

An Overview of the Singapore Back School Programme

Y.P. LOO, NZSP, E.H. LEE, M.D., FRCS(c), C.M. NG, NCSP

L.P. KOK, MBBS, DPM Eng, MRC PSYCH (UK), FRANZCP

Singapore Back School, Singapore

ABSTRACT: With the increasing incidence of back pain amongst the younger age group, there is a necessity for a back care programme. The Singapore Back School was set up for this purpose: to educate chronic back pain patients to manage their own backs.

During the past 3 years, 132 participants enrolled in the back school and 80 of whom have completed the programme. Forty participants answered the review questionnaires. The results of that request were found 72.5 per cent to be significant subjective improvement, 97.5 per cent to be helpful.

Low back pain is one of the most common ailments which affects almost everyone of us. A survey of the government physiotherapy departments in Singapore revealed that 50 per cent of all patients seen were back ailments.

Lately, there has also been a noticeable rising incidence of back pain in patients between 19 to 34 years of age.

The magnitude of the problem is realised only when we consider the importance of back pain in the community. The socioeconomic cost is staggering when we consider:

1. Absenteeism from work due to sick leave of hospitalisation
2. Frequent time off from work for visits to doctors and therapists
3. The resultant decreased productivity of workers
4. Long term disability and limitation of activities both at work and at leisure.

Back schools were established as an alternative to conservative treatment.^{1,2} The first back school was started in Sweden in 1970.^{3,4} Soon other schools sprung up in Europe and America. Their experience showed that back schools were valuable, cost effective and had an acceptable success rate.

The basic philosophy underlying back schools is that education of patients about their problems will enable them to accept responsibility for

managing their own backs and to achieve a normal lifestyle. Although the goal may be the same, the methods of it varies:

1. The Swedish Back School formed by Zacrisson-Forsell in 1970 is basically designed to teach proper body mechanics.^{3,4}

2. The California Back School founded by White and Mattmiller in 1976 runs a programme which places emphasis on ergonomic performance in an obstacle course.⁵

3. The Canadian Back School founded by Hamilton Hall in 1974 has the primary aim of changing patients' attitudes through small group instruction in basic anatomy and ergonomics.^{6,7}

MATERIALS AND METHODS

Singapore Back School

The idea of setting up a back school in Singapore was mooted by Dr. E.H. Lee who had worked closely with Dr. H Hall in Canada. The Singapore Back School was set up in November 1985 by the Singapore Physiotherapy Association as a non-profit making, community service project and was modelled upon the Canadian Back School.

The aim of our programme are:

1. To teach patients to take responsibility in managing their own backs.
2. To attempt to correct common misconceptions regarding causes and treatments of back pain.
3. To direct our efforts toward teaching basic aspects of back pain, promoting simple backcare techniques and advocating long term self care.

We do not provide assessment or treatment, we only educate.

Criteria for admission

Participants must either be referred by a doctor or a physiotherapist. They must have chronic back pain of more than 3 months duration and due to mechanical causes. These patients should have undergone conservative treatment. They should pre-

ferably by conversant in English. We also accept failed backs.

Format

Our programme consists of 4 90-minute sessions held at weekly intervals and are made up of informal classes of 15-20 people to encourage group interaction. There is also a review class 6 months to a year later after completion of the programme. The curriculum is:

1. 1st lecture is given by an orthopaedic surgeon and covers basic anatomy and pathophysiology of back pain. In addition, common misunderstandings and non-threatening causes are explained.

2. 2nd lecture presented by a physiotherapist discusses ergonomics and the effectiveness of back pain.

3. 3rd lecture is conducted by a psychiatrist who describes the role of emotion in chronic pain and the psychiatric aspects of back trouble.

4. 4th session is a practical demonstration of exercises and relaxation conducted by a physiotherapist.

5. Review class is held to discuss major points covered in the previous sessions.

RESULTS

To date, we have 132 participants from November 1985 to September 1987, 80 of them have completed the programme.

Fourty participants answered the review questionnaires, of which 28 attended the review class and 12 returned the questionnaires by post.

Of the 40 participants, 2 were also treated by the chiropractor, 1 by the osteopath, 4 by the acupuncturist and 1 by the sinseh. Six of them also had back surgery.

In the review questionnaire, participants were

asked to rate themselves on a subjective improvement scale, that is,

0 Worse: more pain; increased disability

1 No change

2. Slight improvement; same amount of pain; some decrease in disability

3. Fair improvement; slight decrease in pain; moderate decrease in disability

4. Good improvement; moderate decrease in pain; large decrease in disability

5. Excellent improvement, large decrease in pain; no disability

A rating of 3-5 was considered significant

72.5 per cent of the participants considered that they had significant subjective improvement.

97.5 per cent them considered back school helpful.

DISCUSSION

We found that significant improvement in these patients correlated well with continued exercises and backcare following completing of programme.

Our results compound well with those of the Canadian Back School.

From our study, we are confident that the Singapore Back School programme has helped the participants. Small group interaction encourages exchange of views and experiences; promotes positive feedback and fosters a sense of well-being amongst the members.

ACKNOWLEDGEMENTS

The authors would like to thank all of the participants and the committee members of the Singapore Back School for their collection of data and their support. They also wish to thank Mr. & Mrs. Sivanadan for their invaluable advice in the preparation of this article.

REFERENCES

1. Hall H. The Canadian back education united. *Physiotherapy*, 1980; 66(4):115-7.
2. Hall H. Back school — an overview with specific reference to the canadian back education units. *Clinical Orthopaedics and Related Research* 1983; 179:10-7.
3. Hayne CR. Back schools and total back-care programmes — a review. *Physiotherapy* 1984; 70(1):14-7.
4. Kennedy B. An Australian programme for management of back problems. *Physiotherapy* 1980; 66(4):108-11.
5. Matmiller AW. The california back school. *Physiotherapy* 1980; 66(4):118-21.
6. Zachrisson forssell M. The swedish back school. *Physiotherapy* 1980; 66(4):112-4.
7. Zachrisson Forsell M. The back school. *Spine* 1981; 6:104