Low Back Pain

Traditionally, low back pain was largely considered to be an "acute injury" which resulted from a single event or trauma. This was a popular concept as many individuals who suffered low back pain first experienced their symptoms either during or immediately following the performance of heavy physical work. The concept of low back pain as an acute injury was also supplemented in part by the medical community. Traditional diagnosis generally included:

- Low back strain
- Muscular strain or low back
- Degenerative disc disease
- Facet syndrome
- Herniated or slipped disc
- Muscle spasm

These provided a specific diagnosis generally required by the Worker's Compensation system and demanded by the patients to provide an explanation for the cause of an individual's pain when no objective pathology related to the onset of pain could be determined. Virtually no objective clinical tests, including x-rays, could find any organic reason or cause for the onset of the acute low back pain. It is important to point out that current research finds 40% of all low back x-rays show evidence of some disc herniation, and/or many others show various spinal abnormalities; however only a small percentage have been found to produce symptoms among the individuals examined.

One problematic component of this lack of "objective pathology" has resulted in the common belief among industrial management and various professionals in the Worker's Compensation system that many sufferers of low back pain were either faking or greatly exaggerating their symptoms. The rationale was that if the doctor can't find anything wrong, "then the worker's pain can't be real". The concept of low back pain as another form of acute work injury resulted in control methods which have been large in effect. The low back pain problem has historically been approached from two perspectives, prevention and post injury treatment.

Throughout most of the 20th century the major effort directed toward the prevention of low back pain was "worker training." Since the manifestation of much of the low back pain was associated with lifting materials, a popular concept developed that the real cause of low back pain was "improper lifting techniques."

Thus, if workers could be instructed in a "safe" or "proper method" of lifting, the occurrence of low back pain could be significantly reduced. This concept was endorsed by a majority of medical professionals among various disciplines citing unnatural postures, uneven disc pressures from bending and other "stressful" conditions which result from inappropriate lifting postures. Various methods described collectively as "proper lifting technique" were developed and promoted as the method of choice in low back pain prevention. This idea became the dogma among safety and health professionals including national safety organizations.

Current evidence indicates that low back pain claims can be produced or aggravated by numerous factors. The occupational cause and/or risk factors are as follows:

- Heavy physical work results in significantly higher rates of low back pain, absenteeism, and symptoms of sciatica (pain radiating down the legs) when compared to white collar occupations. Specifically, lifting heavy objects and the frequency of lifting are highly correlated to the onset of severe low back pain.
- Biomechanically stressful postures which include twisting at the waist, prolonged static postures, such as forward bending and prolonged sitting have been shown to result in a five fold increase in low back pain.

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• Whole body vibration of low frequency (4-10 hertz) which is the type of frequency experienced by operators of autos, trucks, heavy construction equipment. There is substantial data that shows that the workers in these categories have significantly higher rates of serious low back pain.

• Direct trauma to spine, generally as a result of falls, accounts for between 8-15% of all serious low back pain and spinal fractures. Many of these type injuries are not classified along with the "non-specific" type of low back pain. Usually they are listed as multiple or fracture type injuries.