Effect of changing the saddle angle on the incidence of low back pain in recreational bicyclists

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Abstract

Objective—According to the literature, 30–70% of cyclists suffer from cervical, dorsal, or lumbar back pain. This study was conducted to evaluate one of the possible causes of low back pain and to suggest a solution by appropriate adjustments to the bicycle.

Methods—Serial fluoroscopic studies were performed while cyclists sat on different types of bicycle (sports, mountain, and city). Pelvic/spine angles were measured at different seat angles, and the related force vectors analysed.

Results—There was a tendency towards hyperextension of the pelvic/spine angle which resulted in an increase in tensile forces at the promontorium. These forces can easily be reduced by appropriate adjustment of the seat angle—that is, by creating an anterior inclining angle. The findings of the biomechanical analysis were then applied to a group of cyclists who were members of a cycling club and who complained of low back pain. After appropriate adjustment of the saddle angle, most of the cyclists (>70%) reported major improvement in the incidence and magnitude of their back pain.

Conclusions—The incidence and magnitude of back pain in cyclists can be reduced by appropriate adjustment of the angle of the saddle. It is important that these findings be conveyed to cyclists, bicycle salesmen, trainers, and members of the general public who engage in cycling, in order to decrease the prevalence of back pain.


Keywords: cycling; back pain; saddle angle

Cycling is one of the most popular recreational sports, and also an important means of transport for millions throughout the world. Various publications have reported on back pain at various levels of the spine among cyclists at rates of 30–70%. It often causes recreational cyclists to abandon the sport, but for many others (such as in China), cycling is their only means of urban transportation.1–5

The forces acting on the anterior lumbar spine in the sagittal plane are mostly tensile. Very few studies in the orthopaedic and sport medicine literature have investigated the causes of back pain in amateur cyclists, and no methods have been proposed for reducing the incidence of back pain in cyclists.6–9 This study concentrates on biomechanical evaluation only of the forces involved in the lower back during cycling. The results of the biomechanical analysis were then applied to different types of bicycle, which resulted in major clinical improvement.

Materials and methods

A fluoroscopic study was conducted in which images of the lumbosacral region in the lateral position of cyclists were taken while they were sitting on different types of bicycle: city, mountain, and racing. Ten healthy adults were randomly elected for each type of bicycle, and were analysed by fluoroscopy. The pelvic-lumbar spine angles were measured for each and each type in relation to the ground level (fig 1).

The effects of changing the sitting position and angle of the saddle on the vectors acting at the promontorium (as a reference point) were recorded (fig 2). This indicated that increasing the α angle, namely the anterior saddle inclination, reduces the tensile pelvic and lumbar vectors (table 1).

Figure 1 Lateral pelvic/spine schema drawn from radiographs taken while the subject was sitting on various bicycles with various body positions, showing the related force vectors at the promontorium. W, weight; Rb, lumbar vector; Rs, pelvic vector; α, angle between ground and Rs vector; β, angle between weight axis and Rb vector; γ, lumbosacral/pelvic angle. (A) Town bike; (B) mountain bike; (C) racing bike.
Back pain in cyclists

The occurrence of low back pain resulting from bicycling is probably far higher than has been emphasised in orthopaedic or sports medicine literature. Many factors affect the vectors acting in the body during cycling, such as height of the saddle and handle bars, distance between saddle and handle bars, type of bicycle, frame size, type and height of the saddle, length of cranks, individual morphology, gearing, and cadence. In this study, we concentrated on the saddle angle only, a subject previously not discussed, yet with major effects on the vectors at the lumbopelvic region.

Discussion

Throughout the world, millions of people ride bicycles as an aerobic form of recreational sport which does not demand special skills or complex equipment and has no age limits. Others, from children to the elderly, ride bicycles as a means of cheap daily transportation which does not cause air pollution or traffic jams.

The occurrence of back pain resulting from bicycling is probably far higher than has been emphasised in orthopaedic or sports medicine literature. Many factors affect the vectors acting in the body during cycling, such as height of the saddle and handle bars, distance between saddle and handle bars, type of bicycle, frame size, type and height of the saddle, length of cranks, individual morphology, gearing, and cadence. In this study, we concentrated on the saddle angle only, a subject previously not discussed, yet with major effects on the vectors at the lumbopelvic region.

From our fluoroscopic/biomechanical study of cyclists, it appears that low back pain can be attributed, in part, to the anatomical extension between the pelvis and the spine. This results in tensile forces along the anterior longitudinal ligament of the lumbar spine, which increase as the result of sitting on the saddle and reclining on the handle bar, as has been shown in this work.

Proper adjustment of bicycles should be the result of correct definition of the purpose of their use. Often there are contraindications...
between the different demands of cycling—for example, speed versus comfort. This is partially due to the fact that most energy is expended during cycling to overcome the friction of the cyclist and bicycle against the air.\textsuperscript{10–12} Another major factor is the relation between cadence and gears. Thus, when using racing or triathlon bicycles, one “pays the price” of decreased air resistance by having to assume a very low profile and leaning non-physiologically on an aerobar to achieve greater speed.

At the other end of the scale are the urban/city bicycles where an upright sitting position (although they have high air resistance) results in lower speed, yet lower tensile vectors at the lumbar region, and more options for proper adjustment of the bicycles. Therefore it is incumbent on doctors to alert recreational cyclists and the public to the potential hazards to the lower back from riding inappropriately adjusted bicycles. Low back pain among cyclists is sometimes self limiting, with natural remission. However, the statistically valid results of our studies are highly convincing with regard to the efficiency of reducing the occurrence of back pain by adjusting the saddle angle. As shown in our study, an anterior 10–15\degree inclination angle of the saddle is one early important step that can be taken.

Bicycle salesmen should be requested to routinely use the “fit-kit” (a table used by some manufacturers with recommendations on, among others, the suggested height of the saddle and saddle-handle bar distance adjustments for specific bicycles) when selling bicycles, after inquiring about the purpose of the purchase. This is most important for a growing child in whom long hours of increased hyperextension between the spine and pelvis may interfere with proper growth and produce future back pain. Further biomechanical studies are necessary to evaluate other previously mentioned parameters, such as the biomechanical effects of the saddle height/bar distances. The results of this and further studies should then be presented to bicycle manufacturers, with a demand that all bicycles be produced with options to adjust these parameters on purchase. Adjustment, as shown in our study, could reduce the prevalence of back pain in cyclists, and result in healthier and more pleasurable involvement in this popular sport.

\begin{itemize}
  \item Yoshikawa Y, Herzog W. Optimal design parameters of the bicycle-rider system for maximal muscle power output. \textit{J Biomech} 1990;23:1069–79.
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