

Back Pain in Children



Introduction

Back pain is **common in children and teenagers**, and in most cases it is **not serious**. Most episodes are caused by muscle strain, posture, or minor injuries and improve with simple measures.

However, persistent or unusual symptoms should be assessed by a healthcare professional.

Common Causes of Back Pain in Children 1. Muscle Strain

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- Overuse from sports (football, gymnastics, dance).
 - Carrying heavy school bags.
 - Sudden increase in activity.

2. Poor Posture

- Long periods on phones, tablets, laptops.
- Slouching or awkward sitting positions.

3. Minor Injuries

- Falls, awkward lifting, or twisting.

4. Growth-Related Pains

- Occur during rapid growth spurts, especially in teenagers.

5. Joint or Spine Conditions (Less Common) •

Spondylolysis (stress injury in the lower back).

- Scoliosis (spinal curve).
- Scheuermann's disease (postural kyphosis).
- Inflammatory conditions such as juvenile arthritis (rare).
- Disc irritation (rare in young children).

Most children do **not** have any serious underlying problem.

Symptoms

Your child may experience:

- Back or buttock pain
 - Stiffness in the morning or after rest
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- Pain after activity, lifting or sports
 - Difficulty sitting or standing for long periods
 - Muscle tightness (especially hamstrings)

When Back Pain Is Usually NOT Serious

- Pain improves with rest
 - No night waking
 - No weight loss or fever
 - Normal walking and movement
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- Pain linked to activity or posture

When to Seek Medical Advice (Red Flags) Seek

urgent assessment if your child has:

- **Severe or worsening pain**
 - Pain **not improving** after 2–4 weeks
 - **Night pain** that wakes them regularly
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- **Weakness, numbness, or tingling** in legs • **Difficulty walking** • **Bowel or bladder problems**
 - **Fever**, weight loss, or feeling generally unwell
 - Pain after a **significant injury**
 - A visible **spinal deformity** (new or worsening)

These symptoms are uncommon but should be checked.

Diagnosis

Your clinician will assess:

- Symptoms and history
- Movement, posture, flexibility
- Muscle strength
- Walking pattern

X-rays or scans are rarely needed unless symptoms suggest a more serious cause.

Treatment

Most children recover with simple measures:

1. Activity Modification

- Avoid heavy lifting and high-impact sports during flare-ups.
- Encourage gentle activity—walking, swimming, cycling.

2. Heat

- Warm compress or hot water bottle for **10–15 minutes** to relax muscles.

3. Pain Relief

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- Paracetamol or ibuprofen may help (follow age-appropriate dosing).

4. Stretches & Exercises

A physiotherapist may recommend exercises such as:

Hamstring Stretch

- Gently stretch the back of the thigh.
- Hold 20–30 seconds each side.

Cat–Camel Stretch (Spine Mobility)

- Kneel on hands and knees, round the back up, then drop it down gently.
- Repeat 10–15 times.

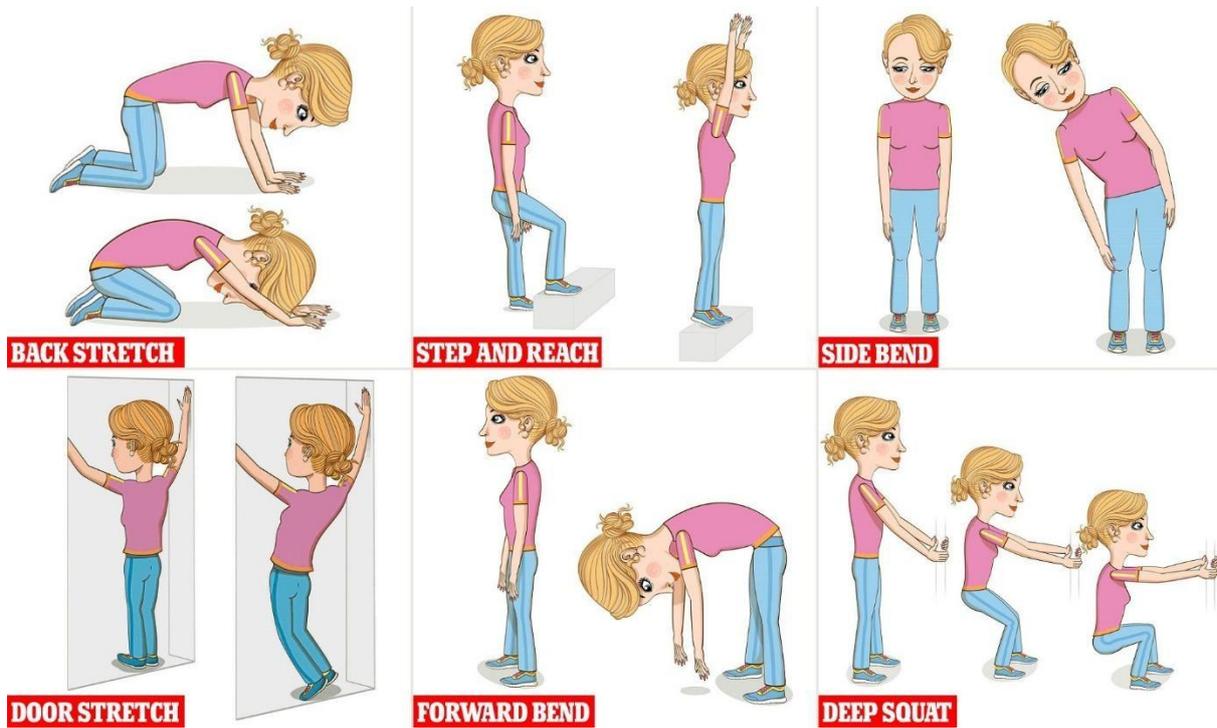
Core Strengthening

- Bridging exercises or gentle abdominal strengthening.

These help improve posture and support the spine.

5. Posture Advice

- Encourage regular breaks from screens every 30–45 minutes.
- Supportive chair with feet flat on the floor.
- Avoid carrying very heavy school bags; use both straps.



Returning to Normal Activities

Your child can gradually return to sports and full activity as pain settles. A physiotherapist can help guide return-to-sport progression if needed.

Prognosis

- Most children recover fully within **2–4 weeks**.
- Serious causes are **rare**.
- Good posture, regular exercise, and flexibility help prevent recurrence.

Key Points