ANDG Mobile Non-Instrumental Backrest: A Postural Technique against Low Backache

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Citation

D Gupta, H Chauhan, H Khurana, S Mishra, S Bhatnagar. *ANDG Mobile Non-Instrumental Backrest: A Postural Technique against Low Backache*. The Internet Journal of Pain, Symptom Control and Palliative Care. 2008 Volume 6 Number 2.

Abstract

IMPLICATIONS STATEMENT

As a pain physician, it is our responsibility to be innovative in finding newer non-pharmacological options for our patients for an effective multimodal pain management.

Dear Editor,

Origin of idea: Backrests cannot be carried along all the times. Hence the idea originated from LML Select II Scooter's backrest ([1]) for possibility of a postural technique to act as backrest with minimal interference in activities of daily living (Figure 1: Origin of Idea).

Figure 1

STUDY OBJECTIVE

The purpose of the study was to assess the role of a simple postural technique in providing comfort against low backache.

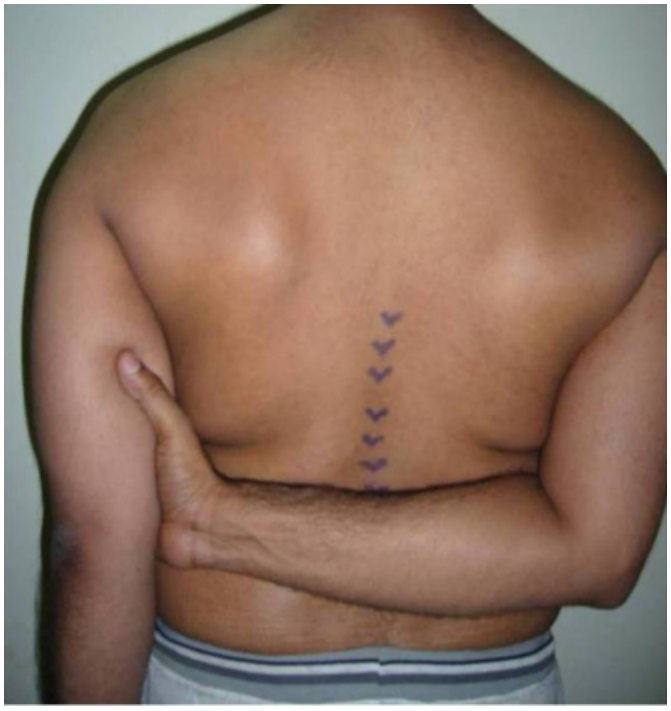
SUBJECTS

20 volunteers (clerical and paramedical staff members) aged 18-45 years working in sedentary jobs with susceptibility to low backache.

INTERVENTION

The subjects were explained the purpose of the study. If consented, they were explained the postural technique as follows: While standing, they were asked to stand straight with both upper limbs by their sides in semi-prone positions. Thereafter, one of the upper limbs was flexed at the elbow joint, curved across the back as a cross-bar to hold the other upper limb at the elbow joint. The degree of flexion was to be maintained at 90 degrees (Figure 2: Mobile Non-Instrumental Back-Rest).

Figure 2



This technique had to be alternated with either upper limbs acting as cross-bars across the lumbo-sacral area. They were advised to follow this posture during the standing position and while in motion.

MEASUREMENTS

The primary outcome measure of the study was degree of comfort achieved with the technique on numerical rating scale of 0-100 with 100 being maximal comfort possible. Secondary outcomes measures studied were acceptability of the postural technique culturally and technical difficulties in following the postural technique.

MAIN RESULTS

All patients reported increased comfort levels following the incorporation of the technique in daily activities with median comfort scores 80 (range 50-100). The effect of this comfort was reported persistent for varied time periods immediately after. The socio-cultural acceptability of routinely following the technique was high with all the subjects. However, there was a technical limitation to effectively form the cross-bar across back in subjects with high normal body weight. All subjects complained of the tingling in flexed hands and fatigue after prolonged use of the technique. However, these symptoms got relieved in all the patients with more frequently alternating the flexion of the upper limbs.

CONCLUSION

This postural technique acts as a mobile non-instrumental backrest in subjects who are susceptible to low backache; this subset of population includes and is not limited to medical students, residents/fellows, faculty and paramedical staff especially during their clinical rounds. It is culturally acceptable posture in the subjects studied and in the study region of origin. As a pain physician, it is our responsibility to be well verse in the available non-pharmacological options available for our patients and be innovative in finding newer ones for effective multimodal pain management.

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