RED FLAGS: MEDICALLY SERIOUS LOW BACK PAIN

Seek diagnosis from a medical professional if LBP is accompanied by any of the following red flags:

- Non-mechanical pain (wholly unrelated to time or activity)
- Mid-back pain (plus LBP)
- Illness symptoms
- Unexplained weight loss
- Radiating pain (legs, feet, etc.)
- Bowel or bladder dysfunction
- Fever, chills, or night sweats
- Pain so severe it interferes with sleep or walking

ABOUT NON-SPECIFIC LOW BACK PAIN

Most LBP is non-specific and not medically serious, though still painful and problematic for training and performance.

LBP is common in rowing, with up to 50% of rowers in a year of training missing at least one training session due to LBP.

Knowing general and rowing-specific LBP risk factors is important to avoiding and resolving injury. Interventions need to address the time spent doing repetitive motion rowing/erging training, as well as athlete lifestyle and non-sport factors.

LOW BACK PAIN ASSESSMENT

Diagnosing non-specific LBP is challenging due to varying clinical opinions and presentations of pain.

Imaging (x-ray, CT, MRI, etc.) is usually not needed unless red flags are present or symptoms do not respond to conservative management (moving and training in ways to avoid painful movements and reduce pain).

Conservative management for 1-6 weeks before considering enhanced assessments for greater interventions.

SHORT-TERM LBP RELIEF AND RETURN

Reduce inflammation from acute pain: offload from painful forms of training and avoid painful movements.

Consider other contributing factors to pain inside/outside of training (see biopsychosocial model graphic below).

These may offer short-term pain relief, but not resolve injury: light cross-training, low-load strength training and mobility exercises, massage, chiro, heat, TENS, medication, etc.

Minor LBP may resolve in 1-6 weeks, followed by an equal amount of progressive return-to-training time.

LONGER-TERM LBP MANAGEMENT

6+ weeks of significant pain despite conservative management or recurring pain during progressive return-to-train.

Seek and integrate medical professional advice on rehab and lifestyle with pain-free sport, strength, and/or cross-training.

Continue to avoid movements that provoke/worsen pain in training, life, rest.

Find and use truly pain-free forms of strength and cardiovascular cross-training for mental health (esp. social connection to team) and preserving strength, muscle mass, and general fitness.

RETURNING TO TRAINING AND PERFORMANCE

Gradual return-to-train is key to avoid LBP recurrence or injury elsewhere.

This time allows for technical remodeling, gradual reintroduction to specific stressors, and resolving non-training factors.

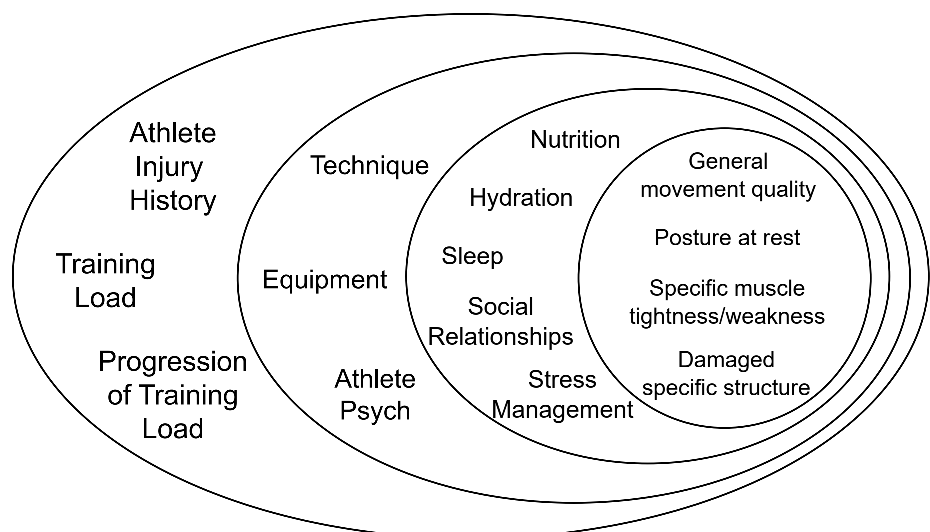
Long-term or permanent training modifications may be necessary. Think of LBP as "in management" rather than "resolved."

See the "Rowing Return-to-Train" RowingStronger.com article for full details on the NSCA 50/30/20/10 volume progression.

Basic progression based on pre-injury row/erg minutes/meters, low intensity zone only:

Week 1: 50% row/erg, 50% x-train
Week 2: 70% row/erg, 30% x-train
Week 3: 80% row/erg, 20% x-train
Week 4: 90% row/erg, 10% x-train
Week 5: 100% row/erg, + short intensity

BIOPSYCHOSOCIAL MODEL OF LBP PREVENTION AND MANAGEMENT



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