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Abstract

It is important from a treatment perspective to address these individuals functionally, that is, devising specifc strategies or activities to improve strength, fexibility, and endurance of those muscles and related areas. These areas are those that infict higher interference and functioning tolls to the patients and should be addressed in any rehabilitation paradigm for these patients.

Keywords: Activity interference; Pain interference; Health fund; Method variance; Acute pain; Isometric contractions

Introduction

Turner and colleagues found that patients who reported more pain sites before participating in a cognitive-behavioural treatment had higher activity interference; therefore, treatments for NMD patients should rely on pain intensity in speci c sites than overall pain intensity ratings. Moreover, each pain site might require di erent approaches, with speci c combinations of rehabilitation alternatives. Our pilot study found that the other pain location signi cantly contributed to the variance of pain interference. It was just a small group of participants that reported experiencing pain in a location or locations other than those in the survey [1]. However, there seem to be other locations that are important to explain pain interference in people with an NMD and chronic pain beyond those analysed in this study. Future work might build on the ndings of this study by attempting to determine other pain locations that might be of importance for these patients to address them when developing treatment programs. Some important limitations to the available published literature should be considered when interpreting the results. Most patient samples primarily include patients registered with the national Institutes of Health funded MD National Registry, and the extent to which the ndings from these patients are broadly applicable to individuals with other forms of NMD is not known [2].

Discussion

Moreover, all information is usually based on self-report measures. erefore, it is possible that some of the signi cant associations found between measures may, therefore, be related T0.409 Tw T[(13(s)-8(e)6(9()13(6h. 0.6(T83(-10(un)5(0.5(m)19.1(u3(-8(6(e 0.5(5(-5()13(n8(gt)-5.9(i 0.5(wa3(0.5(m
All contractions were performed in a randomized order and, during the experiment; the participants were verbally motivated to ensure maximal e ort. e participants were interviewed about their perception of pain and e ort during the maximal voluntary contractions to exclude any acute pain e ects on the muscle strength measurements. In all our measurements, participants did not mention any pain during any of the trials. ree minutes of rest was allowed between the contractions. For the analysis, moment values were normalized to body mass [5]. Neuromuscular control of spine stability was analysed by determining the trunk instantaneous sti ness and damping a er sudden perturbations as well as the local dynamic stability during repetitive trunk movement. In the current study, we aimed to investigate the athletic-based speci city of muscle strength and neuromuscular control of spine stability in non-speci c LBP. erefore, we compared the trunk muscle strength as well as the neuromuscular control of the spine a er sudden quick release perturbations and during a repetitive li ing task in athletes and non-athletes with and without LBP [6]. We hypothesized di erent pathology-related e ects in athletes and non-athletes in trunk muscle strength and LBP related deterioration in neuromuscular control of spine stability in both groups. We found in athletes and non-athletes lower muscle strength of the trunk extensors during maximal isometric contractions and properly adapted neuromuscular spine control a er the quick release perturbation in our LBP patients. ese results indicate similar neuromuscular alterations in athletes and non-

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athlete and the non-athlete groups, indicating no speci c LBP-related deterioration of the trunk exor muscles. Although chronic non-speci c LBP is a complex and multifactorial process, a deconditioning of the lumbar extensor muscles has been o en associated to chronic LBP. Furthermore, it is widely accepted that resistance training aiming to improve trunk muscles strength is a successful therapeutic modality for reducing LBP and improving functional outcomes. e average training volume of the athletes included in the study was 11h per week with regular muscle strength exercising [7]. erefore, we expected at least a lower deconditioning of trunk extensor muscle strength compared to non-athletes. Yet we found a similar LBP-related decrease in the maximum trunk extension moments in both groups, indicating de cits in the trunk extensor muscle strength even at the high competitive level of athletes. A reason for this de cit could be the neglect of speci c strength training focusing on the stabilization of the spine in athletes. Several review studies revealed that the majority of the practitioners recognize the bene ts of strength training in athletes, but mainly focus on exercises to strengthen muscles which are directly related to the speci c athletic performance, downgrading the importance of supplementary trunk stability or trunk strengthening exercises. Training recommendations for elite athletes9(et)haexe t oc3(i)3.037tf.1( )10.206 Tut ek

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