



PMSIG Research: Abstracts, Articles and Reviews - July 2017

Every other month, the Pain Management Special Interest Group will be providing you with updates on new topics, new information and research related topics. Please contribute your ideas and interests by submitting a topic or research question to dana-dailey@uiowa.edu. If you would like help in preparing the information, please contact Dana. This month we chose the topic Pain Education and Therapists Attitudes/Beliefs to complement the informative article on this subject published in our July 2017 OTP Newsletter authored by Katie McBee, DPT, OCS, MS.

July, 2017 Topic: Pain Education and Therapists Attitudes/Beliefs Systematic Reviews

[1] Gardner T, Refshauge K, Smith L, McAuley J, Hübscher M, Goodall S: Physiotherapists' beliefs and attitudes influence clinical practice in chronic low back pain: a systematic review of quantitative and qualitative studies. Journal of Physiotherapy. Epub ahead of print.

Systematic review with data from quantitative and qualitative studies. Quantitative and qualitative studies were included if they investigated an association between physiotherapists' attitudes and beliefs about chronic low back pain and their clinical management of people with chronic low back pain. Five quantitative and five qualitative studies were included. Quantitative studies used measures of treatment orientation and fear avoidance to indicate physiotherapists' beliefs and attitudes about chronic low back pain. Quantitative studies showed that a higher biomedical orientation score (indicating a belief that pain and disability result from a specific structural impairment, and treatment is selected to address that impairment) was associated with: advice to delay return to work, advice to delay return to activity, and a belief that return to work or activity is a threat to the patient. Physiotherapists' fear avoidance scores were

positively correlated with: increased certification of sick leave, advice to avoid return to work, and advice to avoid return to normal activity. Qualitative studies revealed two main themes attributed to beliefs and attitudes of physiotherapists who have a relationship to their management of chronic low back pain: treatment orientation and patient factors. Both quantitative and qualitative studies showed a relationship between treatment orientation and clinical practice. The inclusion of qualitative studies captured the influence of patient factors in clinical practice in chronic low back pain. There is a need to recognise that both beliefs and attitudes regarding treatment orientation of physiotherapists, and therapist-patient factors need to be considered when introducing new clinical practice models, so that the adoption of new clinical practice is maximised.

[2] Synnott A, O'Keeffe M, Bunzli S, Dankaerts W, O'Sullivan P, O'Sullivan K: Physiotherapists may stigmatise or feel unprepared to treat people with low back pain and psychosocial factors that influence recovery: a systematic review. *Journal of Physiotherapy* 2015, 61(2):68-76.

Systematic review and qualitative metasynthesis of qualitative studies in which physiotherapists were questioned, using focus groups or semi-structured interviews, about identifying and managing cognitive, psychological and social factors in people with LBP. Qualified physiotherapists with experience in treating patients with LBP. Studies were synthesised in narrative format and thematic analysis was used to provide a collective insight into the physiotherapists' perceptions. Three main themes emerged: physiotherapists only partially recognised cognitive, psychological and social factors in LBP, with most discussion around factors such as family, work and unhelpful patient expectations; some physiotherapists stigmatised patients with LBP as demanding, attention-seeking and poorly motivated when they presented with behaviours suggestive of these factors; and physiotherapists questioned the relevance of screening for these factors because they were perceived to extend beyond their scope of practice, with many feeling under-skilled in addressing them. Physiotherapists partially recognised cognitive, psychological and social factors in people with LBP. Physiotherapists expressed a preference for dealing with the more mechanical aspects of LBP, and some stigmatised the behaviours suggestive of cognitive, psychological and social contributions to LBP. Physiotherapists perceived that neither their initial training, nor currently available professional development training, instilled them with the requisite skills and confidence to successfully address and treat the multidimensional pain presentations seen in LBP.

Journal Articles

[3] Nijs J, Roussel N, Paul van Wilgen C, Köke A, Smeets R: Thinking beyond muscles and joints: Therapists' and patients' attitudes and beliefs regarding chronic musculoskeletal pain are key to applying effective treatment. *ManTher* 2013, 18(2):96-102.

It is well established that the biomedical model falls short in explaining chronic musculoskeletal pain. Although many musculoskeletal therapists have moved on in their thinking and apply a broad biopsychosocial view with regard to chronic pain disorders, the majority of clinicians have received a biomedical-focused training/education. Such a biomedical training is likely to influence the therapists' attitudes and core beliefs toward chronic musculoskeletal pain. Therapists should be aware of the impact of their own attitudes and beliefs on the patient's attitudes and beliefs. As patient's attitudes and beliefs influence treatment adherence, musculoskeletal therapists should be aware that focusing on the biomedical model for chronic musculoskeletal pain is likely to result in poor compliance with evidence based treatment guidelines, less treatment adherence and a poorer treatment outcome. Here, we provide clinicians with a 5-step approach toward effective and evidence-based care for patients with chronic musculoskeletal pain. The starting point entails self-reflection: musculoskeletal therapists can easily self-assess their attitudes and beliefs regarding chronic musculoskeletal pain. Once the therapist holds evidence-based attitudes and beliefs regarding chronic musculoskeletal pain, assessing patients' attitudes and beliefs will be the natural next step. Such information can be integrated in the clinical reasoning process, which in turn results in individually-tailored treatment programs that specifically address the patients' attitudes and beliefs in order to improve treatment adherence and outcome.

[4] van Wilgen P, Beetsma A, Neels H, Roussel N, Nijs J: Physical therapists should integrate illness perceptions in their assessment in patients with chronic musculoskeletal pain; a qualitative analysis. *ManTher* 2014, 19(3):229-234.

In the past decade, scientific evidence has shown that the biomedical model falls short in the treatment of patients with musculoskeletal pain. To understand musculoskeletal pain and a patient's health behavior and beliefs, physical therapists should assess the illness perceptions of their patients. In this quantitative study, we audiotaped the assessments of 19 primary care physical therapists on 27 patients and analyzed if and how illness perceptions were assessed. The Common Sense Model was used as the theoretical framework. We conclude that some of the domains of the Common Sense Model were frequently asked for (identity, causes and consequences), while others (timeline, treatment control, coherence, emotional representation) were used less frequently or seldom mentioned. The overall impression was that the assessments of the physical therapists were still bio-medically oriented in these patients with chronic musculoskeletal pain.

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