

LOW BACK PAIN AMONG MOTORCYCLISTS VISITING GUJRANWALA TEACHING HOSPITAL (GMCTH) OPD: A CROSS- SECTIONAL STUDY

Dr Asif Yousaf¹, Dr Ali Raza², Dr Irfan Ullah³, Dr Salman Uppal⁴, Dr Nabeel Yazdani⁵,
Dr Syed Asif Ali^{*6}, Dr Tayyab Shoaib⁷, Sidratul Muntaha⁸

¹Post Graduate Resident Orthopedics Gujranwala Medical College Teaching Hospital, Pakistan

^{2,5}Senior Registrar, Department of Orthopedics, Gujranwala Teaching Hospital, Gujranwala

³Lecturer Orthopedics, Khyber Medical University, Peshawar, Pakistan

⁴Senior Registrar, Orthopedics Department, Gujranwala Medical College, Gujranwala, Pakistan

^{*6}Professor and Hod, Department of Orthopedics, Gujranwala Teaching Hospital, Gujranwala, Pakistan

⁷Assistant Professor, Department of Orthopedics, Gujranwala Teaching Hospital, Gujranwala, Pakistan

⁸Department of Zoology, University of Peshawar, Pakistan

¹asifusafmarwat@gmail.com; ^{*6}asifusafmarwat@gmail.com

ABSTRACT

Objective: Determine the prevalence of low back pain (LBP) among motorcycle riders who come to the GMCTH OPD.

Methods: This cross-sectional study was carried out among Gujranwala locals who were visiting the GMCTH OPD in Pakistan. Included were all male bikers who ride motorcycles. Data was gathered using an organized questionnaire. Data on low back pain, the most common riding posture, position changes, visits to a consultant for LBP, deviations from normal routine, decreased physical activity in the past year, decreased leisure activity due to LBP, and LBP in the previous week were gathered.

Results: The mean age of the 100 participants was 22 years. 65 BIKERS, or 65%, reported having LBP. when 33 (33%) reported bending forward when riding, the majority of riders (n = 67, 67%) reported maintaining an upright posture. It was also discovered that the commonly altered location was mostly higher, i.e. (n=87, 87%). There was a significant correlation found between LBP and age (p-value 0.003), daily motorbike time (p-value 0.005), and frequency of position changes (p-value 0.003).

Conclusion: In summary, low back pain is prevalent among motorcycle riders. People who ride motorcycles and experience low back discomfort were shown to have significantly greater levels of age, daily riding time, and posture changes.

INTRODUCTION

Low back pain (LBP) is a condition that originates in the lower back area and can affect one or both legs. It can be acute or chronic, ranging from dull constant pain to abrupt severe pain that prevents the person from functioning normally. Motorbikes are perceived as a basic mode of transportation in lower and middle class individuals due to their

many benefits, such as low fuel consumption and ease of movement in traffic jams. Several studies have found that bike riders experience higher levels of LBP (5–11). A literature review has revealed that factors that are non-modifiable include low physical activity, overweight, smoking, and drug abuse.

The Research of Medical Science Review

Low back pain (LBP) is a major health problem and two third of the adult population suffer from LBP at some time in their lives and approximately 12% to 44% of people have LBP at any given time (22) in their lives with an estimated point prevalence of 33% among office workers (23). Because of high variation in clinical characteristics, lack of consensus over diagnostic criteria or clinical classification, wide variation in course and prognosis, and limited success in finding effective treatments, LBP manifests itself a big challenge for clinicians and researchers. However, new research has generated a wealth of evidence on the epidemiology, prognosis, and treatment of back pain (24).

Comparing the prevalence of LBP between populations has become more challenging over time due to considerable methodological heterogeneity across studies and difficulties in obtaining true population estimates. Instead of incidence, remission and duration, prevalence of LBP has been found more in the literature (25). Particularly, long-term use of motorbikes exposed the drivers to musculoskeletal problems, such as low backache, spinal damage, and disc prolapse. We conducted a study among residents of Gujranwala visiting GMCTH OPD who ride motorcycles and investigated the frequency of LBP and its risk factors in these individuals. It has been reported that pressure within the lower back disc can be more serious while sitting than standing, and motorcyclists are regularly in the sitting position while riding the 12, 13, and therefore they are most at risk for LBP.

