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Search for predictive factors for return to work after a functional restoration program in chronic low back pain

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Keywords: Chronic low back pain; Functional restoration program

Objective. – Low back pain is a stake in public health. It is medico-economically important to better know which inclusion criteria are predictive of working ability after a 4-weeks functional restoration program in chronic low back pain. Patients and methods. – Seventy-nine patients were included, 43 (54.4%) men, and 36 (45.6%) women. Mean sick leave prior to inclusion was 146 days. They performed a 4-weeks restoration program. Evaluation criteria were: Sick leave time, the Paris Task, the finger to floor distance, the heel-buttock distance, the visual analogue scale of pain, the Sorensen Test and the PILE test. They were noted at inclusion time, at the end of the program and at 6 months after the end of the program. Statistical analysis was performed by binary logistic regression.

Results. – At 6 months, 36 patients (45.6%) return to work at full or part-time. The predictive factors of return to work were the sick leave time prior to inclusion and the PILE test at the end of the program. These factors were not correlated ($r = 0.27$) which means each influence the return to work for their own way.

Conclusion. – Reduce the inclusion waiting period and so the duration of the sick leave is a priority. In our program, this period is still too long. We need a better communication with general practitioners and medical advisers. Pain, flexibility and muscular strength are not predictive of program success.

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Chronic low back pain: Effect of a program mixing ambulatory physiotherapy in the community and multidisciplinary coordination in a rehabilitation center

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Keywords: Chronic low back pain; Private physiotherapy; Coordination; Pluridisciplinary; Mixed program

Objective. – Low back pain induces physical limitations, anxiety and depression and reduction of activity and social participation. The objective of this study is to assess the short-term effects of a program mixing ambulatory physiotherapy, provided in the community by private practice physiotherapists and multidisciplinary coordination.

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