



CARE INSTRUCTIONS

KAISER PERMANENTE

Return-to-Work Plan for People with Low Back Pain

Your Kaiser Permanente Care Instructions

You may be worried about going back to work. Once you have had low back pain, you may be afraid that the pain will come back. This fear may cause you to limit your activities.

Low back pain can be acute or chronic. If it has lasted less than 3 months, it is called acute. It is chronic if it has lasted more than 3 months. Staying active while protecting your back may help keep your pain from becoming chronic.

If your work involves a lot of sitting, standing, or lifting, you may need to change the way you do your job. But getting back to work and other activities may actually help you get better. This is because movement keeps your back muscles strong, and staying in bed or avoiding activity for more than a day or two can actually make your pain worse.

You will probably feel better being back in your normal routine. A positive outlook can help speed your recovery.

How can you care for yourself at home?

Self-care strategies

- **Pay attention to your posture.** In many cases, low back pain is the result of bad posture.
 - Stand or sit tall, with your shoulders back and your stomach pulled in to support your back. Your ears and shoulders should be lined up over your hips.
 - Do not slouch or slump. Slouching or slumping puts more stress on your back.
 - Anytime you begin to feel pain in your back, check your posture. You may be able to fix the problem by paying attention to how you are sitting or standing.

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- **Get some exercise every day.** Exercise may not only help treat low back pain, but it may also help keep your back from hurting again.
 - Each day, try to do some stretching and some exercises to strengthen your stomach, back, and legs.
 - You should also do daily exercises that get your heart rate up, such as walking, swimming, or biking.
- **Do not smoke.** Smoking decreases blood flow and slows healing. If you need help quitting, talk to your doctor about stop-smoking programs and medicines. These can increase your chances of quitting for good.
- **Take an over-the-counter pain medicine,** such as acetaminophen (Tylenol), ibuprofen (Advil, Motrin), or naproxen (Aleve). Read and follow all instructions on the label.

Make changes at work

Talk to your supervisor or human resources department. They may have good ideas on how you can protect your back at work. Some companies have experts who can suggest different tools or ways to do your job.

- You may need to develop a gradual return-to-work plan. Be honest about what you feel you can and cannot do. If you need it, your doctor or other clinician can give you a prescription for shorter work days or fewer duties.
- If you know parts of your job are putting stress on your back, ask if there are other ways you can do those jobs. Or ask if someone else could take over that work.
- If your job involves a lot of sitting, you may be able to get a better chair. Chairs that are adjustable or that have lumbar supports may help you.

Ergonomics means matching the human body to the job. By studying your work environment and the tools you use, you can reduce your chances of back pain.

- You are more likely to have low back pain if you work intensely for long periods of time without breaks. Take regular breaks and do stretching exercises to reduce this risk. Try to take 3- to 5-minute breaks, or change tasks, every 20 to 40 minutes.
- If your job involves a lot of sitting:
 - Place a small pillow, a rolled-up towel, or a lumbar roll in the curve of your back for extra support.

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- Sit in a chair that is low enough that you can place both feet flat on the floor. Your knees should be level with your hips. If your chair or desk is too high, use a foot rest to raise your legs.
- Try sitting on a kneeling chair or an exercise ball. A kneeling chair tilts your hips forward. This takes pressure off your lower back. An exercise ball can rock from side to side, which helps keep your back loose.
- If your job involves lifting:
 - Hold the object close to you.
 - Bend your knees and keep your back straight as you grasp the object, then straighten your knees to lift it up.
 - Set down your load carefully, squatting with your knees and hips only.
- When you lift:
 - Do not try to lift something by yourself that is too heavy, too awkward to carry, or that will not allow you to see where you are walking.
 - Do not rely on a “back belt” to protect your back. Studies have not shown them to be effective.
- You may be able to get more information on ergonomics from your state Department of Labor, the Occupational Safety and Health Administration (OSHA), or the National Institute for Occupational Health and Safety (NIOSH).

Follow-up care is a key part of your treatment and safety. As a partner in your health care, you can do things like keep all scheduled visits, be sure you know the results of all tests and labs ordered as part of your care, and keep an up-to-date personal list of the medicines you are taking. Know how to contact us between visits, and call your doctor or other clinician if you have signs that you are having problems.

When should you call 911?

If you think you are experiencing a medical emergency, call 911 immediately or seek other emergency services. Examples of symptoms that may be an emergency include:

- You lose bladder or bowel control.
- You suddenly cannot walk or stand.
- You have sudden numbness or weakness in both legs.

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When should you call Kaiser Permanente?

- You have new pain, numbness, tingling, or weakness, especially in your buttocks, genital or rectal area, legs, or feet.
- You have new or worse back pain with fever, painful urination, or other signs of a urinary tract infection.
- Your back pain gets worse or more frequent.

How can you learn more about low back pain?

- *Log on:* members.kp.org. Search for **low back pain** in the **Health encyclopedia**.
- *Look in:* Kaiser Permanente Healthwise Handbook.
- *Listen to:* Kaiser Permanente Healthphone: 1-800-332-7563. For a list of topics, go to members.kp.org and search for **healthphone**.

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