



*“Is Your Swing the Problem... Or Your Spine?”*

# The Golfer's Guide to Back & Neck Pain

What hurts, why it hurts — and how to keep playing the game you love.

## GENESIS BACK & NECK

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**Dr. Erik Cipriano**  
Dr. Jeff Norman

FROM THE DOCTORS

# A Note to Every Golfer Who's Wondered If They Should Just Stop.

Dear Golfer,

If you've ever walked off the 14th green rubbing your low back — or stiffened up overnight after a round that felt fine the day before — this guide was written for you.

We work with golfers every week at Genesis Back & Neck. Some are weekend amateurs, some are league players, some play twice a day in the off-season. What they share is a love for the game and the fear that pain is going to take it away from them.

Here's the honest truth: most golf-related back and neck pain is fixable, and it is almost never the full story you hear on forums or from a quick online search. The same low-back ache can come from a muscle, a joint, a disc, or a nerve — and the right treatment is different for each. That's what this guide is about.

We'll walk you through how your spine is built, what golf does to it, the most common problems we see in golfers, how to tell them apart, and the specific exercises we give our patients to protect their backs on the course.

If after reading this you still have questions — or you just want a straight answer about what's driving **your** pain — reach out. The first conversation is on us.

Play well. Play long.

— **Dr. Erik Cipriano & Dr. Jeff Norman** *Genesis Back & Neck • St. George, Utah*

## Why we wrote this

Because the average golfer with back pain gets a scan, a guess, and a generic stretch sheet. You deserve more than that. This guide is the same framework we walk our patients through in their first visit — written so you can read it at home, share it with a friend, and make smarter decisions about your own spine.

## WHAT'S INSIDE

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A 16-page deep dive into golf, the spine, and staying on the course.

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## A promise

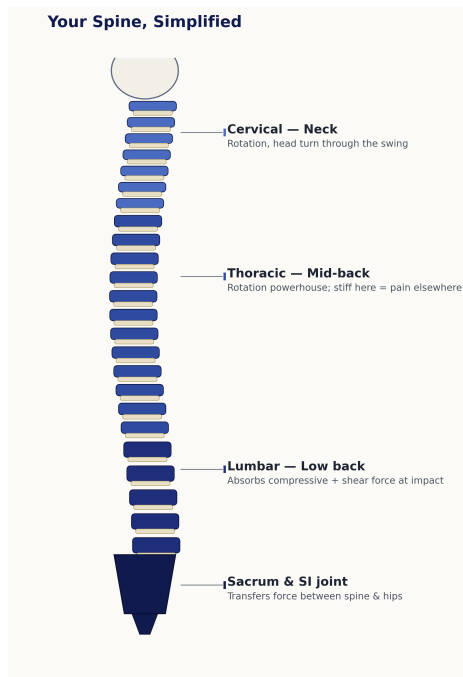
You will not find fear-based language or scan-selling in this guide. You will find the most common causes of golf pain explained simply, a framework for telling them apart, the exercises we actually prescribe, and an honest perspective on when to ride it out, when to come in, and when to go to the ER.

## SECTION 01

# Your Spine, Simplified.

Before we talk about injuries, a two-minute anatomy lesson — so the rest of this guide makes sense.

Your spine is a column of 24 movable bones (vertebrae) stacked on top of the sacrum and cushioned by shock-absorbing discs. Ligaments hold the bones together, muscles move them, and a spinal cord runs through a protected canal in the middle — branching out into nerves that power your arms, legs, and core. For golfers, three regions do most of the work:



## Cervical spine (neck)

Seven small vertebrae that support your head and let you watch the ball at address, turn through the backswing, and hold your gaze at impact.

## Thoracic spine (mid-back)

Twelve vertebrae connected to your ribs. This is the **rotation powerhouse** of the swing. When the mid-back is stiff, the low back and shoulders compensate — and that is where pain begins.

