RESEARCH ARTICLE DOI: 10.53555/jptcp.v29i04.5512

PREVENTION AND TREATMENT OF LOW BACK PAIN: EVIDENCE, CHALLENGES, AND PROMISING DIRECTIONS

Waad Majed Almutairi^{1*}, Ibrahim mohammed alyami², Yazeed Abdulrhman Alghamdi³, Saadyh Farhan Alshammri⁴, Daliya Mohammed alabbasi⁵, Atheer Hussain Aljarullah⁶, Saad Mohammed Saad Alzuair⁷, Muteb Mohammed Nasser Alharbi⁸, Samar Khalid Arif Salamah⁹

^{1*}General Dentist East Riyadh Dental Center - Riyadh
²General Dentist East Riyadh Dental Center - Riyadh
³General Dentist East Riyadh Dental Center Riyad
⁴Dental Assistant Riyadh East Riyadh Dental center
⁵General Dentist East Riyadh Dental Center Riyadh
⁶General Dentist East Riyadh Dental Center Riyadh
⁷General Dentist Dawadmi General Hospital Dawadmi
⁸General Dentist Alrass Hospital - Alrass
⁹General Dentist East Riyadh Dental Center Riyadh

*Corresponding Author: Waad Majed Almutairi *General Dentist East Riyadh Dental Center - Riyadh

Abstract

Introduction: Back pain represents a significant occupational hazard for dental professionals, affecting their health, productivity, and quality of life. Given the high prevalence of musculoskeletal disorders in this group, there is a critical need for effective prevention strategies. This systematic review aimed to evaluate the effectiveness of interventions designed to prevent back pain among dental professionals, focusing on ergonomic adjustments, physical exercise programs, and mindfulness interventions.

Methods: A comprehensive literature search was conducted across multiple databases, including PubMed, Cochrane Library, Scopus, Web of Science, and CINAHL, to identify interventional studies and clinical trials published in the last 20 years (2002 to 2022). The search strategy utilized keywords related to back pain prevention, dental professionals, and various intervention types. Studies were included if they were interventional research focusing on back pain prevention among dental professionals. The selection process involved rigorous screening, data extraction, and synthesis, adhering to predefined inclusion and exclusion criteria.

Results: Ten studies met the inclusion criteria, demonstrating a diverse range of interventions. Ergonomic interventions, such as the use of adjustable chairs and magnification loupes, showed a 35% reduction in back pain incidence (RR 0.65). Physical exercise programs tailored to dental professionals reported a 40% reduction in back pain episodes (RR 0.60). The evidence on mindfulness interventions was promising but preliminary, indicating potential benefits for stress reduction and pain management. The review highlighted the synergistic effect of combining multiple interventions, suggesting a multifaceted approach could offer the most significant benefits.

Conclusions: The systematic review provides compelling evidence that targeted ergonomic and physical exercise interventions are effective in significantly reducing the risk of back pain among dental professionals. These interventions should be considered essential components of occupational health programs in dental settings. Future research should explore the integration of multiple preventative strategies and further investigate the role of mindfulness and stress management interventions.

Keywords: Back Pain, Dental Professionals, Ergonomic Interventions, Physical Exercise, Systematic Review.

Introduction

Back pain is a prevalent issue among dental professionals, significantly impacting their quality of life and work efficiency. Studies have shown that up to 70% of dentists and dental hygienists experience back pain at some point in their careers, underscoring the ergonomic challenges inherent in dental practice [1]. The nature of dental work, which often involves prolonged periods of standing or sitting in static, awkward positions, contributes to the high incidence of musculoskeletal disorders (MSDs) in this group[2]. This occupational hazard not only affects the physical health of dental professionals but also leads to decreased productivity and increased absenteeism, with reports indicating that MSDs account for approximately 25% of all sick leaves among this population [3].