METHODS: From August 2022 to December 2022, a cross-sectional study was conducted in the GMCTH OPD in Gurrnwala, Pakistan. Male residents who ride motorcycles for at least two hours a day made up the research population. Non-consenting motorcyclists and medical students with spinal abnormalities were not allowed. The sample size was estimated using the Epi Info Sample Size Calculator. assuming a 65% LBP frequency and a 7% error margin. We had to round down the initial sample size of 101 to 100. The 100 respondents were chosen using the purposive sample method. Data was gathered using an organized questionnaire.

Data on low back pain were gathered, including the most common riding posture, position changes, visits to a consultant for LBP, deviations from regular routine, decreased physical activity in the last year, decreased leisure activities owing to LBP, and LBP in the previous week. After outlining the goals and advantages of the study, each participant who rides a motorcycle signed an informed consent form. SPSS version 21 was utilized for data entry and analysis. When it came to qualitative characteristics like the presence of LBP, frequency and percentages were given. The connection between LBP and independent variables such as age, gender, marital status, educational attainment, most common riding posture, and change in posture was examined using the Chi-square test. P-value less than 0.05 is deemed significant.

All procedures were carried out in compliance with the Helsinki Declaration of 1975, as amended in 2008, and the ethical requirements of the national and institutional responsible committee on human experimentation.

RESULTS: One hundred motorbike riders took part in the research. It was discovered that 65 (65%) of the residents had LBP often. (TABLE 1) More prevalent among unmarried (GRAPH2). statistics also show more participants were undergraduate (GRAPH 3). There was a significant correlation found between LBP and the cyclists' age (p-value 0.033) and daily riding time (p-value 0.005). Specifically, LBP was seen to be higher in riders who rode their bikes for longer periods of time each day than in riders who rode for shorter periods of time, 2.61 ± 1.28 and 2.11 ± 1.05 , respectively. Additionally, it was shown that motorcycle riders with LBP changed positions much more frequently (n=78, 78%) than non-LBP riders (n=23, 23%; p-value = 0.003) (GRAPH 3).

DISCUSSION. This study calculates the frequency of Gujranwala residents attending GMCTH GRW Pakistan. Nearly half of the recruited patients in this study had LBP, which is comparable to a study done in Ilesa, Nigeria, which found 41% of the population had LBP but that study's target demographic was commercial motorcycle riders.³⁵ Another study, which involved staff

The Research of Medical Science Review

members in a rural hospital in Nigeria, discovered that 46% of participants had an overall prevalence rate of LBP, with 20% of participants being drivers.¹⁶

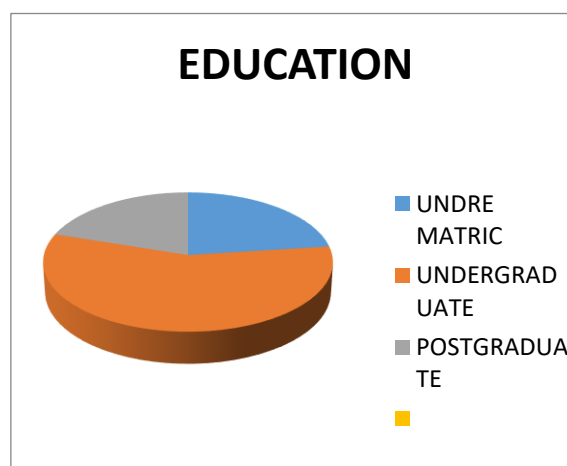
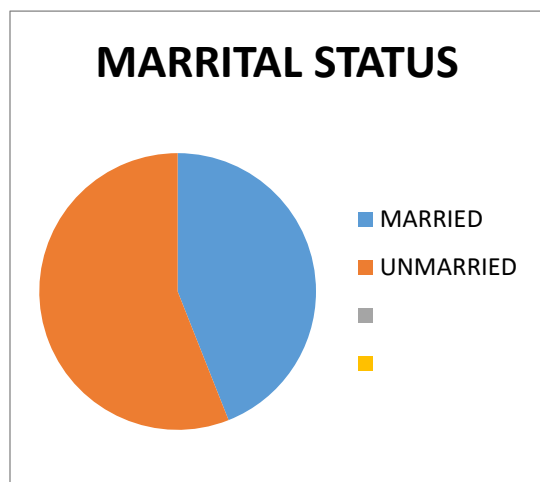
Furthermore, a study carried out in June 2013 in Dhaka, Bangladesh discovered that the prevalence of low back pain (LBP) in car drivers over the age of 40 was 4.67 times higher than that of those between the ages of 25 and 40.¹⁷ Another study conducted in India among non-occupational motorcyclists in 2017 revealed that younger non-occupational motorcyclists experienced LBP more frequently as compared to those who were more experienced because they were less likely to get injured while riding a motorcycle.⁵ In the current study, significant statistical associations exist between LBP and age of participants, sitting position, changing position while riding, and time durations per motorcycle per day.

