Conclusion: LBP is common during pregnancy, affecting slightly more than half of pregnant women. LBP is more common during extremes of maternal age. The duration of LBP also directly affects the physical functioning of the individual. Further reviews can be focused on evaluating the prevalence of LBP among mothers after childbirth, which would add up to the information in the present study.

Keywords: Low back pain, pregnant women, prevalence

References:

P171 - PREVALENCE AND RISK FACTORS OF LOW BACK PAIN AMONG CAREGIVERS OF CHILDREN WITH CEREBRAL PALSY POST SINGLE EVENT MULTILEVEL SURGERY

Sharan D., Rajkumar J.S., Jose J.
Dept. of Orthopaedics and Rehabilitation, RECOUP Neuromusculoskeletal Rehabilitation Centre, Bangalore; Research and Development Dept., RECOUP Neuromusculoskeletal Rehabilitation Centre, Bangalore; Training Dept., RECOUP Neuromusculoskeletal Rehabilitation Centre, Bangalore, India

Introduction: Cerebral palsy (CP) is a non-progressive disorder affecting the individuals posture, movement, causing limitation in the activities which is permanent, caused due to insult in developing brain of neonates or infants. CP causes not only motor disturbances but also sensory, cognitive, social, behavior, speech and communication, seizure disorder, respiratory illness and other musculoskeletal disorder. Children with CP have impairment which has effect on limitation of activity and participation. These children require assistance for their personal needs like bathing and feeding from their caregivers. Caregivers are responsible for most of the daily care of the child and the level of dependence of the child depends on the severity of CP. This dependence is increased especially after single event multilevel surgery (SEMLS) which is an effective rehabilitation strategy for children with CP. Also, during the postoperative period, caregivers are required to transfer the child from bed to wheel chair, carry the child to the rehabilitation centre, on the staircase and at home till he/she was able to walk independently. During this period, the caregivers have little time for themselves to satisfy their own social needs, and this increases the feeling of burden and tension, besides having a significant impact on finance, emotions, well-being, marital relations and overall addition to physical stress.

Aim: To identify the prevalence and risk factors of low back pain among the caregivers of children with CP following SEMLS.

Materials and Methodology: Study design: Longitudinal survey. Subjects: 284 caregivers of children with cerebral palsy post SEMLS with mean age: 38.5± 5.44 years. Study setting: The study was conducted in a tertiary level rehabilitation hospital over a period of 7 years (2008-2015). Inclusion criteria: Caregivers of children with CP post SEMLS. Exclusion criteria: Caregivers who had prior musculoskeletal problems were excluded from the study. Outcome measure: A self-administered questionnaire was used to collect the relevant data. Modified Caregiver Strain Index (CSI) was used to measure the level of physical exertion during lifting or carrying the child and fatigue was measured using the Borg CR-10 scale. Modified caregiver strain index: The Modified Caregiver Strain Index (CSI) is a tool that screen for caregiver strain for any age. CSI has 13 questions that are related to provision of care under the following major domains: Employment, Financial, Physical, Social, and Time. The Modified Caregiver Strain Index is a version of the Caregiver Strain Index developed in 1983. Scoring is 2 points for each ‘yes’, and 1 point for each ‘sometimes’ response.
The higher the score, the higher the level of caregiver strain. Many studies have proved its high validity and reliability. **Borg CR-10 scale**: Borg CR-10 has been used to assess the perception of physical exertion during resistance exercise. It uses a modified 0-10 category ratio. After completing each working set, the subjects were asked to rate their perceived exertion on the CR-10 scale by choosing any number on the scale to rate their overall effort during the resistance exercise. Score of 0 implies no effort (rest) and maximum score of 10 implies maximal effort (most stressful exercise). The Borg CR-10 scale has been used to quantify the perception of physical exertion. Many studies have validated the CR-10 scale for measurement of the intensity of resistance exercise.

