

## Effect of Spinal Exercises and Epidural Injections in Chronic Low Back Pain

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### Abstract

**Aim:** Effect of Spinal Exercises and Epidural Injections in Chronic Low Back Pain **Method:** A total of 50 patients were given epidural injection with 18 males and 32 females. The patient who was included in the study should be diagnosed be chronic low back pain with or without radicular pain, age group 19-70 years, should have pain more than three months. The outcome measures were pain scale and Ronald Morris Disability Questionnaire for pain and disability respectively. **Results:** The result suggested that there is significant decrease in the pain, after the injection at all points, when follow up were taken after one month, after three months and after six months with p value <0.0001. Also, there are significant results for RMDQ showing decrease in disability after injection at all the points, when follow up were taken after one month, after three months, after six months with p value =0.0001. **Conclusion:** The study concluded that epidural steroid injections along with spinal exercises were effective in reducing pain and disability in chronic low back pain patient.

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### Introduction

Low back pain (LBP) is one of the most common public health problems worldwide with a leading cause of activity limitation. In India, the incidence of LBP has been reported to be 23.09% and has a lifetime prevalence ranges between 6.2% (general population) to 92% (constructional workers) (Bindra et al, 2015; Thakur & Mahapatra, 2015). It is more prevalent among women as compared to men and incidence increases with age. It is estimated that about 60-80% of population have LBP at some point in their life and it affects all ages (EL Desoky). The etiological factors usually contributes to LBP are altered lifestyle, increased tensions in life, lack of physical exercises, prolonged sedentary lifestyle, occupation which requires prolong sitting hours as in computer professionals, bad postures, overeating, heavy weight lifting (Wheeler & Murrey, 2005). LBP has classified on the basis of: pathoanatomy, presence or absence of specific signs or symptoms, duration of symptoms (acute, sub acute or chronic), work status, diagnostic testing, patient history,