Chronic low back pain

Oral communications

CO50-001-e

Prevalence of the low back pain after 6 months in Afghanistan. Cohort study of 113 infantry military between April 2011 and April 2012

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Introduction.-- Are the prevalence of low back pain (LBP) and chronicity factor during mission, for the soldier, the same as the population?

Methodology.-- Prospective cohort study, of infantry soldiers between April, 2011 and April, 2012. The military with LBP was estimated by specific questions, and by scales: EVA, FABQ, Quebec, HAD, Coping.

Results.-- One hundred and thirteen soldiers were included. The prevalence of LBP before mission was 22.5% and 36.9% after. They had more LBP history (P = 0.004), more LBP before (P < 0.0001) and during the mission (P < 0.0001), practiced less sport during the mission (P = 0.018) than the military without LBP. No scale except the EVA reaches a pathological threshold. Only the score of Quebec increases significantly but defined a light incapacity.

Discussion.-- The prevalence before and after the OPEX is more important than in the general population. The risk factors are the history of LBP and the occurrence of LBP during the OPEX. The condition is a major factor to develop a LBP but not to get chronic. They are little incapacitating. It is interesting to establish a primary prevention (avoid recurrences) and secondary prevention (prevent a chronic low back pain).

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Manual medicine in neck pain

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Keywords: Manual medicine; Neck pain; Pain; Musculoskeletal therapy

Manual medicine (MM) represents a medical competence offering a wide variety of manual methods to physicians to diagnose, assess, treat and prevent different processes. One among the available methods in (MM) for patient amelioration is vertebral manipulation (VM).

VM consists of a high velocity, low amplitude (HVLA) vertebral movement with therapeutic objectives. One of the main indications of VM are neck disorders that produce pain, and, specially, the one known as degenerative-mechanical pain. The correct VM performance requires, besides a correct diagnostic and patient positioning, a correct localization and stretch joint elements, as well as a correct thrust performance; all that followed by a new patients-results assessment. VM is no exempt of risks and contraindications, which have to be well known. The expert physician has the role to apply these methods even as an isolated modality or even in conjunction with other methods, but always after a correct indication and under a scientific perspective.

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PPRESLO study: Effect of a cognitive behavioral intervention and physical exercises in preventing the recurrence of acute sub-acute low back pain for workers in a hospital setting

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Keywords: Acute and sub-acute low back pain; Prevention; Recurrence; Cognitive behavioural intervention; Physical exercises

Background and aims.-- Chronic low back pain is a major health problem because of its associated costs caused by a minority of patients. We aim to assess the feasibility and the effectiveness of a multifaceted intervention in reducing the recurrence of acute and sub-acute low back pain for workers in a hospital setting.

Methods.-- A two-arm parallel randomized controlled trial (intervention compared to usual care) with 2-year follow-up among workers at Lyon University Hospitals with acute sub-acute low back pain. Workers were enrolled between October 2008 and July 2011. The intervention was a cognitive behavioural session with a rehabilitation physician associated to 5 weekly physical exercise sessions with a physiotherapist. Percentage of low back pain recurrence and chronic evolution were compared between the 2 study groups after controlling for individual characteristics (medical, professional and psychosocial risk factors).

Results.-- Three hundred and fifty-three workers were enrolled. Eighty percent of 178 workers of the prevention program were compliant with the 6-session preventive program. Ninety-nine percent were globally satisfied by the prevention program.

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