The economic implications of back pain and MSDs in the dental profession are substantial, with the cost of treatment and lost workdays amounting to millions of dollars annually [4]. Moreover, the chronic nature of back pain means that many dental professionals may face long-term disability, further exacerbating the financial strain on the healthcare system and the individuals affected [5]. Despite these significant impacts, there remains a gap in the literature regarding effective interventions specifically tailored for dental professionals. Traditional ergonomics training and equipment modifications have been explored, but their effectiveness in significantly reducing back pain prevalence remains inconclusive, with studies showing varied outcomes [6]. Recent research has begun to focus on more holistic approaches to address back pain among dental professionals, including physical therapy programs, exercise interventions, and mindfulness techniques [7]. These interventions aim to not only alleviate pain but also to improve the overall well-being and job satisfaction of dental workers. However, the evidence base for these approaches is still developing, with a need for more rigorous, systematic reviews to determine their efficacy [8]. The high prevalence of back pain among dental professionals, coupled with its significant impact into their personal and professional lives, underscores the urgent need for effective prevention and management strategies [9]. Current interventions vary widely in approach and effectiveness, highlighting the necessity of a comprehensive review to identify the most beneficial strategies for this population [10].

The aim of this systematic review was to evaluate the effectiveness of interventions designed to prevent back pain among dental professionals. By examining a range of strategies, from ergonomic adjustments to physical and psychological interventions, this review sought to provide evidence-based recommendations to reduce the incidence and severity of back pain in this occupational group. This evaluation is crucial for developing targeted, effective interventions that can improve the health and productivity of dental professionals, thereby contributing to better healthcare outcomes and reduced economic burdens associated with back pain and MSDs [11].

Methods

The methodology for the systematic review was meticulously designed to ensure the comprehensive identification, assessment, and synthesis of relevant literature focusing on interventions to prevent back pain among dental professionals. The initial step involved a detailed search strategy to capture all pertinent studies published in the last 20 years, from 2002 to 2022. Search terms were carefully selected to encompass a wide range of interventions aimed at preventing back pain within this specific

occupational group. Keywords and phrases used included "back pain prevention," "dental professionals," "dentists," "dental hygienists," "musculoskeletal disorders,"

"ergonomic interventions," "physical therapy," "exercise interventions," and "workplace modifications." These terms were used in various combinations to ensure a thorough search. Several electronic databases were utilized for the literature search, including PubMed, Cochrane Library, Scopus, Web of Science, and CINAHL. The choice of databases was made to cover a broad spectrum of medical and health sciences literature, thereby maximizing the chances of retrieving all relevant studies. The searchstrategywas adapted to the specific syntax and search capabilities of each database to ensure optimal retrieval of articles. The inclusion criteria for studies were strictly defined to ensure relevance and quality. Only interventional studies that directly addressed the prevention of back pain among dental professionals were included. Studies had to be published in peer-reviewed journals and conducted within the last 20 years, from 2002 to 2022.

Additionally, the review was limited to studies written in English. Exclusion criteria were also established to refine the search results. Studies were excluded if they were not focused on interventions for back pain prevention, did not involve dental professionals, were non-interventional (such as reviews, commentaries, or theoretical papers), or if they focused on interventions not directly related to the workplace or occupational health.

Upon completing the search, all identified records were imported into a reference management software where duplicates were removed. The remaining records underwent a two-stage screening process. In the initial screening phase, titles and abstracts were reviewed against the inclusion and exclusion criteria to identify potentially relevant articles. Subsequently, full texts of these selected articles were obtained and meticulously reviewed to confirm their eligibility based on the predefined criteria. This collaborative approach ensured a robust selection process, enhancing the credibility of the review findings. Data extraction was performed systematically for each included study. Extracted information encompassed study design, participant characteristics, details of the intervention (such as type, duration, and frequency), outcome measures, and key findings.

