

FEASIBILITY OF LUMBAR SUPPORTS FOR HOME CARE WORKERS WITH LOW BACK PAIN.

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Abstract

The aims of this study were to assess the compliance of home care workers with low back pain (LBP) in using a lumbar support, to establish the benefit experienced from the support, and to determine the predictive factors for that compliance and benefit. Only home care workers who had LBP at the start of the study or who had experienced at least two episodes of LBP in the 12 months prior to the study could apply for participation. The study consisted of two phases. In phase I (the first week of the study), workers used the lumbar support each working day. In phase II (the following 6 months), subjects were instructed to use the lumbar support only on those working days when they experienced LBP. Weekly questionnaires were used to measure compliance; monthly questionnaires were used to measure the benefit experienced. Fifty-nine workers participated in the study. Overall, they scored their perceived benefit from the lumbar support as 7 on a scale of 0-10, and 61-81% of the workers were compliant. Multiple linear regression analysis showed that the best predictor for experienced benefit is the degree of confidence in expected pain reduction due to the lumbar support, measured after phase I ($R(2) = 0.70$). Multiple logistic analysis showed that the best predictor for compliance is the extent to which subjects consider they can influence their own health status ($R(2) = 0.49$). Because both the benefit experienced and the compliance rate were substantial, the use of lumbar supports by home care workers with LBP seems feasible. However, we cannot recommend extensive use of lumbar supports in home care workers with LBP based solely on the results of the present study. First, there is a clear need for a randomized clinical trial on this topic.

SELECTED QUOTATIONS

Introduction

"...there is no evidence in favour of the use of lumbar supports for primary prevention of LBP in the workplace [6]. For workers with a history of LBP and those with LBP at baseline, however, some promising findings have been reported [6]. (Pg. 317)

Benefits

"Subjects scored the benefit they experienced as 7 on a 0—10 scale. The most striking results on feasibility items are: 86% of the subjects agreed that the lumbar support supported their back during lifting; 88% said that it made them more aware of a proper lifting technique; 76% thought that the lumbar support made their LBP more bearable; 88% also wanted to use the lumbar support after completion of the study; and 88% agreed that they would recommend the lumbar support to colleagues suffering from LBP." (Pg. 320)

"During the intervention period, there was a 44.6% decrease in pain intensity. ...Disability due to LBP also decreased. ... [by] 44.3%." (Pg. 321)

"Comparison between our compliance rate and those found in randomized clinical trials on *prevention* [emphasis added] shows that our rate is considerably higher; this was to be expected, however, because subjects with a history of LBP may be more inclined to use a lumbar support than subjects without." (Pg. 322)