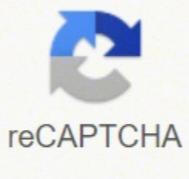




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When i look up my upper back hurts

The thoracic spine—also referred to as the upper back or middle back—is designed for stability to anchor the rib cage and protect vital internal organs within the chest. The cervical region of the spine is the most flexible, followed by the lumbar region. The thoracic spine, however, has a more limited range of motion as it is anchored by the rib cage. Compared to the neck (cervical spine) and lower back (lumbar spine), the upper back is remarkably resistant to injury and pain. When upper back pain does occur, it is typically due to long-term poor posture or an injury that overpowers the thoracic spine's sturdiness. Watch Spine Anatomy Overview Video This article explores various symptoms of upper back pain, potential causes, and modern diagnostic methods and treatments. advertisement Figure 1: Thoracic region of the spine. Read Thoracic Spine Anatomy and Upper Back Pain Infographic: Upper Back Pain (larger view) The thoracic spine starts beneath the neck and is comprised of 12 vertebrae, labeled T1 through T12, which go down the back of the torso (Figure 1). Unlike the cervical spine and lumbar spine, the thoracic spine is relatively immobile because each of its vertebrae are connected to a pair of ribs (one on each side), which along with the sternum at the front of the chest combine to form the rib cage. See Thoracic Vertebrae and the Rib Cage If the upper back becomes painful, it is typically for one of the following two reasons: Muscular irritation. The shoulder girdle attaches by large muscles to the scapula (the shoulder blade) and the back of the rib cage. These large upper back muscles are prone to developing strains or tightness that can be painful and difficult to alleviate. Muscular irritation in the upper back is typically due to either de-conditioning (lack of strength) or overuse injuries (such as repetitive motions). See Upper Back Pain from Intercostal Muscle Strain Joint dysfunction. Either from a sudden injury or natural degeneration due to aging, joints in the thoracic spine can become dysfunctional and painful. Some examples could include a facet joint's cartilage or joint capsule tearing If upper back pain becomes bad enough to limit activities, it usually feels like a sharp, burning pain localized to one spot or a general achiness that can flare up and possibly spread to the shoulder, neck, or elsewhere. Watch Upper Back Pain Videos The Course of Upper Back Pain Few studies have been done to track the frequency of upper back pain. A French study of workers across various professions found about 9% of men and 17% of women reported at least some upper back pain, but other studies have found numbers that range lower and higher.1,2 Upper back pain can appear suddenly, such as from an injury or for no apparent reason. It can also start gradually, such as from sitting with poor posture at work. In some cases, upper back pain can be managed with self-care, including rest, adjusting posture, or applying heat or ice. If the pain persists, other treatments may be needed, such as medication, physical therapy, or manual manipulation. Due to a combination of the thoracic spine's rigidity and close proximity to the heart, lungs, and other vital organs, surgery is less likely to be performed on the thoracic spine compared to the cervical and lumbar spines. Only in rare cases will an MRI or CT scan find an anatomic problem in the thoracic spine that is amenable to any sort of surgical solution for upper back pain. advertisement Most cases of upper back pain are not due to a serious underlying cause, but rare cases may be caused by a progressing infection or illness, or from spinal instability that has started to affect a nerve root or even the spinal cord. In such cases, it is important to seek medical treatment immediately to reduce the risk of the problem becoming worse. See Thoracic Spinal Nerves Symptoms that could indicate a serious underlying cause of upper back pain include radiating pain or pins-and-needles tingling in the chest or abdomen, fever or chills, reduced coordination, problems walking, or severe headache. In addition, upper back pain that follows a high-impact event, such as an auto accident or fall from a ladder, should be evaluated by a doctor. See When Back Pain May Be a Medical Emergency Upper back pain can be a little like salsa or Buffalo wings—we know, bear with us.First, there's mild: just a twinge of the tastebuds if we're talking sauce, and slight pain that's easy to ignore when it comes to the upper