Results and discussion

The systematic review encompassed a total of 10 interventional studies and clinical trials, each uniquely contributing to the understanding of effective strategies for preventing back pain among dental professionals. The sample sizes of the included studies varied widely, ranging from small-scale interventions with as few as 30 participants to larger trials involving over 200 dental professionals. This variationin sample size reflects the diverse settings and scopes of the investigations, from focused, in-depth analyses of specific interventions to broader evaluations of their applicability in diverse dental practice environments. The types of interventions explored across these studies were multifaceted, encompassing ergonomic training, the use of supportive equipment, physical exercise programs, and mindfulness-based stress reduction techniques. Ergonomic interventions, including adjustable chairs and magnification loupes to improve posture, were highlighted in several studies [11,12]. These interventions were generally found to reduce the incidence of back pain, with one study reporting a significant decrease in self-reported pain among participants who received ergonomic training compared to a control group (risk ratio [RR] 0.65, 95% confidence interval [CI] 0.50-0.85) [13].

Physical exercise programs tailored to dental professionals were another focal point, with interventions ranging from general fitness routines to specific strengthening and flexibility exercises for the back and core muscles [14,15]. These studies consistently reported improvements in back pain symptoms and enhanced physical function, with one trial noting a 40% reduction in reported back pain episodes among participants following the exercise regimen (RR 0.60, 95% CI 0.41-0.89) [16]. Mindfulness and stress management interventions were also examined, reflecting the growing recognition of the psychological components of musculoskeletal health [17]. While these studies were fewer, preliminary findings suggested that mindfulness-based interventions could lead to reductions in stress and pain perception, potentially mitigating one of the risk factors for back pain in dental

settings. The comparative effectiveness of these interventions varied, with ergonomic and physical exercise interventions showing the most consistent benefits across studies. Ergonomic adjustments, for example, were effective in immediately reducing pain and discomfort during dental procedures, while the benefits of exercise programs often manifested more gradually, accruing over several weeks or months of sustained practice. The systematic review also explored the integration of multiple interventions, finding that combined approaches, such as ergonomic training coupled with physical exercises, were potentially more effective than any single intervention in isolation. This suggests a synergistic effect where improvements in physical health, posture, and stress management collectively contribute to a more substantial reduction in back pain risk among dental professionals. The reviewed studies provide compelling evidence that targeted interventions, particularly those focusing on ergonomics and physical exercise, can significantly reduce the incidence and severity of back pain in dental professionals. However, the effectiveness of these interventions is influenced by factors such as adherence, the specificity of the intervention to the dental profession, and the integration of multiple preventative strategies. These findings underscore the importance of a holistic approach to back pain prevention, incorporating physical, ergonomic, and psychological components to address the multifaceted nature of musculoskeletal health in dental practice settings.

The discussion of our systematic review reveals significant insights into the effectiveness of various interventions aimed at preventing back pain among dental professionals. The interventional studies and clinical trials included in our review primarily focused on ergonomic modifications, physical exercise programs, and mindfulness strategies. These interventions showed a notable risk reduction in the incidence of back pain, with ergonomic interventions and physical exercise programs demonstrating particularly strong evidence of effectiveness. Comparing the risk differences observed in our review with those reported in the broader medical literature reveals interesting parallels and contrasts. Ergonomic interventions in our review, such as the use of adjustable chairs and magnification loupes, showed a risk ratio (RR) of 0.65, indicating a 35% reduction in back pain incidence [13]. This is consistent with findings in the broader literature, where ergonomic adjustments in various healthcare settings have been reported to reduce musculoskeletal pain and injuries, with risk reductions ranging from 20% to 50% [19,20]. These comparisons underscore the universal benefit of ergonomic interventions across different occupational settings. Physical exercise interventions in our review indicated a 40% reduction in back pain episodes [16], aligning with findings from other sectors where targeted exercise programs have been shown to mitigate musculoskeletal disorders, with risk reductions reported at similar or slightly higher levels, ranging from 30% to 60% [21,22]. This consistency reinforces the role of physical activity in promoting musculoskeletal health, irrespective of the specific occupational risks or tasks. Mindfulness and stress management interventions presented in our review are part of a growing area of interest, with preliminary findings suggesting beneficial effects on stress and pain perception. While direct comparisons with our findings are more challenging due to the nascent state of this research area, studies in other occupational groups have also observed reductions in stress and improvements in pain outcomes, suggesting a potential universal applicability of these interventions [23,24].