Participants in this study who rode motorcycles for longer periods of time were more likely to experience lower back pain (LBP). This could be because sustained posture for longer than 30 minutes reduces muscle power, which leads ligaments and joint capsules to less flexibility and less stability, resulting in structural deformities.¹⁸ These results are consistent with a previous study that found participants who drove for more than seven hours a day, or 8 to 16 hours a day, were more likely to experience LBP than those who drove for one to seven hours a day. However, that study involved car drivers, not motorcycle riders.¹⁷ Ogundele et al. conducted a study in

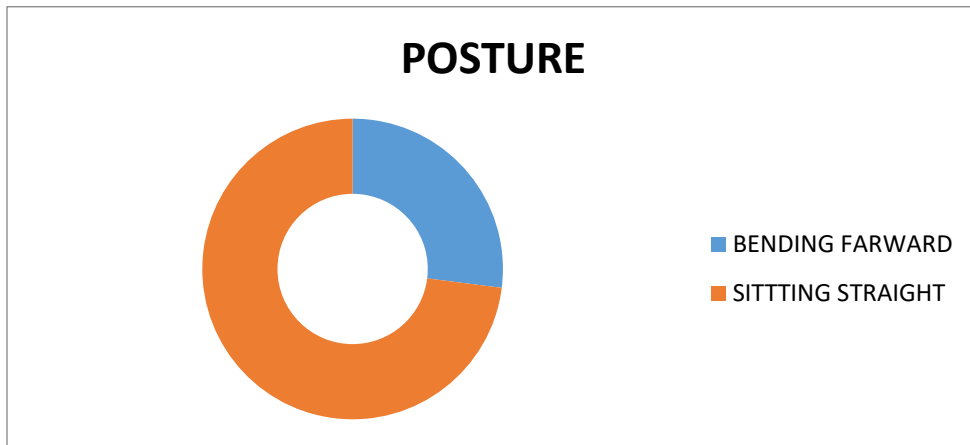
Nigeria and reported that a higher percentage of full-time commercial motorcyclists who worked for more than eight hours a day experienced LBP.

Because of their low back pain, the majority of the motorcycle riders in this study shifted positions more frequently while riding. This may have been brought on by the discomfort they felt while seated on the motorcycle.³² Additionally, a significant number of study participants experienced low back pain as a result of bending forward when seated while riding. This indicator, however, was not significantly linked to low back pain. Numerous studies have documented the connection between forward trunk flexion and lumbar spine flexion in individuals who sit for extended periods of time (19–20). These factors may be the cause of low back pain in motorcycle riders who ride for extended periods of time while maintaining a flexed posture.² But a prior study discovered that bending forward when biking was linked to LBP in a higher percentage of subjects than riding upright. Consequently, it is essential to instruct motorcycle riders on the appropriate sitting posture.³⁵

This result is consistent with another earlier study that discovered that prolonged lumbar spine loading on the vertical axis causes sustained compression on the spinal discs by exhausting the back muscles. When a disc becomes compressed, it may not be able to support heavier weights. Additionally, applying sudden pressure while stopping a motorcycle can result in significant spinal trauma.⁵



