

Using the HUBER technique in chronic low back pain treatment

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Abstract: Epidemiological studies have shown that 50-80% of the population is affected by low back pain at least once in a lifetime.(Burton, 1997). Over 80% of such patients report recurrent episodes (Waddell, 1998). It is estimated that 80-90% of patients will have recovered within 6 weeks, regardless of treatment (Indahl, 1995; Jackson, 2001). However, 5-15% will develop chronic low back pain (CLBP) (Bigos, 2001; Quittan, 2002). Impaired control of segmental motion and stabilisation, pain or previous low back injuries are possible mechanism that could explain the high recurrence rate of LBP injuries and the development of chronic pain and disabilities (Indahl, 1997). Current evidence suggests that exercise are likely to be beneficial for CLBP in order to relief pain and facilitate functional improvements but there is no consensus of opinion on the most effective exercise programme (ANAES, France, 2000). The LPG device, HUBER[®] has been initially developed to strengthen the deep spinal muscles and reactivate the micro-movements and vertebral articulations mobility. Current data (Portero, 2001; Ferret, 2004) show the motor function and the impact of a training program with HUBER[®] on healthy volunteers. The aim of our trial is to compare the benefit of HUBER[®] training in CLBP versus standard physiotherapy.