## Lumbar spine (low back)

Five large vertebrae built for **loading**, not for end-range twisting. During a golf swing, the lumbar spine absorbs compressive force up to 8x bodyweight at impact.

## Sacrum & SI joints

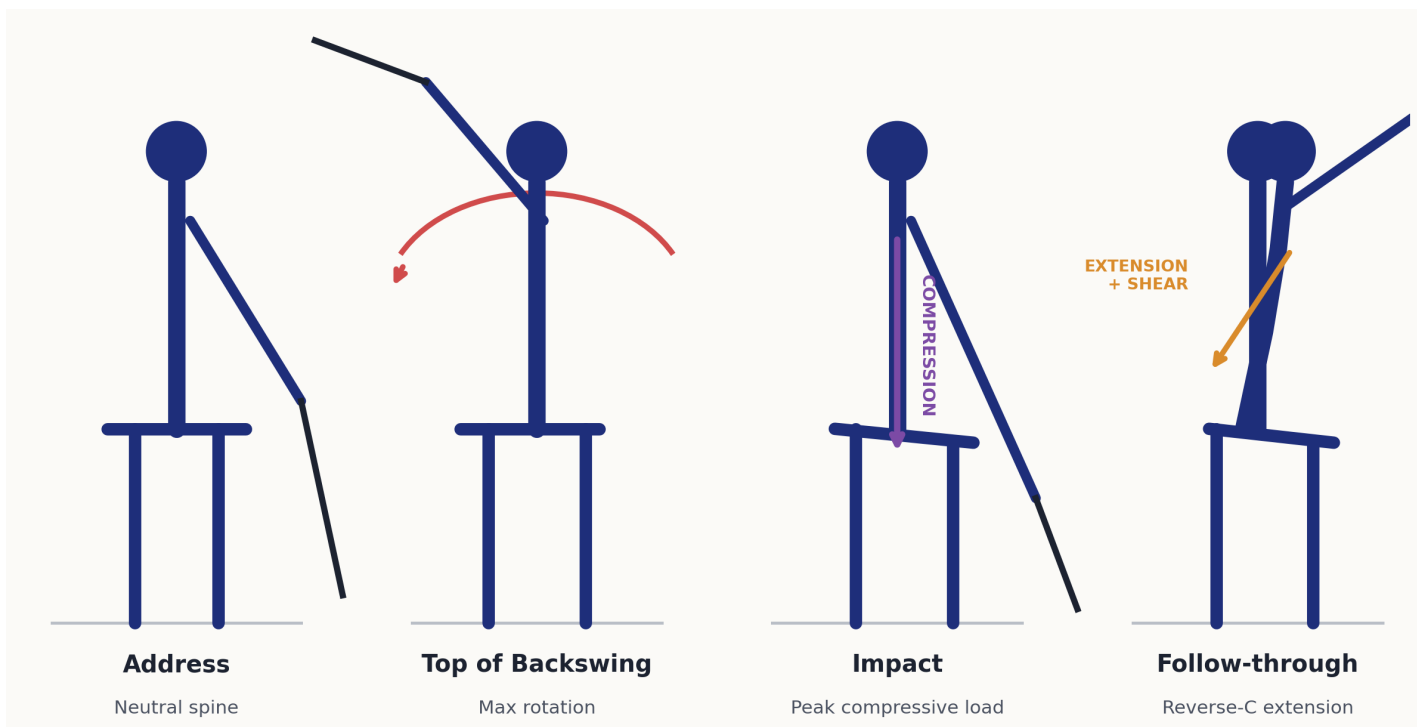
The sacrum is a fused triangular bone that sits between the two halves of the pelvis. The sacroiliac (SI) joints on either side are tough, low-motion joints that transfer force between your spine and hips — and they are a common hidden source of golf pain.

## SECTION 02

# How Golf Stresses Your Spine.

The swing is a beautiful, violent, asymmetrical movement. Here is exactly what your spine absorbs every time you pull driver.

