

()

*

%

%

spss

oswestry

% /

% /

:

% /

% / % /

/ /

oswestry

/

(P< /)

(P< /)

(P< /)

(P< /)

(P< /)

(P< /)

(P< /)

CI / /).

OR= / (%

%

OR= / (%CI / /)

/ /)

.OR= / (%CI

OR= / (% CI / /)

:

(

:

% /

%

oswestry

spss

[]

[]

% /

(P< /)

(P< /)

[]

[]

(P< /)

(P< /)

(P< /)

[]

[]

[]

[]

(P< /)

/

(P< /)

(P< /)

[]

[]

(P< /)

[]

(P< /)

(P< /)

/

(P< /)

[]

(P< /)

(P< /)

[]

(P< /)

(P< /)

1. Anderson G. Low back pain. In: Levy BS, Wegman DH. Occupational Health :Recognizing and Preventing Work-Related Disease and Injury 4th ed, Philadelphia:Lippincott Williams&Wilkins;2000:503-15.
2. Hoaglund F: Musculoskeletal injury. In: Joseph L. Occupational and Environmental Medicine: 2th ed , Stanford:Appleton&lange;1997:77-79.
3. Bradly E, Bowler B, occupational Medicine Secrets .First Edition. Philadelphia:Hanley&Belfus ,1999:241-4.
4. Devereux JJ, Buckle PW, Vlachonikolis IG. Interactions between physical and psychosocial risk factors at work increase the risk of back disorders: an epidemiological approach .Occup Environ Med. 1999;56:343–353.
5. Marklund S, Bergenheim, Kjellberg A. A quarter century perspective on low back pain. National Institute for Working Life, Solna, Sweden [http://www.niwl.se/ah/\(report\)](http://www.niwl.se/ah/(report)).
6. DD.Ohnmeiss, Vanharanta H, Estlander AM, Jamsen A. The relationship of disability and pain drawing to functional testing .European Spine Journal. 2000,9(3):208-212.
7. Chevins C, Carlson B, Peckham C, Knecht SH. Back Pain and Sciatica Nidus Information Services. 2001, <http://www.well-connected.com>.
8. Carter JT, Birrell LN.Occupational Health Guideline for the management of low back pain at work.Evidence Review and Recommendations;Published March 2000.
9. Vern Putz-Anderson, Bruce P. Bernard, Shiro Tanaka. Niosh/Ergo science/ Musculoskeletal Disorders(MSDs) and Workplace Factors Chapter 6. Low-Back Musculoskeletal Disorders: Evidence for WorkRelatedness. <http://www.cdc.gov/niosh/erosci1.html>.
10. Andersson, Gunnar BJ.; Davis LT, Kappler AM, Lipton RE, Leurgans JA, Sue. A Comparison of Osteopathic Spinal Manipulation with Standard Care for Patients with Low Back Pain. Volume 341(19) 4 November 1999:1426-1431.
11. Horder M, Borum F, Gjorup T, Jorgensen T, Jorgensen FK, Madsen M, Olesen F, Sogaard J, Timm H, Poulsen PB .Low-Back Pain. Frequency, Management and Prevention from an HTA perspective Danish Institute for Health Technology Assessment(report).1999.
12. Lehrich JR, Katz JN, Sheon RP. Approach to the diagnosis and evaluation of low back pain in adults The literature review for version 10.3 is current through August 2002; this topic was last changed on May 8, 2001.(Up to Date).
13. Goldberg MS, Scott SC, Mayo NE. A review of the association between cigarette smoking and the development of nonspecific back pain and related outcomes.(Abstracts).Spine 2000 Apr 15;25(8):995-1014.
14. Cole CD, Ibrahim SA, Shannona HS. Scott F, Eyles J. work correlates of back problems and activity restriction due to musculoskeletal disorders in the Canadian national population health survey (NPHS) 1994-5 data. Occup Environ Med.2001;58:728-734.

Estimation of the prevalence of low back pain and related disability in bank office workers in western Tehran

Abstract:

Introduction: Low back pain is the most common musculoskeletal disorder.

Materials and methods: 530 office workers (bank personnel) from the western part of Tehran entered our study according to simple randomized selection. People who were excluded from the study were file clerks and servants. The prevalence of low back pain was assessed using a questionnaire. The prevalence of disability was assessed by means of the "Oswestry" questionnaire. Measured variables were: age, sex, weight, height, present low back pain and its duration, previously experienced low back pain, smoking habits, use of foot and arm rests, duration of sitting, job satisfaction, seating comfort, performing a second job, and job flexibility.

Results: The prevalence of low back pain was 34.5% percent in our study, with a mean age of 35.01 years for men and 34.61 years for women. The mean duration of low back pain was 4.33 years in persons who had acute LBP (LBP in pervious month), the mean percent of disability was 9.02 percent for all individuals and 26.1 percent for those who had acute LBP. Mean duration of sitting was 5.63 hours.

In this study low back pain was strongly related to age, duration of sitting, and to working history. The average of disability was significantly related to use of foot rest, feeling of comfort during sitting, history of pervious LBP and flexibility.

Conclusion: Low back pain is prevalent among office workers in banks of Tehran. It causes significant disability and costs, although it can be easily prevented and managed through simple practical ergonomic and administrative measures. Proper body posture and joint positioning with the help of proper foot rests and well-designed work-rest cycles are the most important actions which reduce local joint stress and preserve joint integrity. These simple measures reduce the prevalence and costs of low back pain.

Key words: LBP, Disability, Bank personnel

Berenji M, M.D.

Air force Be'sat hospital