

Everyday Aids and Appliances

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COLLARS AND CORSETS

Collars

Soft collars may be prescribed for the management of neck pain resulting from cervical spondylosis or to provide comfort and limit neck movement after road accidents. They have not been shown to be better than placebo treatments¹ and restrict neck movement only minimally.²

Convention suggests that if pain is severe a firm collar should be worn during the day and a soft one at night. There are no studies to support the use of firm or rigid collars if the cervical spine is stable; and the minimum effective period of daily wear is unknown, as is patient compliance. Potential disadvantages such as discomfort, excess heat, habituation, or predisposition of the frail elderly to falls remain unstudied.

Rigid collars do not restrict intervertebral movement smoothly and may produce localised areas of flattening or reversed lordosis. The use of such collars by patients with an unstable rheumatoid spine therefore requires specialist assessment of the risks and benefits, and precise fitting.

Patients will expect to wash the covering of a collar. If the covering is removable and dries easily one collar will suffice because 75% of patients with stable cervical spines have been cured or are improving four weeks after the start of treatment.¹ The collar will therefore probably be required for a maximum of two months. Some patients find that wearing a silk scarf over the collar adds to comfort. A collar that causes increased pain should be altered or abandoned. Soft collars are usually prescribed at consultant clinics. There is no prescription charge to the patient, but the charge to the National Health Service is about £10 to £12. A serviceable collar can be made in the general practitioner's surgery using a pair of scissors and materials prescribable on FP10 forms.³ Other possible sources of collars are casualty departments or open access physiotherapy departments.

Lumbar supports

Lumbar supports with rigid inserts are used in the treatment of back pain and sciatica. A small trial of 19 patients suggested that any beneficial effect was due to the limitation of lumbar movement produced by rigid inserts in the back of the support.⁴ If a corset extends beyond the thoracolumbar junction it may, paradoxically, fail to immobilise the lumbar spine.⁵ The use of corsets to alleviate back pain and sciatica in patients with stable lumbar spines is not supported by multicentre trials.^{6,7} Pain deriving from a spondylolisthesis may, however, respond more favourably than back pain with no specific identifiable cause.⁸

Concern has been expressed over the possibility of disuse atrophy of the lumbar muscles with the use of lumbar supports, and some authors deprecate their use,⁹ though no objective evidence of their harmful effects has been produced. Corsets are best avoided in

young people, particularly if there is even a remote possibility of ankylosing spondylitis. There are no studies of patient compliance with the use of lumbar supports or of the minimum effective period of daily wear.

Corsets are usually available only from hospitals, under the direction of a consultant. They are fitted by an orthotist, who usually makes subsequent adjustments and modifications to ensure the comfort of the patient. They are normally worn throughout the day. It is permissible for the patient to wear a light cotton vest under the corset. There is a prescription charge of £15, which is waived for inpatients or those in the usual exemption groups. The cost of a made to measure corset is between £50 and £60, but ready made corsets start at about £20.

Conclusion

Current information suggests that soft collars and lumbar supports act primarily as placebos in patients with stable spines. But they may be a less expensive means of providing a physical placebo than physiotherapy—though this is yet another unstudied area. Probably they have a useful minor role in the management of patients with neck and back pain who do not wish to take simple analgesics.

References

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- 9 Quinet RJ, Hadler NM. Diagnosis and treatment of backache. *Semin Arthritis Rheum* 1979;8:261-87.

WORDS PHILTRUM. The philtrum is that little midline dimple between the upper lip and the nose. It is an old word and as *phyltron* it was used by the Greeks in the same sense as long ago as the second century BC. But *phyltron* also meant a love potion, whence the English word philtre, of the same meaning. It is tempting to speculate on a possible connection between two meanings that share the same word in Greek and almost the same word in English. Desmond Morris describes "body self-mimicry" whereby sexual or erotogenous parts of the body, which are normally hidden from public view by clothes, are overtly manifested by similarly shaped parts in socially acceptable areas.¹ The mouth and lips have always been imbued with erotic potential, and the kiss has been recorded in the earliest writings. The philtrum thus presents, and perhaps represents, a median structure.—
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1 Morris D. *Manwatching*. St Albans: Triad/Panther Books, 1978:239-44.