



BeyondDuty+

Lower Back Pain and Lumbar Spine

Lower back pain (LBP) is one of the most frequently reported musculoskeletal (MSK) conditions among service leavers and veterans in the UK. This high prevalence is often directly linked to the **physical demands of military service**. Contributing factors include:

- **Load-bearing activities** such as carrying heavy bergens, body armour, and weapon systems over prolonged periods.
- **Repetitive strain** from routine tasks involving lifting, jumping, or dynamic movement with poor ergonomic technique.
- **Traumatic events**, including vehicle collisions, hard landings during parachute training, and other operational or training-related incidents.

Over time, these stressors can lead to both acute and chronic lumbar spine disorders. Common pathologies include:

- **Lumbar disc degeneration** – resulting from cumulative microtrauma to intervertebral discs, reducing their shock-absorbing capacity.
- **Nerve root compression (radiculopathy)** – caused by herniated discs or osteophytic growth, often presenting with radiating leg pain, numbness, or weakness.
- **Lumbar spinal stenosis** – a narrowing of the spinal canal, which can cause neurogenic claudication and severely impact mobility.

These conditions may significantly **impair daily function, quality of life**, and the ability to maintain or gain employment post-service. Veterans often require tailored rehabilitation, pain management, and in some cases, surgical intervention. **Early recognition** and veteran-specific MSK care pathways are vital to improving outcomes.



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VETERANS
WELFARE GROUP

Management of Lower Back Pain and Lumbar Spine Disorders

Effective management of low back pain (LBP) in veterans involves a **multidisciplinary, biopsychosocial approach**, often delivered through a combination of NHS services, Armed Forces-specific support, and third-sector (charity) involvement. Key elements include:

1. Primary Care Management (NHS Pathways)

• **Initial Assessment by GP or MSK Specialist**

- Use of NICE guidance (NG59) to stratify based on risk and severity.
- Clinical examination to rule out red flags (e.g. cauda equina, infection, malignancy).

• **Conservative Management (first-line):**

- **Education and reassurance** – promoting self-management and activity.
- **Analgesia** – paracetamol, NSAIDs, or neuropathic agents (e.g. amitriptyline, gabapentin).
- **Physiotherapy referral**
- **Manual therapy** – manipulation, mobilisation (where indicated).

2. Specialist MSK and Pain Services

- Referral to **community MSK interface clinics** or **Integrated Care Systems (ICS)**.
- **Imaging (MRI)** only if conservative treatment fails or red flags are suspected.
- **Injections** – facet joint or nerve root blocks for selected cases.
- **Pain management programmes** – CBT-based, multidisciplinary approaches (e.g. via NHS Pain Clinics).

3. Secondary/Specialist Care (Orthopaedics/Neurosurgery)

- Considered for:
- Persistent radiculopathy >6 weeks unresponsive to conservative therapy.

- Confirmed structural abnormalities (disc herniation, spinal stenosis).
- **Surgical options** may include:
 - Microdiscectomy
 - Lumbar decompression
 - Spinal fusion (in severe instability)

4. Psychological Support

- **Pain psychology input** for chronic LBP – using Acceptance and Commitment Therapy (ACT), CBT, or mindfulness.
- Addressing **mental health comorbidities** that often exacerbate pain perception and disability.

What to Expect from a Good Assessment

Your doctor or physiotherapist will:

- Ask questions about your symptoms, health history, and lifestyle
- Check your posture, strength, and movement
- Look for rare but serious signs (called “red flags”)—these are very uncommon
- Talk to you about your mental health and daily stress, since pain can affect your mood (and vice versa)

You usually **don’t need scans like X-rays or MRIs** unless your pain is serious, lasts more than 6 weeks, or shows signs of nerve damage.

Understanding Your Pain

- Back pain is often caused by **muscle strain, stiffness, or stress**—not something dangerous
- It can feel worse during stress, tiredness, or low mood
- Movement helps your back heal—even if it’s sore
- **You are not doing harm by staying active** (within reason)

Staying Active is the Best Medicine

Movement is the most effective way to manage and reduce low back pain. Helpful activities include:

- **Core exercises** (like McGill Big 3 or Pilates)
- **Walking**, swimming, or cycling
- **Gentle stretching**
- **Hands-on therapy** (like massage or spinal mobilisation) can also help—but should be part of a full plan, not the only treatment

Your GP or physio might refer you to an NHS rehab programme or a military/veterans' service.

