

## LOW BACK PAIN AND MOTOR CONTROL

Grosdent S., Demoulin C., Vanderthommen M.

Department of Sport and Rehabilitation Sciences, University of Liege, Liege, Belgium; and Spine Clinic, Liege University Hospital Centre, Esneux, Belgium.

According to Vos et al., musculoskeletal disorders in the overall population were the cause of nearly 166 million years lived with disability in 2010, with low back pain (LBP) accounting for 50% of the total.<sup>1</sup> Although in most cases LBP may recover without any medical intervention, the recurrence rate is high.<sup>2</sup> One hypothesis for the persistence or recurrence of non-specific LBP is impaired motor control. Indeed, recurrent and chronic non-specific LBP are associated with changes in morphology and behavior of several muscles, this commonly includes the deep trunk muscles (transversus abdominis, multifidus and pelvic floor muscles).<sup>3</sup>

Motor control changes take place at many levels of the nervous system. Studies reported differences between individuals with and without LBP in voluntary trunk muscle activation<sup>4</sup>, trunk muscle reflexes<sup>5</sup>, trunk kinematics<sup>6</sup> and in cortical mapping of sensory inputs from the trunk<sup>7</sup>, and motor outputs to the trunk.<sup>8</sup> Although these adaptations may have short-term benefits in providing a more robust control<sup>9</sup>, changes may have adverse long-term consequences, such as increased joint loading<sup>10–12</sup>, increased muscle fatigue<sup>13</sup>, decreased movement quality<sup>14,15</sup> which might favor/explain recurrent/persisting pain. Furthermore, pain may coincide with a reduction in motor variability, generating a rigid repertoire of motor strategies.<sup>16,17</sup>

Guidelines regarding the management of recurrent and chronic LBP are consistent in recommending exercise therapy.<sup>18</sup> Core stabilization and motor-control exercises are commonly used in the treatment of LBP. Previous studies indicate that such interventions may increase motor control quality, thus decreasing pain and improving function<sup>19–21</sup>. However, the relative contribution of the intervention to clinical outcomes will differ from one individual to another. In view of the individual-specific nature of the motor control changes, comprehensive rehabilitation will require an individualized assessment, and a tailored motor learning approach.

### References

1. Vos T, Flaxman AD, Naghavi M, et al. Years lived with disability (YLDs) for 1160 sequelae of 289 diseases and injuries 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet*. 2012;380(9859):2163-2196. doi:https://doi.org/10.1016/S0140-6736(12)61729-2.
2. Balagué F, Mannion AF, Pellisé F, Cedraschi C. Non-specific low back pain. *Lancet*. 2012;379(9814):482-491.
3. Hodges PW, Ferreira PH, Ferreira ML. Lumbar Spine: Treatment of Motor Control Disorders. In: Magee D, Zachazewski J, Quillen W, Manske R, eds. *Pathology and Intervention in Musculoskeletal Rehabilitation*. Elsevier Inc.; 2016:520-560. doi:10.1016/B978-0-323-31072-7.00014-2.
4. van Dieen JH, Selen LPJ, Cholewicki J. Trunk muscle activation in low-back pain patients, an analysis of the literature. *J Electromyogr Kinesiol*. 2003;13(4):333-351.
5. Radebold Andrea M, Cholewicki Jacek C, Panjabi Manohar C, Patel Tushar C. Muscle Response Pattern to Sudden Trunk Loading in Healthy Individuals and in Patients with Chronic Low Back Pain. *Spine (Phila Pa 1976)*. 2000;25(8):947-954. doi:10.1097/00007632-200004150-00009.
6. Laird RA, Gilbert J, Kent P, Keating JL. Comparing lumbo-pelvic kinematics in people with and without back pain: a systematic review and meta-analysis. *BMC Musculoskelet Disord*. 2014;15(1):229. doi:10.1186/1471-2474-15-229.
7. Flor H, Braun C, Elbert T, Birbaumer N. Extensive reorganization of primary somatosensory cortex in chronic back pain patients. *Neurosci Lett*. 1997;224(1):5-8.
8. Tsao H, Danneels LA, Hodges PW. ISSLS Prize Winner : Smudging the motor brain in young adults with recurrent low back pain. *Spine (Phila Pa 1976)*. 2011;36(21):1721-1727. doi:10.1097/BRS.0b013e31821c4267.