The golf swing asks a lot of the spine in a very short window of time. In under two seconds, the body goes from a neutral setup, into deep rotation at the top of the backswing, through explosive uncoiling, and into a hyper-extended follow-through. Four specific stressors add up:



The four phases of a golf swing and the primary forces acting on your spine in each.

## Rotational stress

Peak rotational speeds during the downswing can exceed 500° per second. The spine is designed to rotate, but not at the end ranges the swing demands over and over.

## Asymmetrical, one-sided repetition

Almost every swing is in the same direction. Over time, one-sided loading creates muscle imbalances, joint wear patterns, and subtle postural changes.

## Compressive + shear loading

At impact, forces on the low-back discs and facet joints spike. Repeated loading without adequate recovery is how small irritations turn into real injuries.

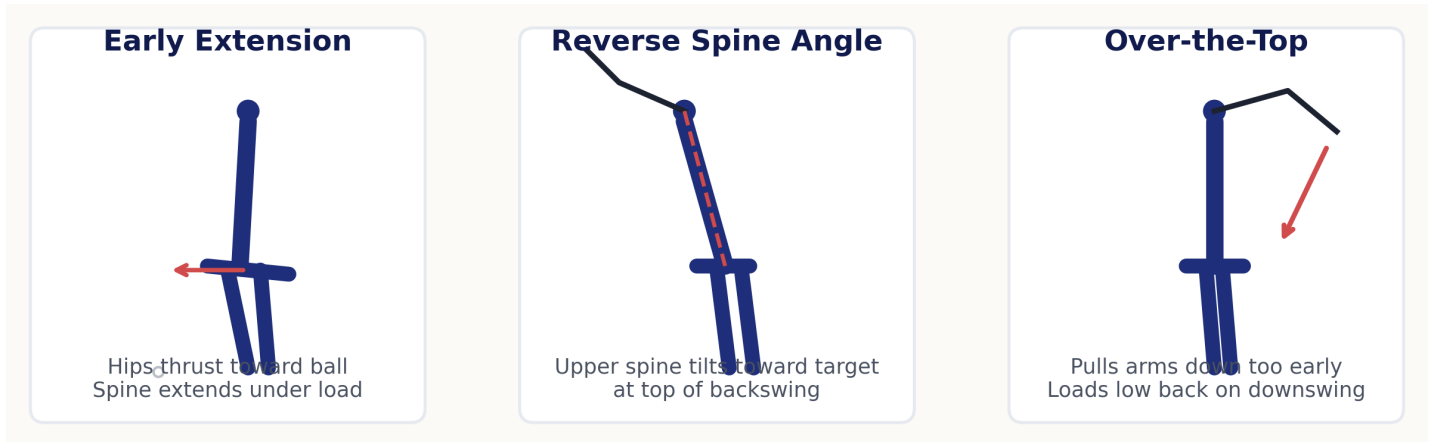
## Long days of bending, walking, carrying

Teeing the ball up, reading putts, pulling clubs, walking 18 holes with a bag — the cumulative load outside the swing is often what tips a borderline back into pain.

## SECTION 03

# Swing Faults That Cause Pain.

When your hips, thoracic spine, or core can't do their job, the low back has to pick up the slack. That is the real story behind most golf back pain. Three compensation patterns are responsible for the majority of what we see in our clinic:



Three of the most common swing compensations we see in golfers with back pain.

## The bigger picture


Swing faults rarely come from poor technique alone — they usually come from **physical restrictions** that *force* you to compensate. If your hips can't rotate, your low back will. If your thoracic spine is stiff, your lumbar spine will overwork. That's why our approach always includes a movement screen, not just an exam of where it hurts.

