LOWER BACK PAIN



Condition	Causes	Symptoms
Sacroiliac Syndrome	Pain from Sacroiliac joint, capsule or ligaments from trauma, postural/ biomechanical abnormalities, ligament laxities, leg length inequalities and joint fixations.	Local, sharp, stabbing pain. Referred pain (lower back, buttocks, back of leg). Pain increased by movement and relieved by lying down.
Leg Length Inequality	 Structural- anatomically longer bones from trauma, childhood diseases, infections, neoplasms and neuromuscular diseases such as Cerebral Palsy and Polio. Functional- biomechanical disturbances from muscle imbalances and joint fixations. 	Abnormal walking pattern (Gait), Scoliosis, long term degenerative changes and associated pain syndromes from foot, ankle, knee and hip pain to lower back and neck pain.
Lumbar Sprain/ Strain	Soft tissue damages to the lumbar ligaments and muscles. Can be Grade 1 (Mild), Grade 2 (Moderate) or Grade 3 (Severe). Due to	<u> </u>

	trauma, overuse, poor posture and muscle imbalances.	spine or down into buttocks or legs.
Lumbar Facet Syndrome LUMBAR FACET JOINT	Lower back pain originating from the lumbar facet joints or capsules due to joint sprain, biomechanical dysfunction causing joint inflammation and degeneration.	Dull, achy to sharp pain localised to a specific point with pain referral into buttock and leg.
Spondylolisthesis	Forward movement of a vertebra on another vertebra due to trauma, degeneration, poor posture and other pathologies. Common in individuals who perform repetitive extension and flexion movements (gymnasts, dancers etc.).	Lower back pain. If severe, there will be signs of spinal cord compression such as loss of bladder and bowel control and other neurological problems such as muscle weakness and numbness in legs.
Lumbar Disc Herniation herniation vertebra vertebra	Protrusion of intervertebral disc material which can compress the spinal cord, spinal nerves and other pain generation structures. Caused by chronic disc overload, trauma, flexion + twisting movements, poor posture, muscle imbalances and a other predisposing factors (no exercise, poor core strength, abnormal biomechanics, disc degeneration and poor nutrition. Four stages to a disc herniation Degeneration Prolapse Extrusion Sequestration	Sudden onset of lower back pain and possible leg pain. Possible previous history of mild back pain. Sharp, shooting electrical pain increased by standing, walking, sitting for long periods, coughing or sneezing.
Lumbar Degenerative Joint Disease	Degeneration of joints due to poor posture, abnormal biomechanics, genetic or metabolic predisposition, trauma, fractures, repetitive	Slow developing, dull, achy joint pain. Morning stiffness. Pain can be relieved by rest. Pain can

	forceful joint motions	refer up/ down the spine or into the buttocks and legs.
Lumbar Instability	Compromised structural integrity between one or more joints causing increased motion. Can be caused by a Spondylolisthesis, sprain/ strains and repetitive motions.	Recurrent lower back pain, relieved by rest or back support. Aggravated by even small twisting movements and pain aggravated by prolonged postures.
Cauda Equina Syndrome (CES)	Disorder resulting from compression of the Cauda Equina (nerves form the lumbar spinal cord) with severe neurological compromise. Can be caused by trauma, intervertebral disc disease, abscess and tumours.	Lower back pain, sciatica, muscle weakness, loss of sensation, numbness in buttock, bowl and bladder problems.
Piriformis syndrome Inflammed sciatic nerve	The Piriformis muscle may be compressing the Sciatic nerve. Additionally, the Piriformis muscle may have Trigger points referring pain into buttock and leg.	Pain in the buttock and back of leg, usually with no trauma.
Ankylosing Spondylitis	Auto-immune inflammatory arthritis which mainly affects the Sacroiliac joints and results in progressive stiffening of the spine.	Usually younger males complaining of chronic lower back pain and stiffness with radiation into buttocks and the thighs.
Aortic Abdominal Aneurysm	Weak and enlarged abdominal aorta usually associated with atherosclerosis.	Can be asymptomatic until rupture. If symptomatic there will be mild/ severe abdominal and lower back pain.