Does your back tell you a different story?

The only way for back problems to be minimised in the profession is by ongoing research and educating the dental team, says Dr RJJ Pilkington

A bad back in dentistry is something that most of the profession will experience. Why does the profession suffer so much? You only have to look at their working posture with distortion occurring at cervical and lower lumbar region with thoracic rotation and shoulder abduction. A colleague, who works on my back care courses, refers to it as the “static golfer’s posture”. However, that’s before you even factor in the strains of day-to-day living. So if spending all that time in your surgery bent over the patient, followed by 18 holes of golf, two hours weeding the garden and continuously poor lifting of the children in the wrong way hasn’t already taken its toll, then it’s only a matter of time before your back starts to tell you a different story.

Biomechanical research over the last few years has started to shed light on what happens to backs when they fail and then you the sufferer can end up as a chronic back pain sufferer. Chronic back pain sufferers usually have poor body/spinal awareness and have left their backs take the brunt of everyday living. The body’s tissues have viscoelastic properties, tissue creep and muscle memory. So if you can no longer put your hands behind your head it is probably because the muscles have shortened too much and their muscle memory is therefore set to move only at that range of movement.

Some interesting results

I initiated at the Biomechanical Engineering Department, University of Newcastle a pilot study into the poor working postures of dental students and to date the findings have been enlightening. The results of the pilot study performed on a group of dental students’ pre and post ergonomically trained are to be published later this year.

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In the picture above (Fig. 1), the operator is performing the dental task by direct vision as a means to perform the dental procedure more easily. Unfortunately, this is placing considerable stresses on the spinal tissues. How many procedures will it take for the practitioner to work like this before musculoskeletal symptoms are experienced?

Therefore the pilot study is basically a computer motion analysis. The computer motion analysis of the posture can be recreated throughout the time it takes for the practitioner to perform the dental task. This can be compared to postures where ergonomic interventions are integrated so that the practitioner performs the same task but this time in a better posture and sparing the delicate spinal tissues.

To give an idea of the posture the students typically adopted in the study pre ergonomically trained is in Fig 2.

For the students performing the same task with ergonomically designed equipment and teaching their posture is shown in Fig 3.

The study showed how the vulnerable areas of the spinal tissues in the lower cervical region and lumbar spine are spared and hopefully may prolong your career without having to prematurely retire due to musculoskeletal symptoms.

For more information on the research at the University of Newcastle or to learn more about ergonomic teaching and back care courses for the dental team contact Dr Pilkington at “Happy Backs Limited” for more details either of (01672) 541295 or visit our website www.happybacks.co.uk.