back.Then there's medium/moderate: Now we're getting somewhere. You're gonna feel it, but usually only if you take a deep breath or sneeze or move too quickly.Finally, we've got spicy: the equivalent to pain so intense you feel the burn from doing the simplest daily tasks, or even nothing at all!Thing is, upper back pain affects everyone differently. Partly that's because there are so many possible reasons for your upper back (also mid back) pain. The first step in solving your upper back pain problem is understanding why it's happening. To do that, start with learning your anatomy.If you want to understand your upper back pain, start with an anatomy lesson.Pain in the upper and/or mid back is less common than lower back or neck pain. One 2015 Mayo Clinic review of studies suggests that about a third of people get lower back or neck pain (a little higher for lower back, a little lower for neck), compared to less than one-fifth reporting upper back pain.The upper back is the region below the cervical spine (neck) and above the low back (lumbar spine). The upper back is called the thoracic spine, and it is the most stable part of the spine. The range of motion in the upper back is limited because of the spine's attachments to the ribs (rib cage).Think of your spine as a tree trunk. It keeps you standing upright. It connects parts of your skeleton to each other. It carries the weight of your upper body.Since that's a massive job, the spine itself shares some of the physical load with nearby muscles, some of which include:Trapezius: Near your shoulder blade, helps you stand straight and throwLatissimus dorsi: Lower on your back, helps with arm movement and breathingRhomboids: Adjacent to trapezius, supports your shoulders and helps you pullAnatomy of the Upper Back When you hurt your upper or mid back doing yard work or playing tennis, chances are high you've injured one of these muscles. The most common reason we see people with upper back pain is a simple musculoskeletal strain," says Reginald Knight, MD, Director of Bassett Spine Care Institute in Cooperstown, NY.Spinal cord injury is less common, though possible – especially due to traumatic injury among any age group, or osteoporosis in people older than 65.Your spine is a long column of bones (vertebrae), which are separated by discs that act as shock absorbers. The discs are firm but not solid, with a cartilage exterior and a gel-like core. The spinal column protects the spinal cord, which has nerves that carry messages from the brain to other parts of the body. (The nerves also poke out from spaces between the vertebrae.)Even though you might think of your spine as one long structure, doctors see it as three shorter ones: the cervical spine (neck), thoracic spine (upper and mid back) and lumbar spine (low back).Spinal Anatomy Center Your thoracic spine moves very differently than your cervical and lumbar spine. In fact, it doesn't move a whole lot. The thoracic spine is connected to your ribs and sternum, making it rigid and stable – so it's less prone to injury. That's one of the reasons you can usually expect upper back pain to be related to your muscles, not to the spine itself.If you hurt your upper back during the course of daily or weekend-warrior activity, you might experience:PainTightnessStiffnessTenderness to touchHeadacheThese are typical symptoms of musculoskeletal strain, though they can and do occur with spinal injury. If your upper back pain is related to the bones, nerves, or discs of your thoracic spine, your symptoms may also include:Pain in the lower backPain down the legsIncontinence (bowel and/or bladder leakage) Numbness or weakness in your legsFor mild upper back soreness that you can clearly link to an activity, there's no need to rush to the doctor for an exam. When you have upper back pain along with other symptoms, it's worth a call to your doctor to determine next steps.Upper back pain is usually caused by soft tissue injuries, such as sprains or strains, or muscle tension caused by poor posture or looking downward for long periods.Poor posture and text neck can combine to wreck your upper back.Common behaviors and activities that can cause upper back pain include:The common causes of upper back pain.When you look at the senior population, the list of common causes expands. "In elderly people, we have to consider osteoporosis and compression fractures, as well as the rare occasion of a neoplasm, such as multiple myeloma and lymphoma," Dr. Knight says.You don't have to be a senior to experience a problem directly related to your thoracic spine, though. If your doctor suspects this, you may be