Introduction
In the common back pain, the need to limit the discovertebral constraints without restrict the activities of the patient led to realization for a brace of serial actions targeted on the sagittal balance: rétroposition of trunk, limitation of flexion of the spine, maintaining lordosis without constraints on the facet joints; the 4 clinical studies and experiments presented confirm the usefulness of this approach.

Objectives
The validation, for a brace of rétropositionnement trunk with maintained lordosis (LORDACTIV), is clinical, rachimétric, radiological, and postural.

Materials and methods
- Clinic: 113 chronic low back pain with degenerative discopathy (56F/57H), in average since 8 months, average age 42, wearing the brace 8 h per day for 1 month.
  - Rachimétric: flexion of the spine in 39 diseases lumbar degenerative with and without orthotics.
  - Posturologic: 11 degenerative disc disease on force platform with and without orthosis.
  - Radiologic: 4 cases with study of pelvic sagittal parameters with and without orthosis.

Results
- Clinic: mean decrease of the VAS in 4 weeks: 80%.
  - Rachimétric: flexion average restriction of the spine: 63%.
  - Posturologic: reduction the distance traveled by the center of gravity in the anteroposterior axis: 66%; reduction of the time correction of center of gravity in the anteroposterior axis: 23%.

- Radiographic: Coherence of the sacral slope and of the lordosis with the angle of pelvic incidence.

Discussion and conclusion
These results confirm the importance of balance sagittal in the lumbar degenerative disease, this justifies a brace limiting flexion of the spine and maintaining the lumbar lordosis, and this action is effectively achieved with the orthosis “LORDACTIV”, which allows more business continuity, a fundamental element in the fight against the transition to Chronicity.

Published: 10 September 2010
doi:10.1186/1748-7161-5-S1-O64
Cite this article as: Salmochi et al.: Treatment of chronic low back pain with postural sagittal brace (LORDACTIV). Scoliosis 2010 5(Suppl 1):O64.