

WHY YOUR BACK PAIN ISN'T GETTING BETTER

The role your mind plays in back pain recovery, and why fear of making it worse keeps most people stuck.



YOUR GUIDE

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Before You Read On

If you're reading this, you've been dealing with back pain longer than you expected to. Maybe you've done the physio, the exercises, the stretches. Maybe you've had the MRI and been told there's a bulge, a narrowing, or something that "explains the pain." And you're still here, still sore, still bracing every time you bend.

The thing no one told you at the start is this: the exercises are only half of what fixes back pain. The other half is what happens between your ears — what your nervous system has learned to expect, what you tell yourself when you move, and whether you trust your back enough to load it again.

I wrote this guide because most patients I see with persistent back pain haven't had this explained to them. They've been given good exercises by honest clinicians, and they've stopped doing them after the third flare-up because flaring made them feel like they were making it worse.

They weren't making their back worse. They just didn't have the understanding of what it takes to make things better.

What you'll get next is that map — and the mindset shifts that do as much work as any exercise.

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WHAT THIS GUIDE WILL DO



- Explain why most back pain rehab fails — and why fear of making it worse is the missing piece
- Provide you with a simple scale for telling pain apart from discomfort
- Teach you the mindset shifts that break the cycle

WHAT IT WILL NOT DO



- Tell you "pain is all in your head"
- Be a replacement for clinical assessment if you have red-flag symptoms
- Be a quick fix or 4-week protocol

Why Most Back Pain Rehab FAILS

Here is the uncomfortable truth about chronic back pain rehab: in the majority of cases, it isn't the exercises that fail. It's what's happening in the nervous system around the exercises.



Pain is not a direct readout of tissue damage. It is a protective output from the brain, based on everything it knows — the signals from the tissue, the memory of past episodes, what you believe the pain means, and how safe or unsafe the movement feels in the moment.

A stubbed toe produces the same tissue input in a five-year-old at a birthday party as it does in a five-year-old who just fell over.

The pain output is usually very different. After three months or more of back pain, the protection system has almost always become over-sensitised. It has learned that the back is a region that needs guarding, and it turns the volume up on every signal from that area. This is why a flare can arrive from something as small as reaching for a mug — the tissue input is tiny, but the system has been calibrated to treat small inputs as potential threats.

When rehab exercises fail, it is usually not because the exercise chose the wrong muscle. It is because the nervous system never received enough safe evidence to turn the sensitivity down. The person stopped the programme after the first flare, concluded the exercise was 'making it worse,' and the loop stayed shut.

Research shows the fear of movement (kinesiophobia) is a stronger predictor of whether pain becomes chronic than anything that shows up on the MRI. In other words: how you feel about moving matters more than what the scan says about your discs.

The Pain Isn't Lying. But It Isn't Always Telling The Truth Either

If the fear of moving feels rational to you, that's because it is. Every time you have bent over and the back has gone, your brain has taken a careful note: that movement, that position, that moment — filed under dangerous. Nervous systems are very good at this kind of learning and very slow to unlearn it.

But here is where it becomes important to separate two different things.

The pain is real — it is not imagined, it is not exaggerated, it is a genuine output of your nervous system. That does not mean the pain is always an accurate report on the state of your tissues.

A useful analogy is a car alarm. A well-calibrated alarm goes off when someone breaks the window. A poorly-calibrated one goes off when a lorry drives past.

Both alarms are working. One is giving you useful information; the other is giving you false positives and wearing out your battery. A back pain system that has been alarmed for months or years tends to drift toward the second kind. The bad news is that this drift does not reverse on its own.

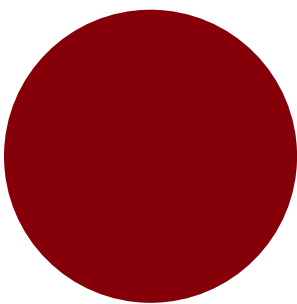
Rest does not recalibrate the alarm — it actually teaches the system that the back cannot handle even small loads, and the sensitivity often climbs rather than falls

If you wait to feel 100% safe before moving, you'll wait forever. The nervous system only turns the sensitivity down when it gets new evidence — and the only evidence it accepts is movement that turns out fine.



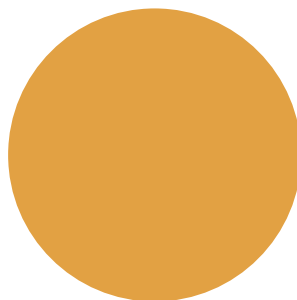
Pain vs Discomfort The Heat Analogy

A physio asking you for a pain score out of ten only works if you know what the numbers mean. The heat analogy is the simple version we use in clinic to separate discomfort (which is your training zone) from pain (which is a stop signal). The scale isn't about bravery — it's about knowing which signal you're reading.



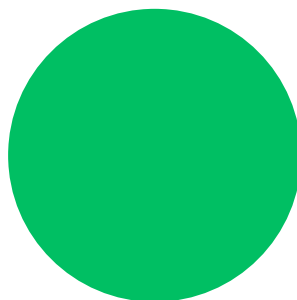
Hand in Fire

If you've felt the pain/burn once, you wouldn't do this again. In rehab, sharp pain signifies your body isn't ready for this stage. Reign it back in.



