Abstract AB0164 Table 1

	Low back pain	Dorsal pain	Cervical pain	Headaches	Dizziness	Astenopia	Unbalance	Vertigo	Migraine
Frequency n = 100	60%	41%	55%	47%	45%	44%	37%	30%	23%
Improv. aft treatm	37%	28%	32%	33%	28%	28%	30%	15%	18%
Wilcoxon test	p = 0.001	p = 0.02	P = 0.001	p = 0.000	p = 0.000	p = 0.005	p = 0.002	p = 0.02	p = 0.05

treatment with plantars and/or prismatic lenses correction (legs length dismetry, functional and structural scoliosis).

Methods A group of 100 patients with postural symptoms were evaluated and treated in our institution for more than 36 months. Their symptoms were graduated from 0 to 4 and compared before and after a year of treatment. An x-ray film of the rachis from anteroposterior view was obtained. The aim of the corrections was to obtain the nearest horizontal equilibrium for the different plans of the body and equal distribution of weight. Leg length dismetry was corrected according to the position of the femoral heads and searching for the relative inclination degree of both femoral heads and sacred with the horizontal plan. Correction with prismatic lenses was performed in the cases without leg length dismetry, horizontal sacral base, inclination of the head or shoulder plans.

Results Of the 100 patients, 71 were female and reported mean age 33.7 ± 20.2 SD years. The symptoms more commonly found are shown in table below by frequency sequence at first observation. Improvement after completed treatment was obtained for all analysis symptoms with statistical significance except for temporomandibular joint, hip, knee and foot pain.

Conclusion The treatment of different postural symptoms with plantars, prismatic lenses or both together revealed a global improvement in low back and cervical pain, dizziness, astenopia, headache, dorsal pain, unbalance, migraine, vertigo. The different treatments analysed revealed a clinically significant improvement in low back pain ($p = 0.001$), cervical pain ($p = 0.001$), headache ($p = 0.000$), dizziness ($p = 0.000$), astenopia ($p = 0.005$), dorsal pain ($p = 0.022$), unbalance ($p = 0.002$), vertigo ($p = 0.027$), migraine ($p = 0.05$). This statistical significance improvement difference is higher with the follow-up.

FRI0232 IMPORTANCE OF THE RADIOLOGICAL STUDIES IN THE DIAGNOSIS OF THE CHRONIC LOW BACK PAIN

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Background

Objectives Classify the radiological alterations in patients with chronic low back pain (LBP) and to determine their relationship with symptomatology, and value the contribution carried out in the classification by diagnostic groups.

Methods A longitudinal study of patients that required specialised attendance in the period of time January 95–96 by LBP. All patients were carried a standard radiological study out and the found alterations were classified as alterations of the development and the statics, of the articulate space and of the bony density. Classified the patients in a retrospective way it was determined the contribution of the radiology like confirmed case, probable case, possible case and no case. A statistical study

was realised determining absolute and relative frequencies, and χ^2 test with a level of trust of 95%.

Results Of a total of 472 selected patients, 334 presented alterations of the static (70,8%) and it was a significant relationship between these alterations and all the diagnostic groups for a value of $p < 0.0001$, except for the groups inflammatory illnesses and alterations for physical agents. Alterations of the articulate space in 362 cases (76,7%), with a significant relationship between these alterations and the spondyloarthropathy ($p < 0.001$), degenerative modifications and bony illnesses ($p < 0.0001$). Alterations of the bony density in 361 cases (76,4%), with a significant relationship for all the groups ($p < 0.001$) except functional dysfunctions and physical agents.

The value of the radiology in the classification of patients was useful ($p < 0.0001$) in the spondyloarthropathy groups and anomalies of the development, it didn't have value ($p < 0.0001$) in functional dysfunctions and physical agents. Orientation value as possible-probable case ($p < 0.0001$) in the degenerative modifications groups and bony metabolic illnesses.

Conclusion 1. Radiological signs predictor of classification are the sclerosis and the ankylosis of sacroiliac joint for the inflammatory illnesses, spondylolysis/spondylolisthesis for anomalies of the development and increase of the discal space for metabolic bony illnesses. 2. The radiology is useful to classify in the inflammatory illnesses and anomalies of the development, it hasn't value in the functional dysfunctions groups and alterations for physical agents, it has an orientation value in degenerative modifications groups and bony illnesses. 3. A 15% of the cases have bony alterations that aren't related with the symptomatology and the diagnosis.

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FRI0233 LOW BACK PAIN FROM "THE JOINT AND BONE DECADE PERSPECTIVE"

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Background Low back pain (LBP) is a common health problem yet it still raises controversies about rationales for appropriate and cost effective management. LBP burden is reported to be higher in developing compared to developed countries in the absence of an adequate work leave compensation system.

Objectives Estimate LBP prevalence, assess risk factors and evaluate the impact in term of work leave.

Methods Three observational studies were conducted between 1997 and 1999. The first was population based on a random sample of 1035 adults asked to report on LBP over the past week. The second was conducted among nursing profession