SYMPTOM

Chronic low back pain

Chronic low back pain is pain between the lower ribs and buttocks that lasts longer than three months.

WHAT IT FEELS LIKE
A persistent ache, stiffness, burning, or sharp pain

WHERE IT IS FELT
Lower back, sometimes spreading into buttocks or legs

MOST COMMON CAUSES
Nonspecific back pain, age-related changes, disc or joint irritation

WHEN IT IS URGENT
New bladder trouble, saddle numbness, or worsening leg weakness

USUALLY LASTS
Over three months, often with better and worse periods

SEE A DOCTOR IF
Pain persists, limits daily life, or keeps worsening

Overview

Chronic low back pain is pain between your lower ribs and buttocks that lasts longer than three months. It may be constant or come and go.

"Chronic" describes how long the pain has lasted. It does not mean the pain is permanent or that your back is being continuously damaged.

Pain can involve muscles, joints, discs, nerves, or several factors at once. Sleep, stress, mood, activity, work demands, and how the nervous system processes pain can also affect symptoms. Pain may spread into a leg, sometimes because a nerve is irritated.

What it may feel or look like

Chronic low back pain can feel like:

Pain may worsen with sitting, standing, bending, lifting, or walking, while gentle movement may help. Symptoms can vary without a clear reason.

Pain intensity does not always match scan findings. Age-related disc or joint changes are also

common in people without pain.

- A dull or deep ache
- Stiffness, especially after rest
- Burning, stabbing, or shooting pain
- Muscle tightness or spasms
- Pain spreading into a buttock or leg
- Tingling or numbness in a leg or foot

Common causes

Common explanations

Most chronic low back pain is nonspecific , meaning an examination cannot link it to one precise injury or disease. Muscles, joints, discs, movement patterns, and increased pain sensitivity may all contribute.

Age-related changes can play a role but do not automatically mean the spine is damaged or unstable. A disc or joint may irritate a nerve, causing pain, tingling, numbness, or weakness in a leg. Pain along the sciatic nerve is often called sciatica .

Less common causes

Less common causes include narrowing around spinal nerves, called spinal stenosis , and inflammatory conditions affecting spinal joints. Pain can also be referred from the hip, kidney, abdomen, or pelvis.

A compression fracture may occur when a spinal bone is weakened by osteoporosis, particularly after a fall or in someone with fragile bones.

Urgent causes

Rarely, back pain is caused by serious nerve compression, infection, cancer, or a major fracture. These are assessed using your symptoms, medical history, and examination rather than pain severity alone.

When to seek medical care

Call emergency services or go to an emergency department if back pain occurs with:

These symptoms can indicate serious pressure on nerves at the base of the spine.

Seek same-day medical advice for severe back pain with fever, chills, or feeling very unwell. Prompt assessment is also important after a minor injury if you have osteoporosis, use long-term steroid medicine, or are older and frail.

Book a routine appointment if pain lasts more than three months, worsens, interrupts sleep, or limits daily life. Arrange follow-up for persistent leg numbness or weakness, unexplained weight loss, or pain that is not improving as expected.

- New difficulty starting urination or loss of bladder or bowel control
- New numbness around the genitals, anus, or inner thighs
- Rapidly worsening weakness or numbness in both legs
- Back pain after a major accident, especially with difficulty moving

How the cause is found

A healthcare professional will ask about the pain, what affects it, whether it spreads, and any injuries or bladder or bowel symptoms. They may also ask about work, sleep, medicines, previous cancer, infections, and bone health.

An examination may assess movement, strength, reflexes, sensation, walking, hips, and abdomen.

Most people do not need an X-ray, CT scan, or MRI straight away. Imaging is mainly used when there are warning signs, significant nerve symptoms, or when the result would change treatment. Blood tests may be used if infection, inflammation, or another condition is suspected.

Treatment and self-care

Treatment aims to improve movement, sleep, confidence, and daily function while reducing pain where possible.

Continuing ordinary activity within manageable limits is generally better than prolonged bed rest. Temporarily adapt painful tasks, then rebuild activity gradually.

Structured exercise may include walking, strengthening, mobility work, aerobic exercise, yoga, or water-based exercise. Choose an activity you can do consistently and safely. Heat may ease stiffness, while pacing tasks and taking short rests can help prevent severe flare-ups.

Cognitive behavioural and other psychological approaches can help with pain, stress, sleep,

and fear of movement. This does not mean the pain is imaginary; persistent pain involves both the body and nervous system. Manual therapy may help when combined with exercise and an active plan.

Medicines are not suitable for everyone. Anti-inflammatory medicines can affect the stomach, kidneys, heart, or other medicines, so discuss safe options with a healthcare professional or pharmacist. Long-term opioid use is generally avoided because benefits may decrease while risks increase.

What to expect

Chronic low back pain often improves and worsens over time. A flare-up does not necessarily mean new damage has occurred.

Progress may be gradual and can be measured by walking farther, sleeping better, or returning to valued activities. Arrange follow-up if treatment is not helping, medicines cause problems, or new symptoms appear.

Common questions

Should I rest until the pain is gone?

Prolonged bed rest can increase stiffness and reduce strength. Short rests may help during a flare, but gentle movement and a gradual return to activity are usually preferred.

Do I need an MRI?

Not usually. MRI may help when serious disease or important nerve compression is suspected, or when the result would guide a procedure. Routine scans often show changes unrelated to pain.

Is exercise safe with chronic back pain?

Exercise is generally part of treatment, although temporary soreness can occur. Stop and seek advice for new weakness, numbness around the groin, bladder or bowel trouble, or severe symptoms that do not settle.

Does chronic pain mean my back will never recover?

No. "Chronic" means pain has lasted longer than three months. Symptoms and function can improve, although progress may include better and worse periods.

Sources

- World Health Organization. WHO guideline for non-surgical management of chronic primary low back pain in adults in primary and community care settings . Geneva: World Health Organization; 2023.
- National Institute for Health and Care Excellence. Low back pain and sciatica in over 16s: assessment and management . NICE guideline NG59. Published 2016; updated 2020.
- Qaseem A, Wilt TJ, McLean RM, Forciea MA. "Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians." Annals of Internal Medicine . 2017;166(7):514-530.
- Department of Veterans Affairs and Department of Defense. VA/DoD Clinical Practice Guideline for the Diagnosis and Treatment of Low Back Pain . Version 3.0; 2022.
- American College of Radiology. ACR Appropriateness Criteria: Low Back Pain . Revised 2021.