

Back Pain

LAM Elders et al. *Occupational and Environmental Medicine*. Sept (2001) Vol.58 #9 p 597.

The biopsychosocial model of soft tissue injury, such as low back pain (LBP) is now widely promoted around the world. In spite of this, there continues to be a body of opinion that the origin and problems with LBP can be explained entirely organically. Many commentators have not accepted that pain is subjective and consequent disability is a function of opportunity and coping as much as it is about functional capacity or tissue health.

This cross sectional study sought to examine the determinants of LBP and LBP-related disability among scaffolders and building site supervisors.

The study included measurement of physical, psychosocial and personal risk factors and different endpoints of LBP.

229 scaffolders and 59 supervisors took part.

Questionnaires were used to characterise manual handling activities, awkward postures at work, strenuous arm positions at work, psychosocial load, perceived exertion, need for recovery and general health.

60 % of those taking part reported LBP, scaffolders and supervisors alike!!

Correlation coefficients show physical factors could be interchanged without affecting the results. That is, all physical activities were correlated with each other and it was not possible to identify specific postures or any other physical factor that created a higher risk for the reporting of LBP.

Physical factors did not correlate well with perceived job demands or job control (which also did not correlate with each other). That is, psychosocial load was not dependent on physical load.

Perceived disability arising from LBP had the following risk factors:

- ❑ strenuous arm positions PR = Prevalence Ratio = 2.05 (95% CI = 1.21 to 3.49) and
 - ❑ being generally unhealthy PR = 2.45 (95% CI = 1.56 to 3.85),
- but, correlation of disability with severity or chronicity of pain was not reported.

Chronic LBP was predicted by, moderate perceived general health PR = 2.74 (95% CI = 1.74 to 4.31).

The authors claim this study provides evidence that psychosocial factors are of unproven importance in both manifestation and effects of LBP and that physical factors provide a reasonable explanation.

Comment

The only results, which showed statistical significance, were; associations between general ill health and LPB and, general ill health and LBP-related disability. Strenuous arm position was associated with LBP related disability.

These do not seem to provide direct support for a biophysical model of LBP or its effects, as supposed by the authors.

In our view the research provides no real support for either the medical or the biopsychosocial models of LBP or related disability. The argument will continue.

