

Učinkovitost šole proti bolečini v hrbtenici

Slavica Bajuk, dipl. fiziot., **Nada Naglič**, dipl. fiziot., **Sonja Kokalj**, dipl. fiziot., **Jana Vidmar**, dipl. fiziot., **Katja Jere**, viš. fiziot., **Jožica Podbevšek**, dipl. fiziot., **Katja Gregorčič Trček**, dipl. fiziot., **Nuša Klar**, dipl. fiziot.

Univerzitetni Rehabilitacijski Inštitut – Soča, Ljubljana, Slovenija

Korespondenca/Correspondence: Slavica Bajuk; e-pošta: slavica.bajuk@ir-rs.si

Uvod: Znano je, da je kronična bolečina v ledveni hrbtenici prizadene v svetu do 80 odstotkov odrasle populacije (1). Začetki prevenitvnih edukacijskih programov, kot je Šola proti bolečini v hrbtenici (ŠPBH) segajo v leto 1958 (2). Program ŠPBH je zanimiv in obetaven v terapiji pri bolnikih z bolečino v ledveni hrbtenici (3). Na URI – Soča poteka ŠPBH od leta 1990. Vsebina ŠPBH traja štiri ure in sezname bolnike z zgradbo hrbtenice, pravilno držo, biomehaniko hrbtenice pri gibanju in različnih položajih, s terapevtskimi vajami in tehnikami dvigovanja bremen ter motiviranjem za telesne dejavnosti. Namen raziskave je bil ugotoviti učinkovitost razumevanja edukacijskega programa pri bolnikih. **Metode:** V raziskavi so sodelovali vsi bolniki, ki so bili vključeni v ŠPBH od septembra do novembra 2009, in sicer 42 bolnikov, od tega 29 žensk in 13 moških. Na začetku in na koncu ŠPBH so izpolnili vprašalnik. Vprašalnik je bil sestavljen iz splošnega in strokovnega dela. Strokovna vprašanja so bila iz vsebine programa ŠPBH. Za analizo je bila uporabljena opisna statistika, McNemarov in parni t-test. **Rezultati:** Udeleženci so bili stari od 29 do 79 let; 21 zaposlenih, 7 nezaposlenih in 14 upokojencev. Izobrazba je bila: 10 % osnovna šola, 60 % srednja, 29 % visoka in 2 % podiplomska. Razlog napotitve je bil v 90 % bolečina v ledvenem delu, pri preostalih bolečina v vratni ali prsnici hrbtenici. Aktivnosti, s katerimi so se ukvarjali: hoja (24 bolnikov), kolesarjenje (6 bolnikov), plavanje (3 bolniki), vaje (3 bolniki), fitnes (1 bolnik), joga (1 bolnik), namizni tenis (1 bolnik) in tek (1 bolnik). Aktivni so bili od 2- do 12-krat na teden. Na vprašanje, koliko vretenc je v ledvenem delu, je na začetku pravilno odgovorilo 22, na koncu pa 34 bolnikov. Na kaj moramo paziti pri sedenju, je na začetku pravilno odgovorilo 38, na koncu 42 bolnikov. O pravilnem pobiranju predmetov s tal je na začetku pravilno odgovorilo 40, na koncu 42 bolnikov. Kakšno naj bi bilo ležišče, je na začetku pravilno odgovorilo 34, na koncu 41 bolnikov. Kako si lahko izboljšamo delovno okolje, je na začetku pravilno odgovorilo 39, na koncu 42 bolnikov. V strokovnem delu vprašalnika se je delež pravilnih odgovorov statistično izboljšal ($p < 0,05$ McNemarov test). Skupna ocena vprašalnika se je tudi statistično izboljšala (maksimum 12, povprečje 6,4 na začetku, 8,3 na koncu, $p < 0,001$ parni t-test). Z oceno zadovoljstva s ŠPBH je 88 % udeležencev odgovorilo, da je dobilo ustrezne napotke za nadaljnje življenje, 12 % deloma. **Zaključki:** Rezultati vprašalnika so pokazali, da je bil program ŠPBH učinkovit pri razumevanju edukacijskega programa za bolnike z bolečino v hrbtenici.

Ključne besede: edukacija, kronična bolečina, ledvena hrbtenica, terapevtske vaje, vprašalnik.

Effectiveness of the back school educational program

Background: It is known that low back pain affects up to 80% of the adult population worldwide (1). Back School education dates back to 1958 (2). Back School education is an interesting and promising program to treat patients with low back pain (3). Back School education was started at URI – Soča in 1990. It familiarises the patients with spine anatomy, correct posture, spine biomechanics during movement and in various positions, therapeutic exercise, load-lifting techniques, and motivation for activities. The aim of this study was to assess the effectiveness of understanding our program. **Methods:** All the patients that attended the Back School education at URI – Soča in September and November 2009 took part in this study: 42 patients, of these 29 women and 13 men. They filled in a questionnaire at the beginning and end of the program. The questionnaire consisted of a general and specialised part. The specialised questions were based on the content of the Back School. Data were analysed using descriptive statistics, McNemar test and paired t-test. **Results:** Patients were 29 to 79 years old; 21 were employed, 7 unemployed and 14 retired. Education was 10% elementary school, 60% high school, and 30% university. 90% of the patients attended the program due to low-back pain, 10% due to cervical and thoracic back pain. Activities were: walking (n = 24), cycling (n = 6), swimming (n = 3), general exercise (n = 3), and fitness (n = 1), yoga (n = 1), running (n = 1) and table tennis (n = 1); active 2 to 12 times per week. With respect to the specialised questions, the number of lumbar vertebrae was known by 22 patients at the beginning vs. 34 at the end; correct sitting position was known by 38 at the beginning vs. 42 at the end; correct way of picking up objects by 40 at the beginning vs. 42 at the end; characteristics of a suitable bed by 34 at the beginning vs. 41 at the end; workplace improvement by 39 at the beginning vs. 42 at the end. In all the specialised questions the proportion of correct answers improved and was statistically significant (McNemar test: p<0.05). The total score also improved and was statistically significant (maximum 12, mean 6.4 at the beginning vs. 8.3 at the end, paired t-test: p<0.001). 88% of the patients stated that they received useful guidance for the future, while 12% received only some. **Conclusions:** The study showed the Back School education program to be effective.

Keywords: education, chronic pain, low back, therapeutic exercise, questionnaire.

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