SECTION 04

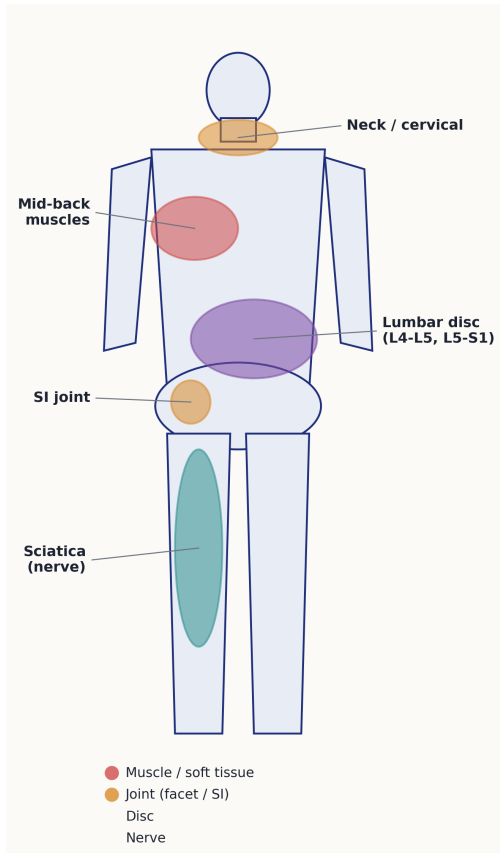
# What's Actually Hurting?

Four different structures — four very different problems.

When a patient tells us *my back hurts*, our first job is to figure out **which structure** is generating the pain. The same word — *pain* — is used for four very different problems, and the right treatment for one can be the wrong treatment for another.

 <b>MUSCLE</b> Sore, achy, tight Worse with movement Better with rest	 <b>JOINT</b> Sharp, catching Worse with extension & rotation	 <b>DISC</b> Deep, dull + sharp Worse with bending & sitting	 <b>NERVE</b> Burning, shooting Travels into leg w/ numbness
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Quick reference: the four types of back and neck pain and their classic patterns.



### Where it hurts matters.

The same low back can house very different problems. A pinpoint spot just to the side of the tailbone suggests SI joint. A deep central ache that sends pain into the hip or thigh suggests disc. An achy, diffuse band across the lower back that loosens up after a few swings is usually muscular. Pain that *travels* — into the buttock, calf, or foot — points to a nerve.

On the next page, we break these patterns down side-by-side.

SECTION 05

# Muscle vs. Joint vs. Disc vs. Nerve.

A side-by-side cheat sheet. Match your symptoms to the column that describes them best — but use this as a conversation starter, not a self-diagnosis.

Feature	Muscle / strain	Joint (facet / SI)	Disc	Nerve
How it feels	Sore, achy, tight, bruised-feeling	Sharp, pinpoint, catching	Deep, dull ache with sharp spikes	Burning, shooting, electric
Where	Over the muscle belly	One small spot, often to one side	Central low back, may wrap into hip	Travels down the leg (or arm)
Worse with	Movement, using the muscle	Extending & rotating the spine	Bending forward, prolonged sitting	Bending, coughing, sneezing, straining
Better with	Rest, heat, gentle movement	Avoiding the aggravating angle	Walking, lying down	Specific positions (varies)
Other signs	Stiff after rest, loosens with warm-up	Clicking, locking, stiffness AM	Sometimes numbness in buttock or thigh	Numbness, tingling, weakness
Golfer says	"Feels like I pulled something."	"Something catches when I rotate."	"It aches deep. Sitting in the cart kills me."	"It shoots down my leg when I swing."

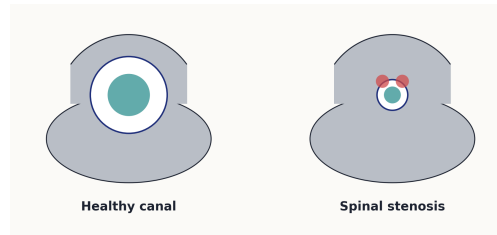
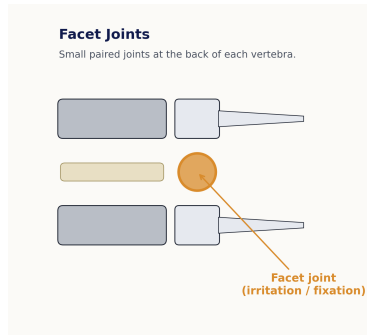
### One more thing

Most real-world back pain is a **mix**. A golfer with a disc bulge usually also has muscle guarding. A stiff facet joint in the low back often produces sciatic-feeling referral into the thigh. That is why a proper exam — not just imaging — is what untangles the diagnosis.

