

INTRODUCTION AND AIM OF THE WORK.

Physical therapy is often the treatment of choice for the common low back disorders. Although no firm statistical data are available as to the percentage of cases referred for physiotherapy, it has been estimated that $\frac{1}{4}$ to $\frac{1}{2}$ of all patients treated in physical therapy clinics suffer from low back dysfunction. A variety of exercise programmes are applied with varying frequency and with a universally documented effect on rehabilitation outcome (Boone, 1979).

Most experienced workers in rehabilitation medicine have often observed improvement in patients with low back and / or leg pain treated primarily with exercises. The most dramatic are those with a "sciatic" syndrome in whom it is ordinarily presumed there is disc protrusion or herniation (Sarno, 1978).

Exercises are currently considered to be the most important aspect of low back treatment. They have stood the test of time, have proven to be the major beneficial aspect of treatment, and remain the most widely prescribed treatment by the medical profession. The type of exercise varies according to the individual cases. Whether to flex or to extend the back is the latest controversy (Cailliet, 1984).

Exercise programmes for patients with low back pain are generally designed to increase the range of spinal mobility

and to strengthen the abdominal muscles (Brown, 1970).

A paucity of information exists concerning the exact role of exercise in the management of low back pain. Few controlled clinical trials exist , and the selection of an exercise programme is often relegated to the traditional or empiric regimens. No information is available to substantiate the effects on pain relief. Controlled clinical studies are needed to validate the role of exercises in the treatment of patients with back pain (Jackson and Brown, 1983).

Back extension exercises were incorporated within the therapeutic regimen many years ago. Their use or interdiction has been based upon certain principles both as to etiology and therapy of low back pain (Sarno , 1978).

Flexion of the spine is a very controversial point. Many authorities do not allow it at all, believing that the flexed spine constitutes a weakend position (Basmajian, 1978). Others allow it in the belief that fullspinal mobility is necessary for the nutrition and health of the cartilage (Macnab, 1977).

This study will be conducted as a prospective clinical trial to assess the efficacy of the two common exercise programmes i.e. flexion and extension back exercises, in the management of acute lumbo - sciatic syndrome cases.