Spinal disability, particularly back pain, is the leading cause of long-term absenteeism from work in the UK and 1% of the adult population is permanently disabled by it. At least five million adults consult their general practitioner annually concerning back pain. The overall cost in health care in 1998 was estimated to be £1.6 billion, to which must be added that of informal care and loss of work which totals £10.6 billion. This amounts to a back tax of approximately £205 per year for every individual in the UK. The scale of the problem is similar in every industrialised country. How can this best be managed?

Most patients with low back pain can be treated by their general practitioner with the help of a physical therapist. Studies on the management of back pain have led to recommendations for a more aggressive policy in regard to treatment, with advice to stay active with suitable medication in the acute state followed by a structured approach employing back schools, exercise therapy, the use of non-steroidal anti-inflammatory drugs and a multidisciplinary programme for those with chronic pain who are well motivated, to encourage a return to work of some sort. About 10% of those who initially consult their general practitioner have more serious conditions and may require further investigation and expert management. This can be expensive but is likely to be more satisfactory for the patient and cost-effective in the long term.

The current arrangements for the management of these two groups are unsatisfactory. Few areas have an efficient cost-effective organisation to look after the less severe group of sufferers. Patients are allowed to linger on with no proper plan of treatment, swallowing analgesics, ‘resting’ and perhaps carrying out a desultory exercise regime. If they do not improve they may be referred to an orthopaedic department for advice, resulting in a further delay of six months or so. Expensive investigation may then follow, which will usually prove to be fruitless, and many will then graduate to becoming the long-term sick and unemploy-
the modest target of 100 in this specialty in the UK. To achieve the European average there needs to be 250. We must make a greater attempt to attract young surgeons to this challenging specialty. Specific numbers should be reserved in years five and six of training for spinal surgery.

There will have to be a rapid and major expansion in the overall training numbers for surgeons if the targets for increases in orthopaedic surgeons in general and spinal surgeons in particular are to be met. The agreed target is to increase the number of orthopaedic surgeons from 1200 to 2000 by 2010. Imaginative training rotations combining spinal orthopaedic surgery and neurosurgery should be more widely available to encourage future spinal surgeons.

References