

by the TAMPA scale, the evaluation of pain, the evaluation of the physical parameters.

Results.— On 16 patients, only 10 questionnaires were usable (questionnaires not filled, evaluation before, after not possible). At the end of 3 weeks, pain is very clearly improved with P 0.013, the score of kinesiophobia also (31.8 vs 41.2) with P in 0.009.

The scores of acceptance are improved 27.44 against 21.88 at the exit but not significant with P in 0.14. The scores of change of behavior PSCOQ are all improved for all the patients for the hillside preservation (will to improve its strategies to face) P 0.0057 and no change for the intention. There was also a significant improvement of the anxiety (P in 0.03), not significant for the depression (P in 0.1). The physical parameters (schober, outstrip fingers ground, poplités angles, outstrip heel spank, shirado, sorensen) were improved.

Conclusion.— For all the patients, is turned out an increase of the implication of the patient in its care, at the end of the program. It also seems that this type of program brings an improvement of the acceptance of the pain chronic without it is significant on our small population as well as of the capacity to manage better their disease. Studies on a bigger population and a remote follow-up would be desirable.

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Qualitative study of barriers to physical activity in population of low back pain patients



E. Coudeyre^{a,*}, E. Richard^a, B. Eschalié^b, A. Dupeyron^c

^a CHU Clermont-Ferrand, Hôpital Nord, route de Châteaugay, 63118 Cébazat, France

^b Département de Médecine Générale, Faculté de Médecine, Université d'Auvergne, France

^c Département de MPR, CHU de Nîmes, Université Montpellier I, Nîmes, France

*Corresponding author.

E-mail address: ecoudeyre@chu-clermontferrand.fr

Keywords: Chronic low back pain; Physical activity; Barriers; General practice; Qualitative study

Objectif.— To identify barriers to regular practice of physical activity in chronic low back pain patients.

Method.— This is a qualitative study based on semi-directive individual interviews. Patients have been suffering from low back pain for the last 12 months. They were recruited in Auvergne in primary care and in the Physical Medicine and Rehabilitation Department. Interviews were recorded and written.

Results.— Four obstacles to physical activity have been demonstrated: physical, psychological, socio-professional and environmental. Pain, fear of pain, fear of movement, and professional physical activity as an aggravating factor have been reported as main barriers. Patients stressed their lack of motivation, depression, anxiety and their fear of worsening their back pain by physical activity. They also reported that their behaviour and attitudes were influenced by the medical and non-medical information they had received. The results underline the importance of fears and beliefs in the representations of back pain patients concerning physical activity.

Conclusion.— A psycho-behavioural evaluation of chronic back pain patients is necessary in order to detect these potential obstacles. GPs are at the first place in therapeutic education, and may play a crucial role in the care of these patients.

Further reading

Dupeyron A, Ribinik P, Gélis A, Genty M, Claus D, Hérisson C, Coudeyre E. Education in the management of low back pain: literature review and recall of key.

Recommendations for practice. *Ann Phys Rehabil Med*. 2011 Jul;54(5):319-35.

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Effects of chair type on lumbar curvature in patients with low back pain and healthy controls



M. Vaucher^{a,*}, P. Kouyoumdjian^b, C. Demattei^c, A. Dupeyron^d

^a Département de Médecine Physique et de Réadaptation, CHU Carémeau, Hôpitaux Universitaire de Montpellier-Nîmes, place du Pr. R. Debré, 30029 Nîmes, France

^b Service de Chirurgie Orthopédique, CHU Carémeau, Hôpitaux Universitaire de Montpellier-Nîmes

^c BESPIM, CHU Carémeau, Hôpitaux Universitaire de Montpellier-Nîmes

^d Movement to Health Laboratory (M2H), Montpellier-1 University EuroMov 700 av. du pic saint Loup, 34090 Montpellier, France

*Corresponding author.

E-mail address: vaucher.matthieu@chu-nimes.fr

Keywords: Lumbar curvature; Sitting; Low back pain; Spinal disorders

Summary of background data.— The concept of ideal sitting posture is often used in practice, but lacks an evidence base.

Objectives.— To determine effects of chair and posture on lumbar curvature.

Study design.— Cross-sectional, comparative, matched study between healthy controls and chronic low-back pain (LBP) patients.

Methods.— Ten LBP patients and 10 matched controls were recruited. Two blinded experimented clinicians measured pelvic parameters on computed radiographs in two postures (upright vs. slumped sitting) on two chairs (usual chair vs. kneeling chair).

Results.— Reliability was excellent (> 0.9). As hypothesized expected sacral slope and lumbar lordosis changed less between standing and sitting on a kneeling chair than on a usual chair ($P < 0.0001$) and less in patient than in controls ($P = 0.046$) for lordosis only. In addition, changes were as expected more pronounced in slumped than upright sitting ($P < 0.0001$). An interaction between chairs and postures for lumbar lordosis ($P = 0.02$) indicated more pronounced effects of the chair in slumped sitting.

Conclusion.— Lumbar lordosis is reduced less when sitting on a kneeling chair compared to a usual chair. Although, healthy subjects showed more reduction of lordosis between standing and sitting, the chair effect was found both in non-specific low-back pain patients and healthy subjects.

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Communications affichées

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École du dos et lombalgie chronique : à propos de notre expérience



L. Savalli^{a,*}, M.I. Hernandez-Sendin^b, P. Le Gac de Lansalut^c, M. Bégué^c

^a Clinique de médecine physique et de réadaptation Marienia, avenue de Navarre, 64250 Cambo-les-Bains, France

^b Hospital Comarcal del Bidasoa- Horndarribia Guipuzcoa (Espagne)

^c Clinique de Médecine Physique et de Réadaptation Marienia

*Auteur correspondant.

Adresse e-mail : savalli.laurent@neuf.fr

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Durant la période allant du 01/09/10 au 01/09/11, 106 patients ont été inclus dans un programme multi-disciplinaire d'École-du-dos reposant sur une approche éducative, selon les critères de l'HAS, associant une initiation à la prophylaxie rachidienne et l'apprentissage d'exercices musculaires spécifiques. Ce programme intensif, d'une trentaine heures environ, s'adresse aux lombalgies chroniques de < 62 ans, qui, en dépit d'un retentissement fonctionnel significatif, sont pour la plupart en activité professionnelle lors de l'inclusion.

Méthode.— Les patients ont été interrogés, par questionnaire, à 18,6 mois ET = 3,9 de leur prise en charge.

Résultats.— Cinquante-neuf patients ont répondu au questionnaire soit 56,6 %. Deux patients ont été exclus car opérés entre temps, l'étude portant donc sur 57 patients. La moyenne d'âge est de 44,3 ans ET = 9,5. Le sex-ratio est de 1. Le diagnostic clinique, à l'inclusion, est : lombalgie dans 64 % des cas et lomboradiculalgie dans 36 %.

Au décours immédiat du programme, les scores physiques musculaires (ITO, SORENSEN,...) et de souplesse se sont améliorés significativement. La