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Project Title: Psychosocial Factors in Low Back Pain – Screening, Intervention and Assessment: A Knowledge Translation Project Implementing

Clinical Practice Guidelines

KTA Phase	Activities – Provide an overview of your current activities in each phase. If a phase has not been completed, indicate NA.	Results - Provide an overview of the results of your activities for each phase. For example, completed survey (n=15) to identify characteristics of current practice and barriers to implementation of new practice. Results indicate current practice does not include this specific practice and barriers are related to knowledge, skills, time, and equipment.
Identify Problem, Determine the Know/Do Gap	Chart audit report generated, analyzing results currently.	Results of chart audit reveal minimal to no use of screening tools for patients with diagnosis of LBP (multiple ICD-10 codes). Out of 20,000 patient cases, 506 were low back pain diagnoses and of those only 4 used Orebro at initial evaluation, 3 at follow up and none at D/C
Identify, Review, and Select Knowledge	Survey of 50 clinicians at 9 clinics using Modified Swinkels survey edited with permission from Pepin, et.al. Email distribution using Dillman's Tailored Design method for increased response rate. To be emailed Jan 16 th through Feb 18 th 2024	Survey had 26 responses, data was presented as frequencies and showed areas of ambiguity in terms of expertise, attitudes, patient factors and organizational influences. Open text responses analyzed for themes in terms of biggest barriers to screening for psychosocial risk factors.
Adapt Knowledge to Local Context	NA	
Assess Barriers/Facilitators to Knowledge Use	Scheduling 3 focus groups of 8 stakeholders (clinicians and front desk staff) each for February – March 2024	Conducted 2 focus groups of 6-7 clinicians (PT, PTA) each on April 10 th and April 11 th . Each focus groups was one hour and 5 questions. Focus groups were recorded with permission. Two researchers transcribed/summarized responses for each. Themes will be analyzed and interventions selected using CFIR tool.

Select, Tailor,	NA	
Implement		
Interventions		
Monitor Knowledge	NA	
Use		
Evaluate Outcomes	NA	
Sustain Knowledge	NA	
Use		

What were your biggest challenges this quarter? We still have one team member unavailable due to medical leave (KM) who is the expert in the planned intervention (Empowered Relief). The intervention is already set up through corporate and accessible to clinicians and patients, but clinicians are unaware of it or have little to no knowledge of when to refer. Sarah Case-Morris is considering becoming a certified trainer in Empowered Relief to facilitate knowledge translation.

What were the biggest successes this quarter? Completion of both the modified Swinkels survey and focus groups. We can now begin to adapt knowledge to local context and select, tailor and implement interventions.