Hot Shower

Things may be too hot so will need to turn the heat down a little. Drop back on your rehab exercise.



Sitting in a Warm Bath Tub

When you first sit in your hot bath, it can feel uncomfortable but you are able to stay there, potentially, for hours. In rehab, discomfort is fine for us to push through.



8) Mental Patterns That Keep Back Pain Alive

If the nervous system learns from experience, it also learns from thought. The stories you tell yourself about your back — what it can do, what it can't, what a flare means — are themselves an input the protection system uses. Three patterns do most of the damage, and all three are common enough that you will probably recognise at least one.

1

Catastrophising

Catastrophising is the habit of rehearsing the worst outcome. "This is going to ruin the holiday." "I'll end up on disability." "I'll never play with the grandchildren again." The nervous system does not distinguish well between a rehearsed threat and a real one — and in a system that is already over-sensitised, those rehearsals turn the dial up a little every time.

2

Hypervigilance

Hypervigilance is the habit of constantly scanning the back for signals. Every twinge gets noticed, every stiffness gets interpreted. The back stops being a part of the body you live in and becomes a threat-detection exercise you are running all day long. Movement, which should be automatic, becomes something you audit.

3

Avoidance

Avoidance is the habit of cutting out the movements that once caused pain — and keeping them cut out long after they have stopped being dangerous. Lifting the bin. Bending to tie your shoe. Reaching up to the top shelf. Each one gets put on the banned list, and because the nervous system never gets the evidence that they are safe, the alarm stays armed.

All three — catastrophising, hypervigilance, avoidance — share one mechanism: they deny the nervous system the safe-movement evidence it needs to down-regulate. Every one of them keeps the alarm armed by keeping the question 'is this safe?' unanswered.

Strategies That Don't Work



Waiting to feel ready before you move

The sensitivity only drops when the nervous system gets safe-movement evidence. Waiting gives it the opposite evidence — that the back is too fragile to trust — and the alarm stays armed. Readiness arrives after the movement, not before it.



Treating the MRI as the verdict

Scans find disc bulges and degenerative changes in pain-free people at roughly the same rate as in people with pain. The scan describes the building. The pain describes the alarm system. Fixing the alarm is usually what fixes the pain.



Judging progress day to day

Back pain is a trend-line, not a daily score. The question that matters is 'am I doing more this month than last?' — not 'is today better than yesterday?'
The day-to-day noise is just noise.



Rest-then-crash cycling

Rest for a week, feel better, do everything you missed in one day, flare, rest again. Every cycle of rest deconditions the tissue and reinforces the nervous system's belief that normal activity is unsafe. The next flare usually arrives sooner and harder.

Strategies To Break The Cycle

There are 4 key strategies you need to learn to break the pain cycle. Pain doesn't need to last forever but having an awareness and education of the 4 strategies will unlock the rehab you have been struggling with.

Graded Exposure

Using the heat scale, pick a movement which sits in the warm bath analogy. Repeat it over and over until the discomfort has resolved. Your nervous system will adapt to the stimulus you give it.

Optimal Loading

The movement must challenge you within your pain tolerance. This may be in the form of movement, stretching or strengthening. An exercise you don't feel is likely underloaded.

Positive Mindset

Fear of making things worse inhibits the opportunity to make things better. If you place a limit on what you can achieve, you will never progress.

Measurement

How do you know you're progressing if you don't know where you started? Track your numbers for how many repetitions/duration of hold etc to track your improvements.

The Signals That Mean Don't Do This Alone

Almost everything in this guide applies to the common, persistent, stuck-in-a-cycle back pain that most adults eventually meet. There is a small set of signals that mean something different may be going on, and those signals need a clinical assessment before any of the heat-scale or mindset work applies.

Anyone stuck in this cycle benefits from an assessment — and these specific signals make it urgent.

- New numbness in the saddle area, or any change in bladder or bowel control — this is urgent and needs same-day medical assessment
- Sudden severe back pain after significant trauma (fall from height, road traffic collision)
- New or worsening weakness in a leg or foot — dragging, foot-drop, difficulty on stairs
- Pain that wakes you at night regardless of position change, and is not eased by any posture
- Fever, unexplained weight loss, or night sweats alongside the back pain
- A history of cancer, recent infection, or intravenous drug use with new-onset back pain
- Pain that is getting sharper week-on-week despite reducing activity

What a Physiotherapy Assessment actually involves

A Physiotherapy initial assessment takes around 45 minutes. We listen to your history, watch how the back moves through the patterns that matter for daily life, and screen for anything that needs a different pathway before loading work begins. At the end you'll have a clear picture of what's safe to train, what needs to happen first, and whether any of the symptoms above warrant further investigation. If we don't think we can help, we'll tell you that and point you to who can.



YOUR NEXT STEP

Find Out What's Actually Going On

You now know why rehab fails. The assessment is where we find out what's actually going on with your back, and what to do about it.

**BOOK YOUR
INITIAL ASSESSMENT**

Looking forward to meeting you,

— Chris Watts

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