## SECTION 06

# Common Golf Injuries — Part 1.

The most common **joint-** and **wear-related** reasons we see golfers for back and neck pain.



## Muscle strain & ligament sprain

The most common golf injury and — thankfully — usually the most straightforward. Overreaching a swing, slipping on wet grass, or a poor lift out of a bunker can strain paraspinal muscles or sprain ligaments. Pain is local, worst with movement, and typically resolves within 2–6 weeks with the right care.

## Facet joint irritation & joint fixation

The facet joints are small paired joints at the back of each vertebra. Repeated end-range extension and rotation in the swing can inflame them, or cause a joint to *fix* — lock up in a restricted position. Pain is typically sharp, pinpoint, and worse with arching back or rotating into a follow-through.

## Spinal arthritis / degenerative change

After decades of loading, the cartilage in the facet joints wears down and the disc spaces lose height. This is not a death sentence for your golf game. Most golfers with arthritis play comfortably with smart mobility work and strategic strengthening. Mornings are usually the worst; movement helps.

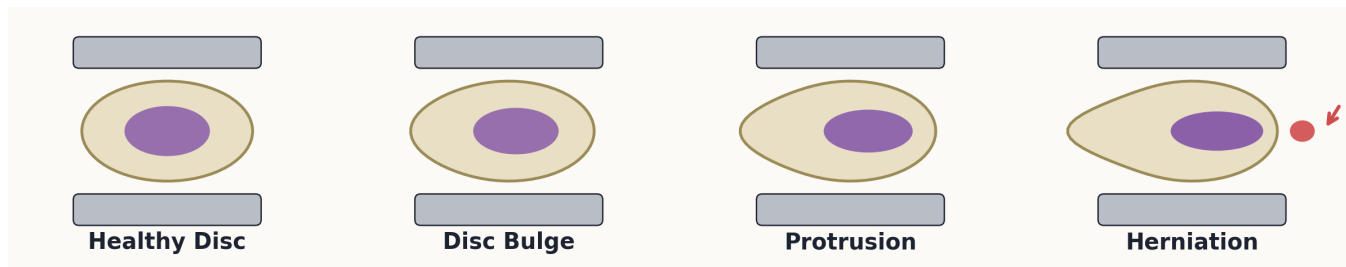
## Spinal stenosis

Narrowing of the spinal canal that can pinch the spinal cord or nerve roots. Classic pattern: leg pain or heaviness that builds up with standing and walking, and *eases when you bend forward* (leaning on a cart or shopping cart). Riding is often easier than walking the course.

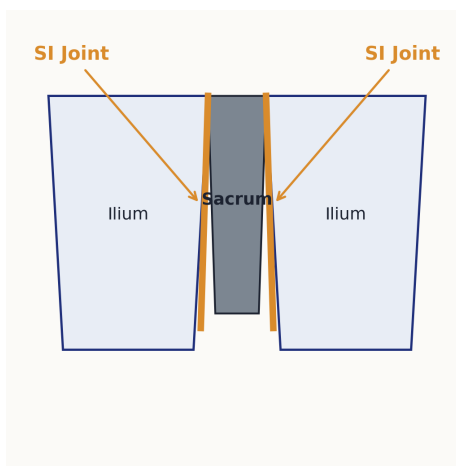
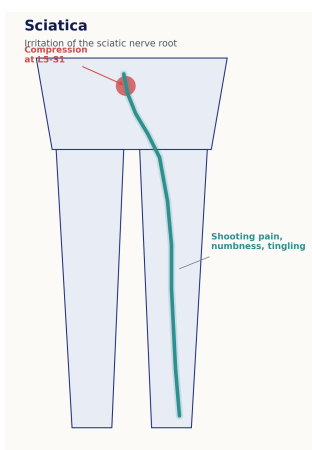
SECTION 07

# Common Golf Injuries — Part 2.

The most common **disc-** and **nerve-related** reasons we see golfers for back and neck pain.



