

President's Message

Carolyn McManus MSPT, MA

I want to share with you the PMSIG Board's latest accomplishments and preview our upcoming activities. By now you should have received the first of our planned monthly research and clinical pearl emails. I want to especially thank Research Chair, Dana Dailey, PT, PhD, for her vision, expertise, and time given to this activity. Our intention is for these emails to provide you with both information and inspiration to help you bring the highest quality care to your patients with pain. We value your knowledge, skills, and experience and hope you will consider submitting your research ideas to Dana at Dana-dailey@uiowa.edu and clinical pearls to me at carolyn@carolynmcmamus.com.

Be sure to check out the updated home page and additions to our website. We now have a research page that lists the research abstracts sent in the emails mentioned above, provides information on finding a clinical trial, and offers links to other research-related resources. We have a Clinical Pearls page that maintains a record of our clinical pearl topics. Lastly, we added an Archived PMSIG Newsletter page where you can find previous PMSIG newsletters.

Core PMSIG members of the Clinical Practice Guideline (CPG) development group, including Dave Morrisette, PT, PhD, OCS, Joel Bialosky, PT, PhD, OCS, Derrick Sueki, DPT, PhD, OCS, and Craig Wassinger, PT, PhD, received critical appraisal training at the Annual Orthopaedic Section Meeting in April. This group continues to move forward to develop CPGs for chronic musculoskeletal pain conditions with the helpful guidance of Brenda Johnson from the Orthopaedic Section office.

The next time you attend an APTA conference, be sure to stop by the Orthopaedic Section booth and pick up our new PMSIG flier to share with your colleagues. Whether you inspire someone to join with or without the flier, they will receive a new member welcome email from the PMSIG Board. I am happy to report our membership has increased from 483 at CSM 2017 to 586, so keep spreading the word about our dynamic and engaged SIG!

I want to especially thank our Board Liaison, D. Scott Davis, PT, EdD, OCS, and Executive Associate, Tara Fredrickson for their support and behind-the-scene efforts to help bring our ideas and projects to fruition.

As a professional group, our skills are crucial to help address the needs of people in pain and the current opioid crisis. We have so much to offer our community! Although the PMSIG Board and volunteer members have taken some positive initial steps, there is much work still to be done to support our membership to truly maximize our potential to help people in pain. The PMSIG Board's next major task is to develop a strategic plan to include our vision and mission statements and specific goals for the future. We welcome your ideas and active participation in this effort. If you are interested in contributing to this project, please contact me.

I would now like to introduce you to Katie McBee, DPT, OCS, MS. Katie is the Regional Director of WorkStrategies for Select Medical based in Louisville, KY. Her passion is learning and sharing new information on pain science and best practices for the

treatment of pain for physical therapists. Katie spends a portion of her professional time developing new strategies to prevent and manage pain effectively and efficiently in outpatient practice under current payor models. I want to thank her for contributing the following article on the role of therapists' beliefs and expectations in the treatment of pain.

How does "Explaining Pain" Work?

Katie McBee, DPT, OCS, MS

Explain Pain,¹ Therapeutic Neuroscience Education,² and other ways of educating our patients about pain are growing in popularity in our profession as a go to component of evidence-based treatment planning for pain conditions. Whatever you call it, the research is building that patient understanding of the basic science behind a pain experience can improve the outcomes for patients in pain.³⁻⁵ However, studies mainly measure patient factors as outcomes. This leads to the conclusion that if we successfully change our patient's beliefs and understandings of pain, we will decrease the threat value of different movements and activities and improve their pain experience. But how do physical therapists' understanding and beliefs play a role?

Before even attempting to answer that question, let's review insights found in the literature examining caregiver beliefs, expectations, and the effects on patient outcomes.

- Physicians can modify expectations from positive to negative in a patient. They can do this by directly expressing their views on the effectiveness of a treatment, or indirectly through unintended means that reflect their perceptions of the treatment's effectiveness to the patient.⁶
- Some health care providers have fear avoidant beliefs and these beliefs may influence treatment practice.⁷
- Placebos work better when delivered by warm empathetic health care providers.⁸
- Kinesiophobia beliefs of physical therapists negatively impact the lifting ability of healthy adults.⁹
- There is a connection between the degree of patient expectations and the strength of the placebo effects.¹⁰
- Expectations can be changed through verbal information, development of a therapeutic alliance, appearance of treatment modalities, and previous experiences.¹¹
- Enthusiastically delivered education provides greater pain relief even if the treatment is the same.¹²
- In some situations, the patient's expectations can have a larger influence on the treatment outcomes than the administered drug for pain relief.¹³
- Expectations can impact the outcomes from physical therapy for musculoskeletal pain.^{14,15}

These observations suggest a potential key role for physical therapist beliefs in treatment outcomes. When treating patients with symptoms inconsistent with a traditional biomedical explanation, a better understanding of pain mechanisms and psychologically informed care may promote positive expectations from treating physical therapists. Positive expectations from the therapist can