The Research of Medical Science Review



GRAPH 3

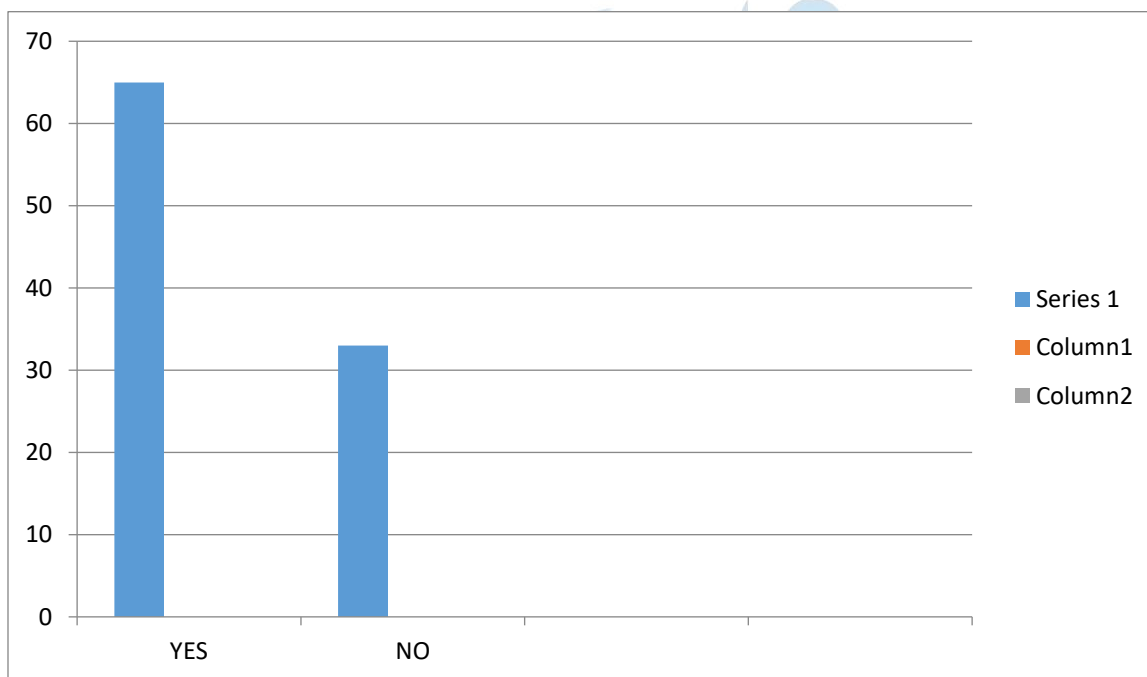


TABLE 1

CONCLUSION

The RESULTS of our study has shown remarkable number of bikers who ride motorcycle had pain in lower back region. The most common factor observed in the current study was time spent on riding motorcycle. Moreover, frequent change in the posture while riding was also reported by

majority of the motorcyclists. Educational programs are much needed to create awareness among the bikers about above mentioned risk factors of LBP. long working hours, play a significant role in developing LBP among bikers . Moreover, several factors, including age, chronic illness, obesity, and physical activity, should be