Progression from healthy disc → bulge → protrusion → herniation.



## Disc bulge, protrusion & herniation

The disc's outer ring weakens and the soft inner material pushes outward. Golf loves to aggravate discs because of the combination of rotation, compression, and forward bending. Pain is often deep and central, worse with sitting in the cart, and may refer into the buttock or leg if a nerve is involved.

## Sciatica / nerve irritation

When a lumbar nerve root is compressed or irritated — often by a disc or stenosis — you feel it where that nerve travels: down the back of the leg, into the calf, or into the foot. Shooting, burning, numbness, or tingling are hallmarks. This is a symptom, not a diagnosis — the source must be identified.

## Sacroiliac (SI) joint dysfunction

One of the most under-diagnosed sources of golf pain. The SI joints can become irritated from repetitive one-sided rotation and the force transfer between spine and hips. Pain is usually one-sided, just to the side of the tailbone, and worse with standing on one leg, rolling over in bed, or finishing the swing.

## Overuse & flare-ups of prior problems

A weekend tournament, a week of range sessions, or returning from winter break too fast can flare old surgeries, prior disc injuries, or degenerative changes that had been quiet. Golf doesn't create these injuries — but it can light them up.

## SECTION 08

# Warm-Up & Mobility.

The 10-minute pre-round routine we give our golf patients.

This is the exact framework we use with our golf patients. It isn't fancy, and it isn't long — 10 to 15 minutes, 3–4 times a week. Think of it as the tee shot of your training week: set it up right, and the rest takes care of itself.

**Do before every round and every range session.** A cold back is a vulnerable back. Five minutes here can prevent weeks of pain later.

## Cat-Camel



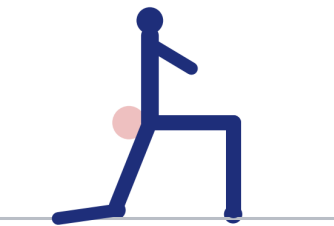
10 slow reps. Move through the full range — don't force it.

## Thoracic Rotation



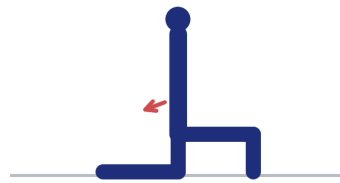
8 reps each side. Keep hips still; rotate from the mid-back.

## Hip Flexor Stretch



30 sec each side. Tuck tailbone; tall posture.

## 90/90 Hip Mobility



6 slow reps each side. Opens hips for a freer turn.

**Pro tip:** Do the full sequence once before hitting the range, and repeat the thoracic rotation and hip stretch between the range and the first tee. It takes 90 seconds and dramatically lowers injury risk.

SECTION 09

# Core Stability & Strength.

The 2–3x / week routine that protects your back between rounds.

**Core stability and glute strength** are the two biggest non-negotiables for a long golf career. A strong core lets your spine resist the twisting forces of the swing. Strong glutes keep your hips from dumping work onto the low back. Add this 2–3 times a week, separate from the warm-up.

## Bird-Dog



8 reps each side. Keep spine level — don't sag or arch.

## Dead Bug



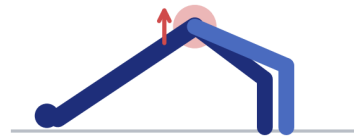
8 reps each side. Low back stays flat to the floor.

## Forearm Plank



Hold 20-45 sec. Ribs down, glutes on, straight line.

## Glute Bridge



10-15 reps. Drive through heels. Squeeze at the top.

