure affecting a spinal nerve. Sciatica is the name commonly used when symptoms follow the sciatic nerve into the leg. Arrange routine clinical follow-up if these symptoms are persistent, worsening, or limiting normal activity.

Back pain can sometimes be linked to conditions such as a vertebral fracture, spinal infection, inflammatory arthritis, cancer affecting the spine, or cauda equina syndrome. These are not caused by ordinary back exercises, but their warning signs change what you should do.

Seek urgent clinical advice if you have back pain with fever or feeling seriously unwell, rapidly worsening weakness, unexplained weight loss, a history of cancer, or pain after a significant fall or collision. The urgency may be greater if you have osteoporosis, use long-term steroid medicines, or have a weakened immune system.

Seek emergency care for new loss of bladder or bowel control, difficulty passing urine, numbness around the genitals or anus, or severe or increasing weakness in both legs. These can be signs of cauda equina syndrome, in which nerves at the bottom of the spine are compressed.

Emergency assessment is also appropriate for back pain with collapse, severe chest or abdominal pain, or after major trauma.

What you can do

Choose movement based on what you can do comfortably now, not what you think you should be able to do. A simple starting point may be a short walk or a gentle movement through a comfortable range.

You can ask a physiotherapist, GP, or musculoskeletal clinician:

Keep a brief record of the activity, how it felt during and afterward, and whether daily tasks are becoming easier. Useful measures include walking time, sleep, ability to dress, or comfort while working. A pain score alone may not show your full progress.

There is no blood test, scan, or posture measurement that identifies the best low back pain exercise for everyone. A clinician usually uses your history, movement, strength, reflexes, sensation, and goals to guide advice. Tests or scans are reserved for situations where their results could change care.

If an exercise repeatedly causes sharp or spreading pain, new tingling, numbness, or weakness, stop that exercise and arrange advice. If you are improving and have no warning signs, gradual progression is usually more useful than constantly changing programmes.

- Whether your symptoms need assessment before you exercise
- Which activity fits your current ability and goals
- How to make an exercise easier or more challenging
- What changes should make you stop and seek help

Common questions

Do I need to strengthen my "core"?

Not necessarily. Abdominal and trunk exercises can help some people, but they are not the only option. Walking, general strength training, aerobic activity, and other forms of exercise can also be useful.

Should I stretch a painful back?

Gentle stretching may feel helpful, but it should not be forced. More stretching is not always better, particularly if a movement sends pain, tingling, or numbness farther down a leg.

Is it safe to bend or lift?

Bending and lifting are normal movements. During a painful period, you may need to reduce the load or change how you perform a task. Gradually rebuilding your ability is often more practical than avoiding these movements permanently.

How often should I exercise?

There is no single schedule suitable for everyone. It depends on the activity, your current ability, and how your body responds. Follow an individual plan if a clinician has given you one; otherwise, begin at a manageable level and increase gradually.

What if exercise does not help?

Arrange routine follow-up if pain is not improving, keeps returning, or continues to limit sleep, work, walking, or self-care. A clinician can reconsider the diagnosis, check for nerve involvement, and discuss other forms of support.

Do I need special equipment?

Often, no. Walking and many mobility or strengthening movements require little or no equipment. A chair, wall, exercise mat, or resistance band may be useful, but none is essential for every programme.

Sources

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