The Research of Medical Science Review

taken into account in the prevention of LBP in motorcyclists

REFERENCES

- Bovenzi M, Rui F, Negro C, D'Agostin F, Angotzi G, Bian-chi S, et al. An epidemiological study of low back pain in professional drivers. *J Sound Vib* 2006;298:514-39.
- Palmer K, Griffin M, Syddall H, Pannett B, Cooper C, Coggon D. The relative importance of whole body vibration and occupational lifting as risk factors for low-back pain. *Occup Environmen Med* 2003;60:715-21.
- Bridges SL. National institute of arthritis and musculoskeletal and skin diseases. *Arthritis Res Ther* 2000;2:0003.
- Shirado O, Ito T, Kaneda K, Strax TE. Flexion-relaxation phenomenon in the back muscles. A comparative study between healthy subjects and patients with chronic low back pain. *American J Phys Med Rehab* 1995;74:139-4
- Prasanna KJ, Narendrakumar J, Manivannan M, Sivakumar V. Prevalence of musculoskeletal disorders among non-occupational motorcyclists. *Int J Pharma Bio Sci* 2017;8:552-6.
- Karuppiyah K, Salit MS, Ismail MY, Ismail N, Tamrin S. Evaluation of motorcyclist's discomfort during prolonged riding process with and without lumbar support. *Anais da Academia Brasileira de Ciências*. 2012;84:1169-88.
- Arsalani N, Fallahi - Khoshknab M, Josephson M, Lagerström M. Musculoskeletal disorders and working conditions among Iranian nursing personnel. *Int J Occup Saf Ergon* 2014;20:671-80.
- Vindigni D, Walker B F, Jamison J R, Da Costa C, Parkinson L, Blunden S. Low back pain risk factors in a larger rural Australian Aboriginal community. An opportunity for managing comorbidities? *Chiropr Osteopat* 2005;13:21.
- Nazeer M, Rao SM, Soni S, Ravinder M, Ramakranthi T, Bhupati S. Low back pain in South Indians: causative factors and preventive measures. *Sch J App Med Sci* 2015;3:234-43.
- Johnson OE, Emmanuel E. Prevalence and risk factors of low back pain among workers in a health facility in South-South Nigeria. *Br J Med Med Res* 2016;11:1.
- Hartvigsen J. Risk factors for low back and neck pain: An introduction to clinical epidemiology and a review of commonly suspected risk factors. *Principles & Practice of Chiropractic*: McGraw-Hill; 2004. 465-83.
- Amrutkar AS, Rajhans NR. Ergonomic posture for motorcycle riding. In *Conference Paper* 2011.
- Karmegam K, Ismail M, Sapuan S, Ismail N, Shamsul Bahri M, Shuib S, et al. A study on motorcyclist's riding discomfort in Malaysia. *Engineering e-Transaction* 2009;4:39-46.
- Patel T N. Evaluation of driving - related musculoskeletal disorders in motorbike riders using Quick Exposure Check (QEC). *Biomed Res (0970-938X)*. 2017;28.
- Ogundele OA, Afolabi OT, Fehintola FO, Olorunsola A, Adelosoye A. Prevalence and Management Practices of Low Back Pain Among Commercial Motorcyclists in Ilesa Southwest, Nigeria. *Science* 2017;5:186-91.
- Sanya AO, Omokhodion F, Ogwumike O. Risk factors for low back pain among hospital workers in Ibadan, Oyo State, Nigeria. *J Niger Soc Physiother* 2009;15:31-4.
- Nahar BN, Ashan G, Khan NA. Prevalence of low back pain and associated risk factors among professional car drivers in Dhaka city, Bangladesh. *WHO South East Asia J Public Health* 2012;2:60-3.
- Wojcik R, Trybulec B. Occurrence and intensity of spinal pain in motorcyclists depending on motorcycle type. *Cent Eur J Sport Sci Med* 2017;20:81-91.
- Burnett AF, Cornelius MW, Dankaerts W, OSullivan PB. Spinal kinematics and trunk muscle activity in cyclists: a comparison between healthy controls and non-specific chronic low back pain subjects—a pilot investigation. *Man Ther* 2004;9:211-9.

The Research of Medical Science Review

Van Hoof W, Volkaerts K, O'Sullivan K, Verschueren S, Dankaerts W. Comparing lower lumbar kinematics in cyclists with low back pain (lexion pattern) versus asymptomatic controls—field study using a wireless

posturemonitoringsystem. *ManTherapy* 2012;17:312-7.

Marsden M. Lower back pain in cyclists : A review of epidemiology, pathomechanics and risk factors. *Int J Sport Med* 2010;11:216-25

Koes B, Van Tulder M. Acute low back pain. *American family physician.* 2006; 74(5):803-5. PMID: 16970025

Spyropoulos P, Papathanasiou G, Georgoudis G, Chronopoulos E, Koutis H, Koumoutsou F. Prevalence of low back pain in Greek public office workers. *Pain Physician.* 2007; 10(5):651. PMID: 17876361

Hoy D, Bain C, Williams G, March L, Brooks P, Blyth F, et al. A systematic review of the global prevalence of low back pain. *Arthritis & Rheumatism.* 2012; 64(6):2028–37. doi: 10.1002/art.34347

Walker BF. The prevalence of low back pain: A systematic review of the literature from 1966 to 1998. *Journal of Spinal Disorders.* 2000; 13(3):205–17. doi: 10.1097/00002517- 200006000-00003

