ROOTED MOTION PHYSICAL THERAPY

Low Back Pain: The First Six Weeks

By Rooted Motion Physical Therapy

Move Better. Live Rooted.

For adults in the first weeks of new low back pain, deciding what to do next.

Start With What Is Most Likely True

Around nine in ten people who see someone about low back pain have what is described as non-specific low back pain. It means that after a proper assessment, no particular structure can be named as the source. It does not mean nothing is wrong, and it does not mean the pain is imagined. It means the pain is real and the cause is diffuse, which is the presentation that generally does best.

The six weeks after back pain starts are the window in which most of the improvement happens, and in which the most unhelpful decisions get made. This guide is built around that stretch of time.

Week One: Protect Less Than You Want To

The instinct is to stop and wait it out. Prolonged rest generally makes the first week longer rather than shorter. The aim is not to push through pain; it is to keep the back involved in your ordinary day at whatever level it tolerates today.

What to do this week

☐ Keep going to work, and keep your usual routine, at a reduced level if needed
☐ Change position every twenty to thirty minutes rather than holding one
☐ Walk most days. Start with what feels easy and add a little each day
☐ Use rest in short stretches to take the edge off, not as the plan for the day
☐ Use heat or cold if either helps you move more; neither is doing the healing

Pain that moves around, morning stiffness, and days that are worse for no obvious reason are all typical. A bad Tuesday after a good Monday is not evidence that something has gone wrong.

The Scan Question

This is where the first six weeks are most often lost. In the absence of warning features, immediate imaging generally does not lead to less pain or better function than waiting, either in the first three months or across a year. Current imaging guidance says much the same: for uncomplicated back pain without warning features, imaging is generally considered only after around six weeks of unsuccessful management, or if warning features appear.

There is a second reason to be careful with an early scan. In people with no back pain whatsoever, disc degeneration is present in roughly a third by age twenty and in the large majority by age eighty, and disc bulges follow a similar pattern. These findings are widespread in pain-free spines and appear to be part of ordinary ageing. That does not make them meaningless in every case; it means a report alone cannot tell you why your back hurts, and reading one as a verdict tends to make people move less rather than more.

If your symptoms include the warning features below, this reasoning does not apply to you and imaging may be entirely appropriate.

Weeks Two to Six: Rebuild Load on Purpose

Exercise is the most consistently supported thing you can do, and the honest version of the finding is worth having. Pooled across a very large body of trials, exercise therapy improved pain by an amount the reviewers themselves judged clinically meaningful, while the improvement in day-to-day function was real but smaller and did not reach their threshold. Expect the ache to settle before your confidence does.

No type of exercise has emerged as clearly better than the others. The one you will keep doing beats the one that scores best on paper.

1. Choose one activity you can repeat three times a week without arranging your life around it.
2. Set a starting dose you are confident you could do again tomorrow. Start below what you think you can manage.
3. Add roughly ten percent a week to one variable only, and hold the others still.
4. Judge each change over a full week, not a single session.
5. If a week goes backwards, return to the last level that worked and hold it for a week before building again.

A working rule for soreness

Discomfort during activity that settles within a day is generally acceptable and is not a sign of damage. Pain that is sharply worse the following morning suggests the step was too big. This is a widely used clinical convention rather than a trial-validated threshold, so treat it as a guide and not a rule.

The Six-Week Decision Point

Six weeks is the point at which it is reasonable to stop waiting and reassess. If you are meaningfully better and still improving, keep going. If you have plateaued, or you are no better than you were in week one, that is the moment to be assessed properly rather than to keep repeating the same six weeks.

☐ Can you do more now than you could in week one
☐ Has the pain changed in character, not only in intensity
☐ Are you avoiding anything you have not tried since this started
☐ Is worry about the back now a bigger limit than the back itself

> **Get medical attention promptly if**
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> - You lose control of your bladder or bowels, or you have numbness around the groin or inner thighs
> - Weakness in a leg or foot is getting worse rather than steady
> - The pain follows a fall, a crash, or any significant impact
> - You have a fever, unexplained weight loss, or a history of cancer alongside the pain
> - The pain is severe at night, or is unchanged by any position at all

The Rooted Motion Difference

- An assessment of how you move, not only where it hurts.
- Straight talk about what a scan would and would not tell you.
- A loading plan built around a week you actually have.
- Care in your own home, so the plan fits the room you live in.
- Convenient concierge mobile physical therapy delivered where you are.

Six Weeks In and Not Improving?

A back that has stalled is worth a proper look rather than another six weeks of the same approach. Most low back pain responds well to a plan matched to what you can do right now.

Move Better. Live Rooted.

Contact Rooted Motion Physical Therapy to schedule your one-on-one evaluation.

Educational disclaimer: This handout is for educational purposes and is not a substitute for an individual evaluation by a licensed healthcare professional. Seek prompt medical evaluation for severe pain, significant weakness, numbness, or symptoms following trauma.

Research Behind This Guide

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