2021 GLOBAL YEAR ABOUT BACK PAIN fact sheet

運動與慢性下背痛

不論在世界何處，慢性下背痛（CLBP）都是所有慢性疼痛疾病之中最普遍的臨床、社會、經濟與公共衛生的難題 [1]。慢性下背痛不只盛行率很高，也是造成嚴重失能的疾病，它除了造成重大的個人與社會經濟的衝擊，還會導致長期因病曠職，以及低落的生活品質 [2]。慢性下背痛是造成工作相關失能最普遍的原因 [3, 4]，它也是與疾病共存年數最高的元兇 [5,6]。

*運動治療對慢性下背痛的正面效應包括：*運動是構成有效的慢性下背疼痛處置之中的關鍵。慢性下背痛治療指引推薦非藥物與非侵入性的處置，包括建議保持活躍、運用病人教育與運動治療 [7]。運動治療對慢性下背痛是一種有實證基礎的處置 [8-10]。不同的慢性下背痛指引往往有些個別差異，但所有指引都一致推薦運動治療 [11-14]。運動治療的潛在效益包括：提升身體功能、情緒、睡眠、壓力耐受和認知功能，還能降低繼發健康困擾的風險，像是癌症、心血管、骨骼與神經退化疾病 [15]。對於有慢性下背痛的人來說，重點在於，愈來愈多重要的實證指出，長期的運動治療可以舒緩許多各式各樣的慢性疼痛狀況，其中也包括慢性下背痛 [16, 17]。

*哪個種類的運動治療對慢性下背痛的病人有益呢？*所有的慢性下背痛指引都認同，沒有哪種特定的運動模式優於其他 [11-14]。一般、有氧、肌力/阻力、認知導向（cognition-targeted）、協調/穩定、動作控制、瑜伽、團體或個別運動，以上所有都能對慢性下背痛者產生有益的影響 [8, 18-24]。除此之外，即使只是走路，也足以產生和教育或其他種類的運動治療相似的效益，包括改善疼痛、失能、生活品質以及畏懼迴避的信念（fear-avoidance belief）[25]。基於目前可得的證據，並不建議只用走路做為唯一的介入 [25,26]，但考量到走路所需的資源極低，仍然可以視為有價值的居家輔助，附加在其他的治療模式之上 [25, 27]。由於沒有哪一種運動治療明顯較好，因此建議臨床照護者在為病人選擇適當的運動類型時，要考量到病人的偏好、需求和能力 [26]。

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*哪一種運動治療無法做為給慢性下背痛者的推薦呢？*一種運動治療無法做為給慢性下背痛者的推薦呢？然而，也不是所有的運動治療對慢性下背痛者都有強有力的效益實證 [26]。具體來說，由於背痛學校（back school）、感覺區辨訓練（sensory discrimination training）、本體覺運動（proprioceptive exercise）和懸吊運動還缺乏足夠說服力的實證，因此無法做為推薦 [28-31]。

*運動治療是多重模式取向處理慢性下背痛的關鍵一環：*病人對照護的預期往往不會只限於運動治療做為唯一的處置，而是含括多重模式的取向。一如現有的實證也支持合併運用運動治療與心理和/或社會/工作導向的部分（也就是生物心理社會取向）[32-34]。將行為心理介入和沒有心理成分的主動處置相比，儘管短、中期追蹤中，疼痛的下降並沒有顯著差異；但長期追蹤的結果則顯示，行為心理介入還是能夠更為有效地減少疼痛。[32]

*認知導向運動治療（cognition-targeted exercise therapy）、漸進式活動和漸進式暴露：*慢性下背痛者對於某些肢體動作或身體活動，可能會抱有非適應性的（疼痛）信念和非理性的恐懼，這阻礙了他們的復原之路。當我們要處理慢性下背痛經驗中，這些讓人耗竭的面向時，可以採用的治療取向包括認知導向運動治療[35]、行為漸進活動（behavioural graded activity）[36]和漸進式暴露[37]。認知導向運動治療和漸進式暴露運用病人畏懼的、迴避的和/或疼痛的動作與日常活動來直面他們，目的在於降低他們對這些動作和活動的害怕。現有的實證資料支持採用這些方法。在慢性下背痛患者之中，認知導向運動治療的成效優於視疼痛狀況執行的運動治療[22]。行為漸進活動所帶來的失能改善，也優於等待清單或常規照護（但跟其他類型的運動治療相比則沒有較優），就短期改善失能和災難化來說，還沒有證據足以判斷漸進式暴露是否優於行為漸進活動[38]。處理高強度恐懼活動時運用漸進暴露[39]，對於中低度恐懼活動則使用行為漸進活動[40]和/或運動治療，這樣個別化訂製的取向或許會是個挺好的做法。

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