

Long-term effects of specific stabilizing exercises for first-episode low back pain.

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Abstract

STUDY DESIGN: A randomized clinical trial with 1-year and 3-year telephone questionnaire follow-ups.

OBJECTIVE: To report a specific exercise intervention's long-term effects on recurrence rates in acute, first-episode low back pain patients.

SUMMARY OF BACKGROUND DATA: The pain and disability associated with an initial episode of acute low back pain (LBP) is known to resolve spontaneously in the short-term in the majority of cases. However, the recurrence rate is high, and recurrent disabling episodes remain one of the most costly problems in LBP. A deficit in the multifidus muscle has been identified in acute LBP patients, and does not resolve spontaneously on resolution of painful symptoms and resumption of normal activity. Any relation between this deficit and recurrence rate was investigated in the long-term.

METHODS: Thirty-nine patients with acute, first-episode LBP were medically managed and randomly allocated to either a control group or specific exercise group. Medical management included advice and use of medications. Intervention consisted of exercises aimed at rehabilitating the multifidus in cocontraction with the transversus abdominis muscle. One year and three years after treatment, telephone questionnaires were conducted with patients.

RESULTS: Questionnaire results revealed that patients from the specific exercise group experienced fewer recurrences of LBP than patients from the control group. One year after treatment, specific exercise group recurrence was 30%, and control group recurrence was 84% ($P < 0.001$). Two to three years after treatment, specific exercise group recurrence was 35%, and control group recurrence was 75% ($P < 0.01$).

CONCLUSION: Long-term results suggest that specific exercise therapy in addition to medical management and resumption of normal activity may be more effective in reducing low back pain recurrences than medical management and normal activity alone

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