**Results.**– For the 45 patients, average age was 40 years, average weight 81 kg, BMI 25.6, average age of occurrence of polymyelitis 3 years earlier, 55% have a medium or primary level education, 49% without employment, most were civil servants, 51% had medical histories, 51% had undergone polymyelitis surgery. **Pain.**– The incidence of spinal pain was 35% (16/45). 21 patients had pain; 76% of them spinal pain. Among the five quantitative variables (age, BMI, weight, height, walking distance, none were correlated with the presence of spinal pain. Those with amyotrophy had less risk. **Discussion and conclusion.**– In this preliminary study, correlation with the biometric factors was not found, in agreement with the results of other authors. Some variables were related to spinal pain, such as the absence of amyotrophy.

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**P100-EN**

**Chronic low back pain and obsessive compulsive disorder: Union is strength**

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**Keywords:** Chronic low back pain; Multidisciplinary rehabilitation treatment; Mental disorders; Obsessive compulsive disorder; Cognitive Behavioral Therapy; Care network

**Introduction.**– Mrs H, aged 44, was referred to the multidisciplinary pain consultation for chronic low back pain. The multidisciplinary assessment pointed out the recent decompensation of an obsessive compulsive disorder (OCD), physical deconditioning and occupational distress. The psychological data collected from the patient revealed a vicious circle between job stress, ritual washing after work and aggravation of painful experiences. The proposed treatment plan was directed primarily towards cognitive behavioral therapy (CBT) focusing on OCD and a second step on a multidisciplinary rehabilitation treatment. The objectives of the CBT were workplace stress management and progressive reduction of washing time.

**Observations.**– After 6 months these goals were achieved. However, the patient expressed a complaint about her body image, an experience of disability and the persistence of a kinesiophobia limiting her leisure. To achieve these new objectives Mrs H was included in the rehabilitation dynamic program for chronic low back pain proposed by the rehabilitation center. Five weeks of comprehensive treatment for Mrs H was included in the rehabilitation dynamic program for chronic low back pain. The multidisciplinary assessment pointed out the recent decompensation of an obsessive compulsive disorder (OCD), physical deconditioning and occupational distress. The psychological data collected from the patient revealed a vicious circle between job stress, ritual washing after work and aggravation of painful experiences. The proposed treatment plan was directed primarily towards cognitive behavioral therapy (CBT) focusing on OCD and then a second step on a multidisciplinary rehabilitation treatment. The objectives of the CBT were workplace stress management and progressive reduction of washing time.

**Conclusion.**– CBT focusing on pain occupies a central place in the management of patients with chronic low back pain. However, participation in such work is difficult for people with comorbid psychiatric disorders. Psychotherapy focusing on the psychopathology appears as a precondition to a comprehensive management of pain. Collaboration and exchanges between multidisciplinary teams promote the positive development of chronic low back pain centers.


**P101-EN**

**Biomechanical evaluation after a “Light” Functional Restoration Program (FRP) in chronic low back pain**

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**Introduction.**– Low back pain is a cause of chronic disability, resulting in disruption of employment activities [1]. Intensive Functional Restoration Program (FRP, 5 days/week for 5 weeks) facilitate motor improvement and return to work [2]. The benefits of a short FRP (“Light FRP” 1 week/day/week during 5 weeks), are unknown. **Methods.**– Open-label study of 23 patients with chronic low back pain underwent “Light FRP”, consisting of stretching, cardiopulmonary and lumbar-pelvic complex motor training, and proprioceptive and ergonomic spine exercises. Clinical parameters (ie. cardiopulmonary capacity, muscle length and endurance, as well as quality of life) and biomechanical parameters (ie. walking speed and spinal postures) were measured before and after “Light FRP”.

**Results.**– The “Light FRP” was associated with improvements in spinal extensor extensibility (+10 cm, P < 0.01) and maximal thoracolumbar flexion (+7%, P < 0.03), abdominal (+65%, P < 0.05) and spinal muscle (+30%, P < 0.04) endurance, cardiopulmonary capacity (maximal power on cycloergometer, +29%, P < 0.01), load-lift capacity (+84%, P < 0.01), spontaneous (+20%, P < 0.01) and maximal (+4%, P < 0.04) walking speed and quality of life (QUEBEC [3], HAD-Anxiété [4], P < 0.01).

**Conclusions.**– This study suggests significant improvement of functional and capacities of quality of life in patients with chronic low back pain after a “Light FRP”.

**References**


**P102-EN**

**Radiographic assessment of lumbopelvic sagittal alignment in sitting position: Preliminary study**

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**Keywords:** Lumbar spine; Sagittal alignment; Low back pain

**Background.**– Prolonged sitting with spinal flexion has been linked to low back disorders including at work [1]. Sitting in combination with other co-exposures such as vibrations and awkward posture increases the association with low back