Looking After Your Mental Wellbeing

Pain affects your mind, and stress or trauma can make pain feel worse. You're not alone in this.

You may benefit from:

- **Cognitive Behavioural Therapy (CBT)** to change how you respond to pain
- **Mindfulness or breathing techniques**
- Support from **Op COURAGE**, the NHS mental health service for veterans

What About Medications?

- **Ibuprofen or naproxen** (with food) can help with short-term pain
- **Avoid** strong painkillers like opioids or codeine—they don't help long-term and can be harmful
- If pain affects your sleep or mood, your doctor may offer **amitriptyline or duloxetine**
- **Always check with your doctor before starting new medications**

Remote Help Is Available

If travel is difficult, you can now get **online physiotherapy** or support through apps

Key Tips for Managing Your Back

What Helps

Keep moving
Learn about your pain
Try core & walking exercises
Use ice or heat packs
Look after your mental health
Stick with the plan

Why It Works

Keeps muscles strong, reduces stiffness
Reduces fear and helps you stay active
Supports the spine and improves posture
Can ease pain and tight muscles
Stress can make pain worse
Recovery takes time—consistency is key

Here are **safe and effective exercises for managing lower back pain**, suitable for veterans and civilians alike. These focus on **core strength, mobility, and posture**, which are critical for long-term relief and prevention.

1. Pelvic Tilts (Core Activation)

Here are **safe and effective exercises for managing lower back pain**, suitable for veterans and civilians alike. These focus on **core strength, mobility, and posture**, which are critical for long-term relief and prevention.

Purpose: Strengthens abdominal muscles and improves posture

How to do it:

- Lie on your back with knees bent, feet flat on the floor.
- Tighten your stomach muscles and press your lower back gently into the floor.
- Hold for 5 seconds, then relax.
- Reps: 10–15
- Do 2–3 sets daily.

2. Knees to Chest Stretch

Purpose: Gently stretches lower back and relieves tension

How to do it:

- Lie on your back with knees bent.
- Bring one knee up to your chest, holding it with both hands.
- Hold for 20–30 seconds, then switch legs.
- Reps: 2–3 per leg

Great as a morning or evening routine.

3. Bird Dog (Core & Stability)

Purpose: Strengthens core, glutes, and improves spine control

How to do it:

- On hands and knees, keep your back flat.
- Extend your right arm and left leg at the same time.
- Hold for 5–10 seconds, keeping hips level.
- Return to starting position and switch sides.

Reps: 8–10 per side

Helps with balance and core control.

4. Cat-Cow Stretch (Spinal Mobility)

Purpose: Increases flexibility in spine and hips

How to do it:

- Start on hands and knees.
- Inhale, drop your belly and lift your head and tailbone (Cow).

- Exhale, arch your back and tuck chin to chest (Cat).
- Reps: 10–15

Do this slowly and with controlled breathing.

5. Glute Bridges

Purpose: Strengthens glutes and hamstrings, reducing lower back strain

How to do it:

- Lie on your back, knees bent, feet flat.
- Push through your heels to lift your hips toward the ceiling.
- Squeeze your glutes at the top, hold for 5 seconds, lower down.
- Reps: 10–15

Great for counteracting long periods of sitting.

6. Child's Pose (Restorative Stretch)

Purpose: Relieves tension in the spine and hips

How to do it:

- Kneel and sit back on your heels.
- Reach arms forward and lower your chest toward the floor.
- Hold for 30–60 seconds.
- Reps: 2–3 holds

Excellent for calming tight muscles after other exercises.

Optional Add-Ons (If Able)

- **Wall sits** (for posture and core endurance)
- **Standing hamstring stretches**
- **Foam rolling** (for glutes and lower back)

Contact Us

For more information and support, get in touch with our advisors and veterans with lived experience today.



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