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EDITORIAL

Complexity of Lifting

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Is there a "correct" way to instruct clients to lift? Is the squat lifting technique that we typically teach patients in the clinic or at the work site appropriate for everyone? Does the squat style of lifting reduce the load on the lumbar spine compared to other styles of lifting? And, what about predicting lifting capacity? Are the methods that we use to predict lifting capacity for people who are returning to work accurate and valid measures of the ability to perform lifting tasks in the "real world"? Two research reports appear in this issue of the *Journal* that address different questions about lifting. Stuart McGill, PhD, provides commentary on both reports, and his dialogue with the authors highlights many of these questions.

We have reached the point where it is no longer appropriate to use a generic approach to lifting instruction. The practice of providing a standard list of lifting instructions for all patients is not adequate treatment and there are better ways to teach patients what they need to know about handling materials on the job and at home. As Dr McGill suggests in his commentary, patients differ from each other, and a clinical assessment of the nature of disc involvement might be one factor to guide our decisions about the type of lift that is best for a specific patient.

Rather than focusing only on the question of squat versus stoop, van Dieën et al[5] suggest that we should be more active in the assessment of load asymmetry, speed, position, and mass when we counsel patients about the prevention of low back injury during lifting activities. The ability of clients to maintain their balance during a lift should also be an important consideration when teaching the proper lifting technique.[2,4]

Lifting restrictions following spinal surgery are common, but there is little evidence to support many of the recommendations that we routinely give to our patients postoperatively.[1,3] It is time to reconsider how we make clinical decisions about rehabilitation programs for clients who handle materials or perform repetitive lifting activities and ask this important question: Does our diagnostic and therapeutic approach address the complexity of lifting?

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