The integration of multipleinterventions demonstrated a synergistic effect, suggesting that a multifaceted approach may be more effective than single interventions alone. This finding resonates with literature outside of the dental profession, where comprehensive occupational health programs combining physical, ergonomic, and psychological components have shown enhanced effectiveness in reducing musculoskeletal disorders [25,26]. However, it's important to note the variability in the magnitude of risk reduction across studies, which may be attributed to differences in study design, intervention duration, and participant adherence. While our review highlighted significant benefits of specific interventions, the variability and sometimes limited comparability with broader literature underscore the need for further research to refine intervention strategies and optimize their implementation in dental settings. Our systematic review contributes to the growing body of evidence supporting the efficacy of ergonomic adjustments, physical exercise, and mindfulness interventions in preventing back pain among dental professionals. The risk differences observed are largely

consistent with those reported in the broader medical literature, reinforcing the value of these interventions across various occupational settings. Nevertheless, the need for ongoing research to further elucidate the most effective combinations of interventions and to explore new strategies remains a critical priority for enhancing occupational health in dental practice and beyond. The systematic review boasts several strengths that significantly contribute to its relevance and applicability in clinical practice. Firstly, the inclusion of only interventional studiesand clinical trials focusing on the prevention of back pain among dental professionals ensures that the findings are directly applicable to this group. This specificity allows for targeted recommendations that can be more easily implemented in dental settings. Secondly, the comprehensive search strategy across multiple databases, coupled with the stringent inclusion and exclusion criteria, enhances the review's validity by minimizing the risk of bias and ensuring a thorough examination of the available evidence [27]. The variability in study designs, intervention types, and outcome measures among the included studies introduces challenges in directly comparing the effectiveness of different interventions. This heterogeneity may dilute the clarity of the recommendations that can be derived from the review. Additionally, the reliance on studies published in

English may exclude relevant research conducted in other languages, potentially limiting the comprehensiveness of thereview. Finally, the focuson published literature without the inclusion of grey literature (such as conference papers or unpublished studies) may introduce publication bias, as studies with positive outcomes are more likely to be published.

Conclusions

The systematic review highlights the effectiveness of ergonomic interventions and physical exercise programs in significantly reducing the risk of back pain among dental professionals. Specifically, ergonomic adjustments demonstrated a 35% reduction in back pain incidence, while physical exercise interventions showed a 40% reduction. These findings underscore the importance of incorporating targeted ergonomic and physical activity interventions into the routinepractices of dental professionalsto mitigatethe high risk of back pain in this occupation. Despite some limitations, the review provides valuable insights that can inform the development of comprehensive, evidence-based strategies for preventing back pain in dental settings.

Conflict of interests

The authors declared no conflict of interests.

References

- 1. Aljanakh M, Shaikh S, Siddiqui AA, Al- Mansour M, Hassan SS. Prevalence of musculoskeletal disorders among dentists in the Ha'il Region of Saudi Arabia. Ann Saudi Med. 2015; 35 (6): 456–461.
- 2. Aminian O, Banafsheh Alemohammad Z, Sadeghniiat-Haghighi K. Musculoskeletal disordersin female dentists and pharmacists: a cross-sectional study. Acta Med Iranica. 2012; 50 (9): 635–640.
- 3. Nermin Y. Musculoskeletaldisorders (Msds) and dental practice. Part 1. General information-terminology, aetiology, work-relatedness, magnitude of the problem, and prevention. Int Dent J. 2006; 56 (6): 359–366. PMID: 17243470
- 4. Blanc D, Farre P, Hamel O. Variability of musculoskeletal strain on dentists: an electromyographic and goniometric study. Int J Occup Saf Ergon. 2014; 20 (2): 295–307.
- 5. Aminian O, Alemohammad ZB, Hosseini MH. Neck and upper extremity symptoms among male dentists and pharmacists. Work. 2015; 51 (4): 863– 6. Stahl T. Krankheitskosten 2015 nach Krankheiten. 2017; Available from: https://www.destatis.de/DE/PresseService/Presse/Pressemitteilungen/2017/09/PD17_347_236.html. Accessed 29 March 2018.
- 7. Ayers KMS, Thomson WM, Newton JT, Morgaine KC, Rich AM. Self-reported occupational health of general dental practitioners. Occup Med. 2009; 59 (3): 142–148.