**Results:** In our study, the majority of caregivers were females (68.4%). Children with CP were of mean age of 12.5 ± 5 years and most of them had a high severity level of CP (GMFCS 4 or 5) before the start of rehabilitation immediately after SEMLS. This potentially acted as a confounder to the caregivers' physical health as more effort was required from the caregiver's side. Most of the children weighed more than 25 kg, which was beyond the safe lifting load recommended for female caregivers. Most of the caregivers held their child in an upright position, directly against the chest in the centre. Lower back pain was the commonest reported musculoskeletal symptom (58%) followed by knee pain and shoulder pain. More than 90% of low back pain was found to be of myofascial origin and the remainder due to disc degeneration. Low back pain and increased fatigue levels as recorded by Borg CR-10 scale was commonly observed among caregivers during the non-ambulatory phase of the post-operative rehabilitation of their children. More than 60% of the caregivers reported a high level of stress with scores of more than 7 in the CSI. Caregivers of children with older age, more severe disabilities (GMFCS IV and V), uncooperativeness and higher body mass index were at higher risk of developing low back pain.

**Conclusion:** The results indicated a significant prevalence of low back pain among caregivers of children with CP. Early identification of the cause of pain and appropriate treatment of the same is essential to prevent them from becoming severe cases and hampering the child's rehabilitation. Training caregivers on safe lifting and carrying techniques is recommended.

**Keywords:** Low back pain, caregivers, cerebral palsy, single event multilevel surgery

**References:**
5. Issue Number 14, Revised 2007 Series Editor: Marie Boltz, PhD, GNP-BC Series Co-Editor: Sherry A. Greenberg, MSN, GNP-BC New York University College of Nursing The Modified Caregiver Strain Index (CSI) By M. Terry Sullivan, RN, MSW, MSN, CMC, Connecticut Community Care, Inc

**P172 - INTERPROFESSIONAL PRACTICE AND CLINICAL RESIDENCY TRAINING IN SPINE PAIN FOR DOCTORS OF CHIROPRACTIC: A DESCRIPTIVE COMPARISON OF TWO PROGRAMS IN SOUTHERN CALIFORNIA**

Russell R.1,2, Johnson V.2,3
1SCU Care & Spine Care Residency Program, Southern California University of Health Sciences, Whittier; 2Veterans Administration Greater Los Angeles Healthcare System, West Los Angeles VA Medical Center, Los Angeles; 3Associate Faculty, Southern California University of Health Sciences, Whittier, USA

**Introduction:** Low back pain is the leading cause of disability in the world with enormous global economic impact. Increasing expenditures have not resulted in improved clinical outcomes. The prevailing biomedical model and fractured specialty-based care have contributed to a dysfunctional management paradigm which has become specialist-focused, imaging-oriented, invasive and expensive. This is due in part to healthcare education and practice occurring in so-called silos. Chiropractic education, including its few residency programs, is largely independent from other healthcare disciplines, which further contributes to the persistence of such silos. This is of particular importance as a major U.S. insurance payer finds that chiropractic doctors account for 40 percent of initial contact or entry point by practitioner-type for spine pain. Silos can be breached, it has been argued, through Interprofessional Practice and Interprofessional Education, fostering collaboration that ultimately benefits patients. The chiropractic profession has responded to this healthcare need with the development of integrated clinical practice residency programs, two of which are described.

**Purpose/Aim:** The purpose of this presentation is to descriptively identify and compare the Interprofessional Practice and Interprofessional Educational elements at two new chiropractic residency programs, one at the Southern California University of Health Sciences and the other at the Veterans Administration Greater Los Angeles Healthcare System.

**Materials and Methods:** A qualitative and descriptive comparison of the two program's resident selection processes, interprofessional practice opportunities, interprofessional educational exposure, competencies, assessment methods and attitudes of participating healthcare practitioners is made.

**Results:** The two programs share similarities with regard to assessment and competencies, due in part to the collaboration of the two authors of this presentation. They vary in resident selection processes, duration of their respective programs, scope of practice, patient demographics and patient access to care. They also have considerably different interprofessional practice and educational opportunities. Differences are due, in large part, to one program being hospital-based, while the other is based at the public clinic of small, not-for-profit educational institution.

**Conclusions:** Both chiropractic residency programs described offer considerable opportunities for Interprofessional Practice and Interprofessional Education. Preliminary assessment of the attitudes of other healthcare practitioners with whom the chiropractic residents interact are positive. Similarly, the attitudes of chiropractic residents to other professionals with whom they interact are favorable. An underlying assumption, as yet unproven, is that the collaboration necessary for