

What does influence pain occurrence?



Bradford Hill causality model

- Sitting - 0/9 criteria of causality
- Carrying - 0/9
- Pushing or pulling - 0/9
- Standing or walking - 2/9
- Bending or twisting - 3/9
- Awkward posture - 0/9 ... weak association for kneeling/squatting
- Lifting - 2/9 ... moderate association for lifting > 25 kg

Roffey, D.M., Wai, E., 2010

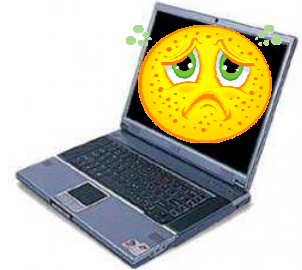
Non-specific back pain



Where does pain come from?



Structural deficiency



Functional deficiency

What does influence pain occurrence?



Frequently working at a poorly adapted work station and maintaining positions for a long period of time where associated with an increased prevalence.

Genevay, S., 2011

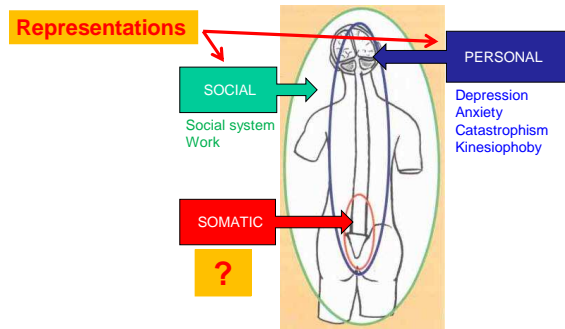
The relationship between back pain and job strain is much stronger if job strain includes both psychological and physical demands.

Courvoisier, D.S., 2011

Non-specific back pain



Physiopathologic mechanism ?



What are your beliefs on back pain ?



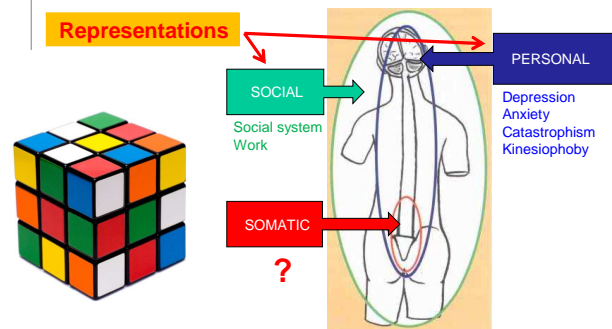
Beliefs of patients, relatives, healthcare people and employer, Individual / professional conditions and social system **influence** occurrence, treatment and history of back pain

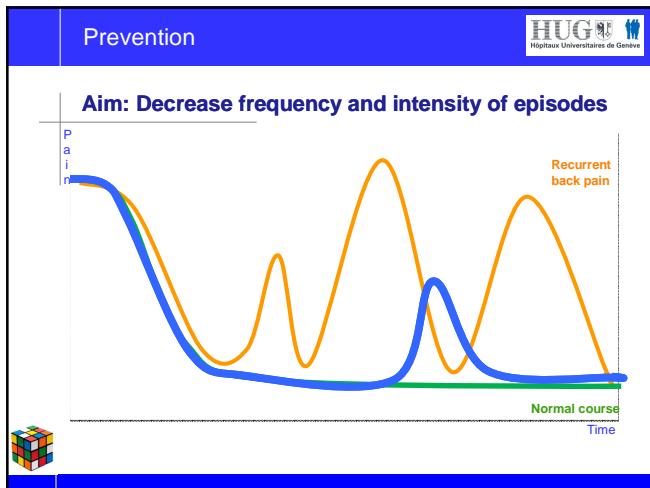
Parsons, S., 2007; Chibnall, J.T., 2006

Non-specific back pain






Deal with complexity





- Back-pain Europe 
- Prevention of LBP for workers**
- Physical exercise is recommended (Level A)
 - Multidimensional interventions at the workplace are recommended (Level A)
 - Back schools based on traditional biomedical/ biomechanical information, advice and instruction are not recommended (Level A)
 - Lumbar supports, back belts or shoe inserts/ orthoses are not recommended (Level A)
- Burton, A.K., 2006

- Prevention 
- Physical and organizational ergonomics neither reduced low-back and neck pain prevalence nor pain intensity and duration nor was it effective in the prevention of low-back and neck pain. It was more effective in recovery from LBP.
Driesen, M.T. 2011
 - The "Back Book" had a significant impact on disability (Québec Questionnaire) at 3 months. The mean score decreased from 48.40 (± 14.55) to 34.57 (± 18.42)
Coudeyre, E. 2006
- 

Our option 

Bio-psycho-social model = empowerment

THE BACK BOOK

The best and most up-to-date advice on how to


Deal with your backache yourself


- Recover quickly and keep moving
- Stay active and avoid disability
- Help yourself to lead a normal life




Based on the latest medical evidence


LE LIVRE DU DOS

La meilleure façon de gérer le mal de dos – ramenez votre dos en activité. Basé sur les dernières recherches





- Prevention 
- Our program** 
- On request of employee or hierarchy for groups
 - Animated by PT and ET especially educated
 - Interactive groups / 10 – 12 persons
 - 2 days + ½ day refresh 6 months later
- 

- Prevention 
- Our key-words**
- Back pain is a functional problem
 - Pain and suffering
 - Life is movement
 - Stop ambiguity
 - Live your life
 - Everyone one to his/her taste
- 

Our message

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Remember that back pain is rarely due to any serious disease

Get on with your life - you'll get better quicker and have less trouble later © ISO 2002

Bed rest is bad for backs

Hurt does not mean harm

You will have good days and bad days. That's normal

Doctors and therapists can help to ease the pain but only you can get your back going!

Ergonomics

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Ergonomic positions only for

Pain condition

Special situations

Ergonomics

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Working place → empowerment

http://www.suva.ch/files/wbt/index_f.html

Ergonomics

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Working position → empowerment

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Exercises

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→ empowerment

Summary

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Effects of the program on evaluation

Conclusion



Don't ask what your boss can do for your back
Don't ask what medicine can do for your back
Ask what **you** can do for your back !



**Thank you
for your attention**