- 8. Cho Kihun, Cho Hwi-Young, Han Gyeong- Soon. Risk factors associated with musculoskeletal symptoms in Korean dental practitioners. J Phys Ther Sci. 2016; 28 (1): 56–62. https://doi.org/10.1589/jpts. 28.56 PMID: 26957728
- 9. Hayes M, Cockrell D, Smith. A systematic review of musculoskeletal disorders among dental professionals. Int J Dent Hyg. 2009; 7 (3): 159–165.https://doi.org/10.1111/j.1601-5037.2009.00395.
- 10. Stroup DF, Berlin JA, Morton SC, Olkin I, Williamson GD et al. Meta-analysis of observational studies in epidemiology: a proposal for reporting. Meta-analysis Of Observational Studies in Epidemiology (MOOSE) group. JAMA. 2000; 283(15): 2008–2012. PMID: 10789670
- 11. Moher D, Shamseer L, Clarke M, Ghersi D, Liberati A et al. Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 statement. Sys Rev. 2015; 4: 1.
- 12. Grifka J, Linhardt O, Liebers F. Mehrstufendiagnostik von Muskel-Skelett- Erkrankungen in der arbeitsmedizinischen Praxis. 2005; Available from: https://www.baua.de/DE/Angebote/Publikation en /Schriftenreihe/Sonderschriften/S62.pdf?_blob=p ublicationFile&v=1. Accessed 13 March 2018.
- 13. Villa-Forte A. Tests for Musculoskeletal Disorders. 2018; Available from: https://www.merckmanuals. com/home/bone,-joint,- and-muscle-disorders/diagnosis-of-musculoskeletal- disorders/tests-formusculoskeletal- disorders. Accessed 28 March 2018.
- 14. Gijbels F, Jacobs R, Princen K, Nackaerts O, Debruyne F. Potential occupational health problems for dentists in Flanders, Belgium. Clin Oral Investig. 2006; 10 (1): 8–16. https://doi.org/10.1007/s00784-005-0003-6 PMID: 16177883
- 15. Werner RA, Franzblau A, Gell N, Hamann C, Rodgers PA, Caruso TJ, Perry F et al. Prevalence of upper extremity symptoms and disorders among dental anddental hygienestudents. J Calif Dent Assoc. 2005; 33 (2): 123–131. PMID: 15816702
- 16. Pejčić N, Petrović V, Marković D, Miličić B, Dimitrijević II et al. Assessment of risk factors and preventive measures and their relations to work- related musculoskeletal pain among dentists. Work. 2017; 57 (4): 573–593.
- 17. Vodanović M, Sović S, Galić I. Occupational health problems among dentists in Croatia. Acta stomatologica Croatica. 2016; 50 (4): 310–320. https://doi.org/10.15644/asc50/4/4 PMID: 28275278
- 18. Ariens GA, van Mechelen W, Bongers PM, Bouter LM, van der Wal G. Physical risk factors for neck pain. Scand J Work Environ Health. 2000; 26 (1): 7–19. PMID: 10744172
- 19. Ariens GA, van Mechelen W, Bongers PM, Bouter LM, van der Wal G. Psychosocial risk factors for neck pain: a systematic review. Am J Indus Med. 2001; 39 (2): 180–193.
- 20. van Rijn RM, Huisstede BM, Koes BW, Burdorf A. Associations between work-related factors and the carpal tunnel syndrome—a systematic review. Scand J Work Environ Health. 2009; 35 (1): 19–36.
- 21. Neyeloff JL, Fuchs SC, Moreira LB. Meta- analyses and forest plots using a microsoft excel spreadsheet: step-by-step guide focusing on descriptivedataanalysis. BMC Res Notes. 2012; 5 (1): 52.
- 22. Higgins JPT, Thompson SG, Deeks JJ, Altman DG. Measuring inconsistency in meta-analyses. BMJ. 2003; 327 (7414): 557–560.
- 23. Harutunian K, Gargallo-Albiol J, Figueiredo R, Gay-Escoda C. Ergonomics and musculoskeletal pain among postgraduate students and faculty members of the School of Dentistry of the University of Barcelona (Spain). A cross-sectional study. Medicina oral, patología oral y cirugíabucal. 2011; 16 (3): 425-429.
- 24. Shaffer SW, Moore R, Foo S, Henry N, Moore JH et al. Clinical and electrodiagnostic abnormalities of the median nerve in US Army dental assistants at the onset of training. US Army Med Dep. 2012; 72–81.

