

Advice-giving practice in physiotherapy, osteopathy and acupuncture for people with low back pain

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Background & Purpose:

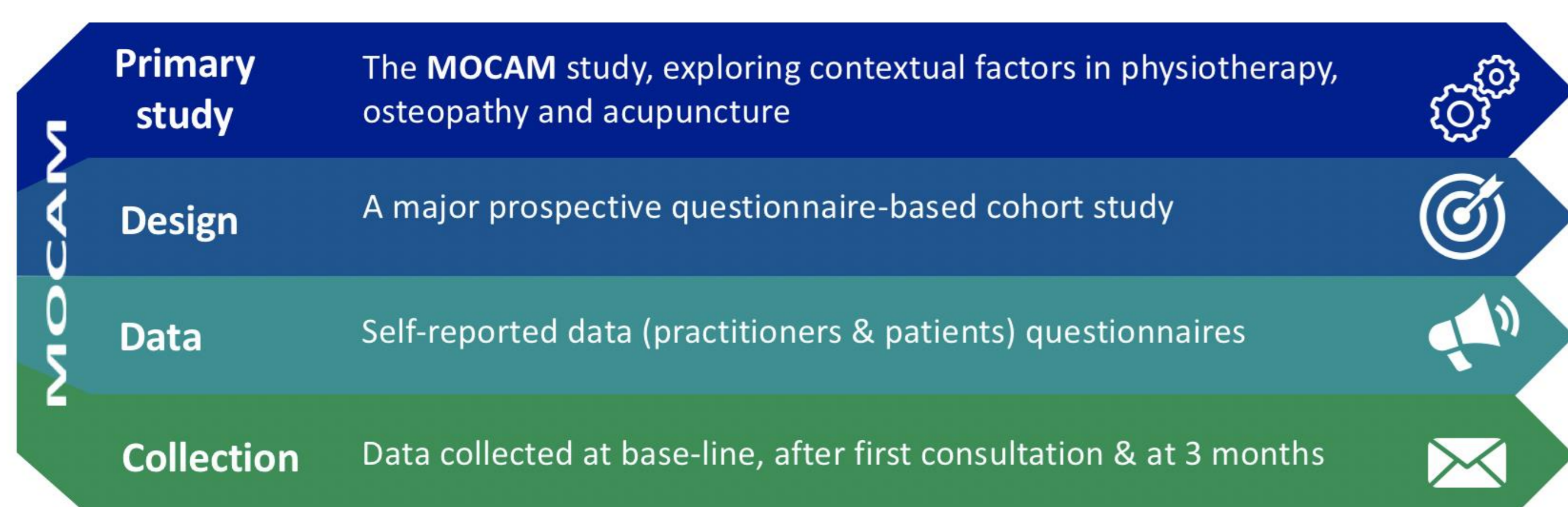
Low back pain (LBP) is a leading cause of disability worldwide. Best practice guidelines for managing back pain endorse advice-giving to enable people to self-manage and continue with normal activity. Little is known however, about the *content* of the advice that practitioners offer nor how it is delivered in practice. Advice-giving practices among musculoskeletal practitioners in different professions may vary in practice and may also differ between public and private healthcare settings.

Aim:

The purpose of this study was to describe the advice given to patients with low back pain by physiotherapists, osteopaths, and acupuncturists in the UK.

Methods:

A Secondary analysis of data collected as part of a major longitudinal questionnaire-based research project titled Mechanisms in Orthodox and Complementary Alternative Medicine Management of Back Pain (MOCAM study¹).



Secondary analysis of advice components:

- Following a diagnosis, practitioners recorded the advice they offered in set topics: diet, specific exercise, physical activity levels and increased rest. In addition free-text was used to record all other advice offered.

Analysis:

- Free-text data were inductively categorised ensuring multi-professional agreement of advice terms used.
- All data were analysed using SPSS (version 26) descriptive statistics, frequency of categories of advice reported, split by profession group and healthcare sector.

Results:



All advice offered to patients

- A wide variety of advice was offered to patients
- Activity-based advice was the most frequently given advice
- Messages to reduce activity or avoid certain movements given to more than ¼ of all patients (27.6%)
- Well-being advice (combined mental & physical health) was infrequently offered
- Reported advice about work was rare
- Postural advice is given more frequently than pain education or pain relief advice.