9. Van Dieën Jaap H, Cholewicki Jacek H, Radebold Andrea H. Trunk Muscle Recruitment Patterns in Patients With Low Back Pain Enhance the Stability of the Lumbar Spine. *Spine (Phila Pa 1976)*. 2003;28(8):834-841. doi:10.1097/01.BRS.0000058939.51147.55.
10. Marras William S, Davis Kermit G, Ferguson Sue A, Lucas Benjamin R, Gupta Purnendu R. Spine Loading Characteristics of Patients With Low Back Pain Compared With Asymptomatic Individuals. *Spine (Phila Pa 1976)*. 2001;26(23):2566-2574. doi:10.1097/00007632-200112010-00009.
11. Marras WS, Ferguson SA, Burr D, Davis KG, Gupta P. Spine loading in patients with low back pain during asymmetric lifting exertions. *Spine J*. 2004;4(1):64-75. doi:10.1016/S1529-9430(03)00424-8.
12. Healey EL, Fowler NE, Burden AM, Mcewan IM. Raised paraspinal muscle activity reduces rate of stature recovery after loaded exercise in individuals with chronic low back pain. *Arch Phys Med Rehabil*. 2005;86(4):710-715. doi:10.1016/j.apmr.2004.10.026.
13. van Dieën JH, Westebring-van Der Putten EP, Kingma I, de Looze MP. Low-level activity of the trunk extensor muscles causes electromyographic manifestations of fatigue in absence of decreased oxygenation. *J Electromyogr Kinesiol*. 2009;19(3):398. doi:10.1016/j.jelekin.2007.11.010.
14. Hodges P, van Den Hoorn W, Dawson A, Cholewicki J. Changes in the mechanical properties of the trunk in low back pain may be associated with recurrence. *J Biomech*. 2009;42(1):61-66. doi:10.1016/j.jbiomech.2008.10.001.
15. Mok NW, Brauer SG, Hodges PW. Failure to Use Movement in Postural Strategies Leads to Increased Spinal Displacement in Low Back Pain. *Spine (Phila Pa 1976)*. 2007;32(19):E537-E543. doi:10.1097/BRS.0b013e31814541a2.
16. Moseley GL, Hodges P. Reduced variability of postural strategy prevents normalization of motor changes induced by back pain: a risk factor for chronic trouble? *Behav Neurosci*. 2006;120:474-476.
17. Jacobs J V, Henry SM, Nagle KJ. People With Chronic Low Back Pain Exhibit Decreased Variability in the Timing of Their Anticipatory Postural Adjustments. Blumberg MS (editor), ed. *Behav Neurosci*. 2009;123(2):455-458. doi:10.1037/a0014479.
18. Van Wambeke P, Desomer A, Aillet L, et al. Low back pain and radicular pain: assessment and management. *KCE Rep*. 2017;287.
19. Tsao H, Hodges PW. Immediate changes in feedforward postural adjustments following voluntary motor training. *Exp Brain Res*. 2007;181(4):537-546. doi:10.1007/s00221-007-0950-z.
20. Tsao H, Hodges PW. Persistence of improvements in postural strategies following motor control training in people with recurrent low back pain. *J Electromyogr Kinesiol*. 2008;18(4):559-567. doi:10.1016/j.jelekin.2006.10.012.
21. Byström MG, Rasmussen-Barr E, Johannes W, Grooten A, Grooten WJA. Motor Control Exercises Reduces Pain and Disability in Chronic and Recurrent Low Back Pain: A Meta-Analysis. *Spine (Phila Pa 1976)*. 2013;38(6):E350-E358. doi:10.1097/BRS.0b013e31828435fb.