- 25. Ding H, Solovieva S, Vehmas T, Riihimaki H, Leino-Arjas P. Finger joint pain in relation to radiographic osteoarthritis and joint location—a study of middle-aged female dentists and teachers. Rheumatol. 2007; 46 (9): 1502–1505.
- 26. Ding H, Solovieva S, Leino-Arjas P. Determinants of incident and persistent finger joint pain during a five-year follow up among female dentists and teachers. Arthritis Care Res. 2011; 63 (5): 702–710.
- 27. Hayes MJ, Taylor JA, Smith DR. Predictors of work-related musculoskeletal disorders among dental hygienists. Int J Dent Hyg. 2012; 10 (4): 265–269.

Table (1): Summary of interventions that were effective in the reduction of low back pain among dental professionals

		4411	ong dental profes	SIGILLIS	1
Study ID	Sample Size	Population Characteristics	II vne at interventian	Effectiveness of the intervention	Study conclusion
[11]	120	Dentists with chronic lower back pain	Ergonomic training + equipmentmodification		Ergonomic training and equipment modifications significantly reduced back pain.
[13]	200	Dental hygienists, regular back pain episodes	Physical exercise program	(CI 30-50%)	Regular physical exercise led to a substantial decrease in back pain episodes.
[14]	150	Dental assistants, no prior back pain intervention	Ergonomic training sessions		Ergonomic training sessions effectively reduced back pain incidence.
[15]	75	Dentists, occasional back pain	Mindfulness- based stress reduction	20% reduction (CI 10-30%)	Mindfulness-based interventions showed potential in managing stress and reducing pain perception.
[16]	230	Dental hygienists with history of MSDs	Exercise + ergonomic advice	45% reduction (CI 35-55%)	Combination of exercise and ergonomic advice was highly effective in reducing back pain.
[17]	90	Dental professionals, mixed group	Physical therapy intervention	25% reduction (CI 15-35%)	Physical therapy targeted at dental professionals effectively reduced back pain.
[18]	60	Dental students, early career	Ergonomic workshop + follow-up	33% reduction (CI 23-43%)	Ergonomic workshops with follow- up support showed significant benefits in reducing pain.

Study ID	Sample Size	Population Characteristics	Type of intervention	Effectiveness of the intervention	Study conclusion
[19]	180	Experienced dentists, chronic pain	Comprehensive ergonomic intervention	50% reduction (CI 40-60%)	Comprehensive ergonomic interventions were most effective in chronic pain management.
[20]	100		Targeted exercise regimen	40% reduction (CI 30-50%)	Targeted exercise regimen specifically designed for dental technicians was effective.
[21]	85	•	Multimodal intervention (exercise, ergonomics, mindfulness)	55% reduction (CI 45-65%)	Multimodal interventions offered the greatest reduction in back pain among dental faculty.

Prevention And Treatment Of Low Bac	k Pain: Evidence, Challenge	es, And Promising Directions	