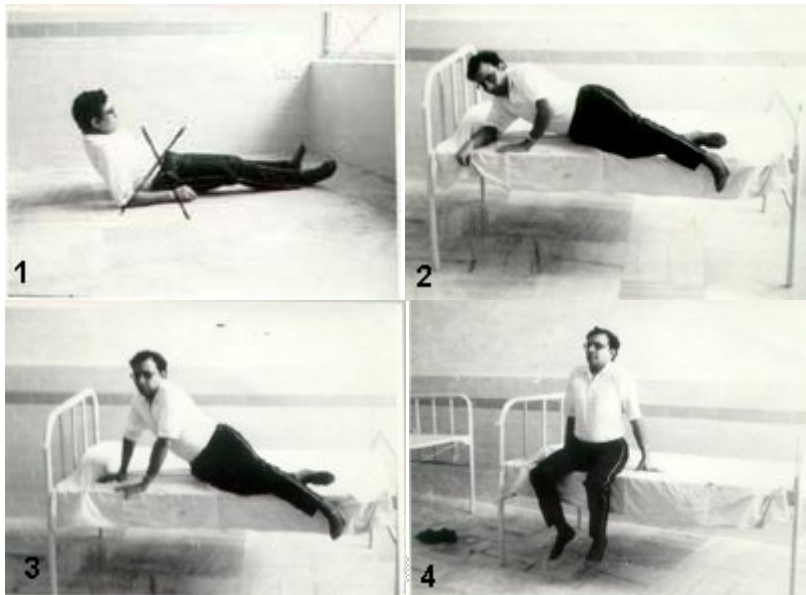




## Indian Family of Cerebral Palsy

Voluntary Organization dedicated for the welfare of the people with cerebral palsy since 1993

### Low Back Pain



1. Never sit up by bending at back while lying in supine position. Correct method to sit up from lying supine. 2 & 3. Turn to one side and then lift body with the support of hands. During this period let the legs hang down the cot. 4. Take the help of the hands and sit properly keeping back straight. Feet should press the ground.

Low back pain (LBP) is perhaps more common in professionals (who perform specialized physical exercises like physiotherapists, occupational therapists, etc.), parents and other caretakers who look after the people with cerebral palsy who are heavy and grown up. The LBP of acute onset is also known as lumbago, which may radiate into one or both the lower limbs (sciatica). Most often the pain is either due to disc herniation or paraspinal muscle spasm. Excessive stress and strain (wear and tear) and the degeneration of various tissues like the intervertebral disc, the annulus (fibrous tissue which covers the periphery of the disc), the ligaments (which bind together the adjacent vertebrae) and the vertebral bodies give rise to mechanical defect in the vertebral column. This can cause disc herniation. The characteristics of the pain and other clinical features vary with the severity of the disc herniation.

The back (paraspinal) muscles may also sustain stress-induced injury and can cause LBP (myalgia, spasm, and sprain). But a pain of pure muscle pathology can never produce sciatica.

There are many other diseases which, although occur less often, can produce LBP and sciatica. Therefore, the people with LBP must consult specialist to establish the cause of the pain.

Usually, the clinical picture is a most helpful method to diagnose and plan the line of management. There is no substitute of good history taking and clinical examination in these cases.

Usually, simple investigations like a) x-ray lumbosacral spine (AP & Lat. View), pelvis (AP view), b) CBP, ESR, and c) ultrasound abdomen and pelvis, are enough to plan the management. Most often, there is no need to immediately undertake costly investigations like MRI. However, the specialist with a motive to help the person with LBP (and not with a motive to help himself and diagnostic centres) is the best discriminator to decide whether the costly investigations are necessary or not.

Following are some tips to differentiate LBP of non-lethal diseases like disc herniation or muscle injuries, from the lethal diseases (lethal if not treated on time) like tuberculosis, cancer, etc.