## Clamshell



12 reps each side. Band optional. Keep hips stacked.

## Wall Posture Check



30 sec. Four points of contact — daily posture reset.

## SECTION 10

# Smart Golfer Habits.

What we wish every one of our patients did without being asked.

## Warm up — always

Never step to the first tee cold. Even 3–5 minutes of dynamic movement changes your injury risk dramatically.

## Respect the cart

Long periods of sitting load your discs. Get up, stretch, and walk between shots when possible — especially if you have a history of disc pain.

## Don't play through sharp pain

Dull stiffness that loosens with play is one thing. Sharp, shooting, or nerve-type pain is a signal to stop and get evaluated.

## Build up your season

Don't go from zero to 36 holes in a weekend. Ramp up range sessions before full rounds, and full rounds before tournament play.

## Lift your bag like an adult

Use your legs. Keep the bag close to your body. Don't twist as you lift. Consider a push cart or dual-strap bag if you walk.

## Work on your hips & mid-back

Almost every golfer we see has one of two restrictions: stiff hips or a stiff thoracic spine. Free those up and the low back gets a vacation.

### The Genesis rule of thumb

**Mobility before rounds. Strength between rounds. Recovery every night.** If you do those three consistently, most golf back pain is preventable.

## SECTION 11

# Warning Signs & FAQ.

## When pain means get evaluated soon:



- › Pain that has lasted more than **2 weeks** without steady improvement
- › **Numbness, tingling, or weakness** in a leg, foot, arm, or hand
- › **Pain at rest or at night** that wakes you up
- › Pain that **shoots down a leg** below the knee
- › Any **change in bladder or bowel control** — this is a medical emergency, go to the ER
- › Pain following a **fall, car accident, or significant trauma**

## Frequently asked questions.

### Do I need an MRI?

Usually, no — not right away. A thorough exam can identify the vast majority of golf back pain without imaging. We order an MRI when findings would change the treatment plan or when red flags are present.

### Should I stop playing?

Rarely. Complete rest often makes back pain worse. The right answer is almost always *modify*, not *stop*. We will tell you exactly what to continue, what to pause, and for how long.

### Will I need surgery?

The vast majority of our golf patients — including those with disc bulges, sciatica, and arthritis — never need surgery. Conservative care works for most back pain. We will always tell you honestly when surgical consultation is warranted.

### How long until I'm back on the course?

It depends on what's driving the pain. Many muscle strains settle in 1–3 weeks. Disc and nerve issues usually respond within 4–8 weeks of focused care. We aim for real recovery, not just symptom masking.

### Can chiropractic help a disc problem?

Yes — when done correctly. Modern, evidence-based chiropractic for disc issues is gentle, directional, and paired with targeted exercise. It is not the aggressive manipulation you may have seen on YouTube.

### What if I've had back surgery?

We regularly care for post-surgical golfers. Your plan looks different — more focus on motion control, adjacent-level protection, and swing adaptation — but getting back to golf after surgery is absolutely a reasonable goal.


## SECTION 12

# Free Golfer Consultation

The most useful next step for most golfers with back or neck pain.

If your back or neck has been keeping you off the course — or making the rounds you play less enjoyable — we want to help you figure out what's actually going on. Your **Free Golfer Consultation** at Genesis Back & Neck includes:

- › A focused history of your pain, your swing, and your goals
- › A targeted movement and orthopedic exam
- › An honest opinion on whether we can help, what it will take, and what it won't
- › A clear plan — whether that is care with us, a referral, or a few exercises to try on your own



**FREE GOLFER CONSULTATION**

Find out what's causing your pain —  
and whether it's truly fixable without surgery.

Call 435-375-0985 • [genesisbackpain.com](https://genesisbackpain.com)

**No pressure. No obligation. Just a straight answer.**

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*"We help golfers avoid back surgery."*

## **Claim your FREE Golfer Consultation**

A straight answer about what's driving your pain —  
and whether it's truly fixable without surgery.

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