

The Difficulties Endured by Cases with Low Back Pain

Jeongik Kim*

Department of Orthopedic Surgery, Chung-Ang University Hospital, College of Medicine, Chung-Ang University, Seoul, Korea

Editorial

Low Back pain (LBP) is a major transnational public health concern with significant social, occupational and profitable impacts. Indeed, it is the pathology that generates the topmost number of times lived with a disability in the world. France is no exception to this intimidating fact, as 84 of the French population will suffer from LBP during their continuance, including 6 to 8 who will develop regularity (symptoms present for further than 6 months). In profitable terms, the costs of this pathology are estimated at 900 million euros per time. also, it is the cases who come habitual that dodge the largest share of the charges also, one out of every five cases of LBP results in a work cessation, representing 30 of all work stoppages of further than 6 months. It is therefore the first cause of rejection from working life before the age of 45 [1].

Institutions now contend on the use of physical exertion for the treatment of this pathology. They also mention the need for multidisciplinary operation when this is necessary, without specifying the modalities. Some sanitarium programs formerly incorporate this approach. The ideal of this study is to identify the difficulties encountered by cases with habitual LBP in order to optimize the proposed support and to define the different remedial conduct that can be considered. It also focuses on the problems of cases with subacute or intermittent LBP, in order to ameliorate their operation and avoid their transition to regularity [2].

Quantitative check in a activity practice This check was carried out by means of an anonymous tone- administered paper questionnaire of 25 questions, to be placed in a ballot box. Addition criteria were to have habitual LBP (symptoms present for further than 3 months), subacute LBP (symptoms present for 1 to 3 months), or intermittent LBP (symptoms absent or present for lower than 1 month, but presence of at least 2 occurrences in the once 12 months). The rejection criteria weren't having LBP or being in the acute phase (symptoms present for lower than 1 month) [3]

The first 4 questions were used to elect the target population of cases with habitual LBP and subacute or intermittent LBP and to separate these two orders for analysis. also, 16 problems affecting cases with LBP, linked in a reference study in the United Kingdom conducted by M [4]. Reid, were to be estimated from 0 to 4 according to a Likert scale (0 I do not find myself at each without this problem 4 it is a veritably important problem for me) A mean score (MS) was assigned to each item and gave a ranking in order of significance. A multiple- choice questionnaire (MCQ) was used to determine whether the repliers could identify themselves with the problems listed, and a short open-concluded question (SOQ) allowed them to mention other difficulties. The questionnaire ended with 3 profile questions (age, gender, socio- professional order) [5].

*Address for Correspondence: Jeongik Kim, Department of Orthopedic Surgery, Chung-Ang University Hospital, College of Medicine, Chung-Ang University, Seoul, Korea; E-mail: Jeongikkim3@gmail.com

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Conclusion

Despite its limitations, this check verified the numerous areas of life altered by habitual LBP in France and the difficulty in supporting people suffering from this pathology. Faced with this, we've seen that the possible remedial conduct are multitudinous, but that they need to be substantiated, attendant and carried out by an interdisciplinary platoon. Since these difficulties are analogous to those formerly linked in the United Kingdom, it would be intriguing to continue this type of study in the countries with a high frequency of this pathology, in order to consider reflection and coordinated action between them. Eventually, it would be applicable to establish early support for cases with subacute or intermittent LBP to avoid the transition to regularity and its multiple consequences.

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Conflict of Interest

None.

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