examined for:Don't let that long list of potential, serious conditions alarm you too much. "In younger patients – and when I say young, I mean people up to their mid-60s – it's most commonly a strain," Dr. Knight says.The Ultimate Guide to Back Spasms Say you haven't seen the doctor yet about your upper back pain, but you're pretty sure it's not an acute injury. After all, you haven't taken up a new sport. Maybe you barely have time to exercise, much less overdo it.Believe it or not, that actually increases your risk of back injury. When you're physically active, the muscles in your belly and back—your core—help support your spine. If you're sedentary, you might have weak muscles that contribute to upper back pain.Lack of exercise is one of several factors that can increase your risk of upper back pain. Others include:Excess weight. Since your spine supports the weight in your torso, excess weight could stress your back. Belly fat, in particular, is a problem: If you carry a lot of weight in your midsection, it can strain the soft tissues in your back. Conversely, weight loss can reduce pain – though research suggests it may be even more effective as part of a holistic strategy that includes pain management strategies.Belly fat can contribute to upper back pain, but weight loss can help relieve it.Psychological conditions. Experts aren't sure why, but you might be more likely to have back pain if you have depression and anxiety. In fact, some research suggests that people who have depression have worse back pain than people without depression.Smoking. This bad habit reduces blood flow to the spine, which prevents your back from getting the nutrients it needs to stay healthy. As a result, the discs in your spine can degenerate. In some people, quitting smoking may help restore some of the loss. But even when the discs don't regenerate, quitting smoking reduces inflammation that causes back pain.When you go to a doctor for your upper or mid back pain, you'll start with a conversation. Expect the doctor to ask you about any events that may be directly responsible: A fall, a car accident, or any changes or increases to your fitness routine.You might be asked to rank your pain on a scale of 0-10. You should also be prepared to talk about how your pain does, or does not, interfere with the activities of your daily life. Can you cook dinner, get dressed, take a shower?Then comes the physical exam: the poking and prodding part of your visit. The doctor wants to see how your upper back pain affects your movement. Expect to sit, stand, reach, and bend in the exam room. After that, you're likely to get an X ray.If symptoms persist or you have "red flags such as a progressive weakness or bowel or bladder control problems," you may get more advanced testing, Dr. Knight says. He explains that MRI (magnetic resonance imaging) would be the likely choice.Here's a look at several types of advanced testing for upper back pain.MRI or CT scans. Unlike X-rays, these scans can give doctors a picture of both bone problems and soft-tissue injury. They can reveal herniated disks or problems with muscles, nerves, ligaments, and more.Blood tests. Blood tests can show infection or any abnormalities that might point to diseases, such as rheumatoid arthritis or certain types of cancer.Bone density test. Also known as a DXA (or DEXA) test, it measures your bone mineral density to determine whether you have or are at risk for osteoporosis. Nerve studies. Nerves send out electrical signals to which muscles respond. Electromyography (EMG) is a type of nerve study that measures this activity. It can reveal whether you have a compressed nerve, which may be caused by a herniated disc or spinal stenosis (narrowing of your spinal canal).What to Expect from Your Spine Imaging Appointment The range of treatments for upper back pain – and neck and mid-back pain, too – suggest there is no best option. These are some examples of different approaches that may help you.In most cases, upper back pain is not a cause for worry; however, it can be uncomfortable, painful, and inconvenient. Furthermore, if pain develops suddenly and is severe—such as from an injury (eg, fall)—and, certainly if pain and symptoms (eg, weakness) progressively worsen you should seek medical attention.Simple home remedies. In general, the following home treatments may help relieve upper back pain. Ignore the hype about special products marketed on TV or social media. Stick with what science says works, at least for most people with minor musculoskeletal strain:Gentle stretchesOver-the-counter medication such as ibuprofen (Advil), naproxen (Aleve), or acetaminophen (Tylenol)Ice to reduce pain and swellingHeat to improve mobility and ease stiffnessPosture exercises. If your posture is good, your spinal structures should be correctly aligned, which reduces back strain. Start with these strategies to improve the way you stand or sit.Imagery. Imagine there's a cord passing through your body from ceiling to floor. Now imagine someone pulling that cord upward, slightly lifting your chest and ribcage.Chain tuck. Sit in a chair with your feet flat on the floor. Your shoulders should be relaxed and down. Now pull your chin in toward your neck. Count to five, then relax. Repeat 10 times.Shoulder blade squeeze. Put your hands on your thighs and keep your shoulders down, roughly at chin level. Slowly squeeze your shoulder blades together. Count to five, then relax. Repeat three or four times.Upper back stretch. Raise your right arm to shoulder level, directly in front of you. Bend your arm at the elbow and grasp that elbow with your left hand. Now gently pull it across your chest and hold for 20 seconds. Repeat three times on each side.Prescription drugs. In many cases, a prescription anti-inflammatory or muscle relaxant will do the trick to ease your upper and mid back pain. If your doctor suspects depression plays a role in your pain, you may be given an anti-depressant to take longer-term (months, not weeks). Opioid pain relievers may be prescribed for severe pain that isn't helped by other painkillers, but they're not recommended for long periods (7 to 10 days). Finally, you may benefit from an anticonvulsant medicine; it works best for pain caused by nerve damage.Understanding Your Prescription Injections. A trigger point injection is a direct shot of powerful pain medicine. It may solve your problem, or it may just buy you enough pain-free time to pursue other interventions (e.g. exercise and stretching; see the hands-on hearing bullet below) to get your upper back pain in check.Hands-on healing. Physical therapy, acupuncture, and chiropractic care may each provide relief of your upper back pain. Ask your doctor if it's safe for you to do more than one of these interventions during a given time frame.Most cases of upper back pain resolve in 1 to 2 weeks without further treatment. Resume your normal activities gradually, when you can perform them without pain. Don't rush things, though: you could interfere with your recovery and risk re-injury.Surgery. The idea of spine surgery can be scary, but sometimes it's the most reliable way to get relief. Surgery is rarely indicated for isolated upper back pain. This is almost always due to an issue with spine itself, such as a herniated disc, vertebral fracture, or deformity.Needing upper back surgery is rare, but if you do need it, you have options. These are some of the most common procedures for thoracic spine injury:Kyphoplasty or vertebroplasty: To repair compression fractures due to osteoporosis, your doctor will inject a glue-like bone cement.Spinal laminectomy/spinal decompression. If you have spinal stenosis (narrowing of the spinal canal), your surgeon may remove bony walls of the vertebrae to ease pressure on the nerves.Microdiscectomy. When a disc bulges and presses on a nerve, microdiscectomy – minimally invasive removal of a disc (or portion of a disc)– is the gold standard procedure.The success of your treatment, at least in terms of pain relief, may depend on what's causing your upper and mid back pain.The not-so-good news: Some people will never be pain free.If you have a condition that leads to chronic pain – for instance, fibromyalgia or spinal stenosis – it's important to manage expectations for relief, says University of Washington pain control expert David R. Patterson, PhD."The truth is that most chronic pain does not have a cure. You can only manage it," says Dr. Patterson That could mean a combination approach to therapy: body (both exercise and medicine) as well as mind (talk therapy and relaxation techniques). Now for some good news. Musculoskeletal pain can get a lot better simply by moving sore muscles more. With back pain, especially if you don't know the cause yet, Patterson warns not to do this on your own. Wait for a doctor visit and ideally get a prescription for physical therapy, which can improve your body in ways that make you less likely to get injured in the future.Perhaps the best news of all is that most back pain gets better on its own, even if you do nothing but exercise patience. Notes: This article was originally published November 2, 2009 and most recently updated May 4, 2021.

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