Disc herniation or muscle spasm Lethal diseases	Lethal diseases
Usually sudden in onset; and sometimes rapid or gradual	Usually gradual in onset sometimes rapid or sudden
Severity fluctuates even everyday	Usually the pain continues all the time
Periods of remissions for weeks, months or years are seen very often	Progressively worsens (problem worsens progressively and within few months many new complaints also develop).
Improves with bed rest	No relief even on bed rest
Worsens on bending forwards	Persists in all the postures
Nights, bed ridden periods, are usually comfortable	Nights, bed-ridden periods are worst.

No recent systemic complaint	They may complain of fever, decreased appetite, loss of weight and complaints related to other organs.
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**Note:** If one falls in this group, exclusion of diseases of genitourinary and other systems is essential.

Once the cause of lumbago or sciatica is found due to disc herniation or due to paraspinal muscle spasm, following two major groups of people with LBP can be made. They have been separately grouped for the purpose of management.

## I.

Conservative management: low back pain with or without sciatica; without major sensory impairment or motor weakness and without any urinary complaints.

## II.

Surgical management: low back pain with sciatica; with major sensory impairment or motor weakness in the limb especially the foot & toes; and with or without urinary complaints.

Cases in this group may require MRI of lumbosacral spine. Clinicoimageological data and the failure of conservative treatment may help in making decision regarding the necessity of disc removal by surgery. In practice very few cases need surgery.



1 & 2 Method to work, say pick up an object from the ground.

Never to bend like this on the back and one side.

- 1.
3. A method of taking rest. You must consult a doctor or the therapist before doing this
4. Do the desk work keeping the writing pad at the chest level. Keep a cushion at the lower back so as to keep it straight. Keep the feet under the chair.

Conservative treatment: Back Protection Measure (BPM)

Strict absolute rest on firm bed for 2-4 weeks

### **B. How to get up from bed:**

I step - Turn and lie on to one side.

II step - firmly fix the palms to the bed and push the body up while dropping the legs down the cot.

III step- take the hands on the sides and a little posterior to the buttocks; and support some of the body weight on palms.

- Wear slippers in standing position only.
- Sit on commode (toilet with seat). Keep water or tissue paper at the sitting height. Clean the parts (toilet sites), keeping one or both the hands behind. (Never keep both the hands in front while cleaning the parts).
- Stand up keeping back straight. You may pull yourself up with the help of a hanging rope or push yourself pressing side objects.
- Take bath in standing posture
- Wear clothes in standing posture
- Take breakfast while sitting straight
- While seated, use a chair with forward hump. A reclining and revolving chair is preferable. Keep feet under the table. While reading, writing or doing any work the object should be at the chest level with some degree of tilt towards you.
- Lie in the posture, which gives you maximum relief.
- Some cases may get tremendous relief with supine padmasana or with simple crossed leg supine posture. Person with LBP must consult physician for permission to do this asana. If it is found suitable, the person would get good results in a short period of time.
- Not to bend forwards
- Not to sleep on cushioned bed
- Avoid lifting heavy weights. Never lift any object from front.

Avoid pain-killers (remember pain is our friend, which has warned us, otherwise we would have developed serious complications of disc herniation like retention or incontinence of urine, foot drop, etc).

Pain killers to be used only when it becomes intolerable despite taking absolute strict bed rest. People who kill pain with pain killers and go to work indeed invite a bigger problem.

You can carry out exercises on to the people with cerebral palsy once the acute phase is finished. But, following are the good postures which should be adopted while performing exercises and other works.

- Keep back straight during each and every work.
- Stand on feet and keep exercise platform opposite to the lower part of the chest.
- Stand on knees if work has to be performed at hip or knee level.
- Sit on soles of the backwardly folded legs.

1. Never bend forward.
2. Never keep the object in front while carrying.
3. Lift and carry the object keeping it on to one side and a little back.

The hands that help are holier than the lips that pray - Robert Ingersoll.

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