Frequency of all advice offered to patients with LBP

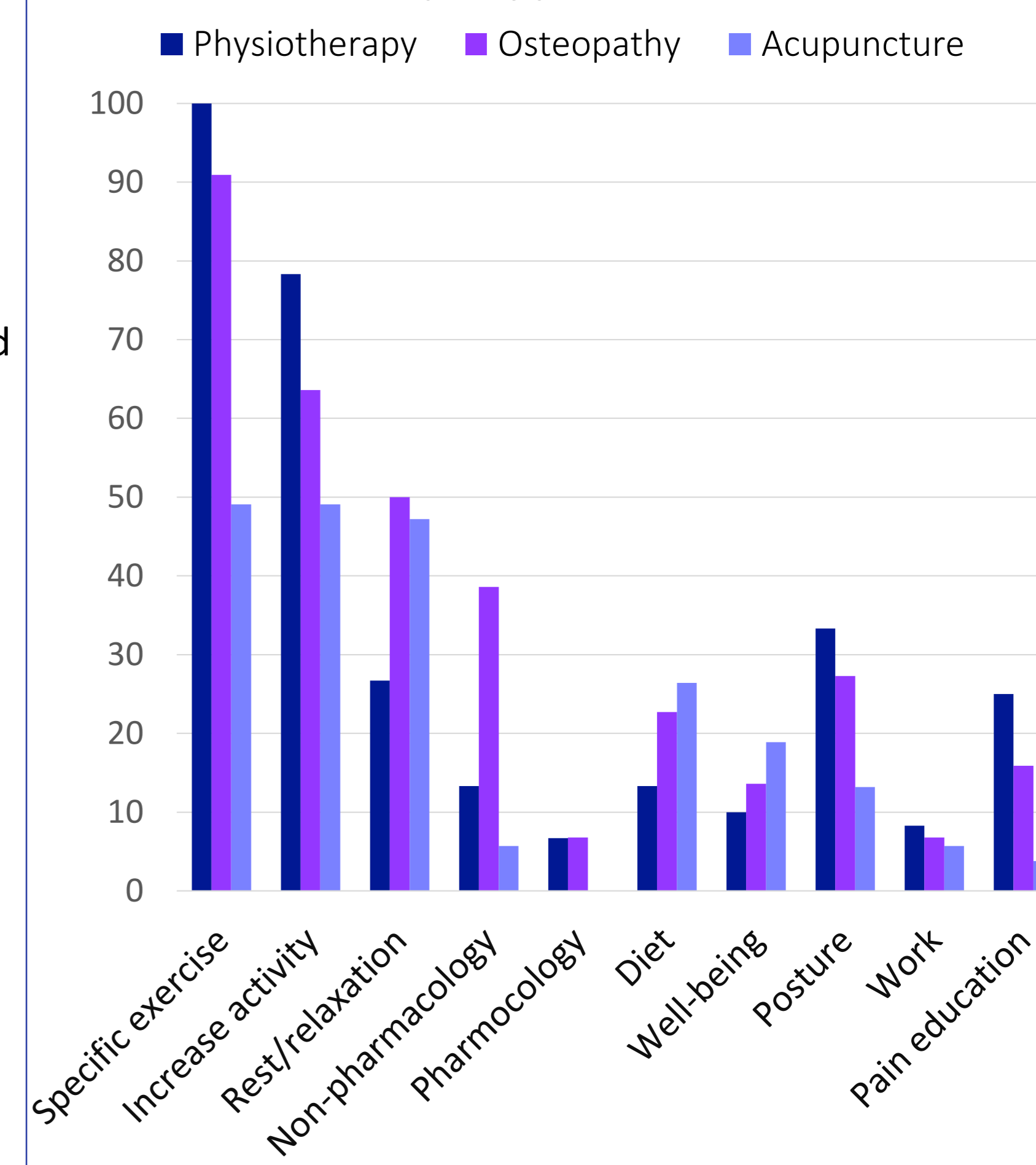
Advice category		% Patients
Activity	Increase activity	30.2
	Specific exercise	57.6
	Named general activity	3.6
	Activity management	2.4
	Rest/relaxation	20.3
	Avoid activity 'X'	7.3
Pain relief	Non-pharmacology	7.7
	Pharmacological	0.7
	Pain education	3.8
Life style	Postural	11.9
	Diet	4.4
	Well-being	3.2
	Work	1.1

Table above: Shows advice (specified and free text categories) that all practitioners offered to patients

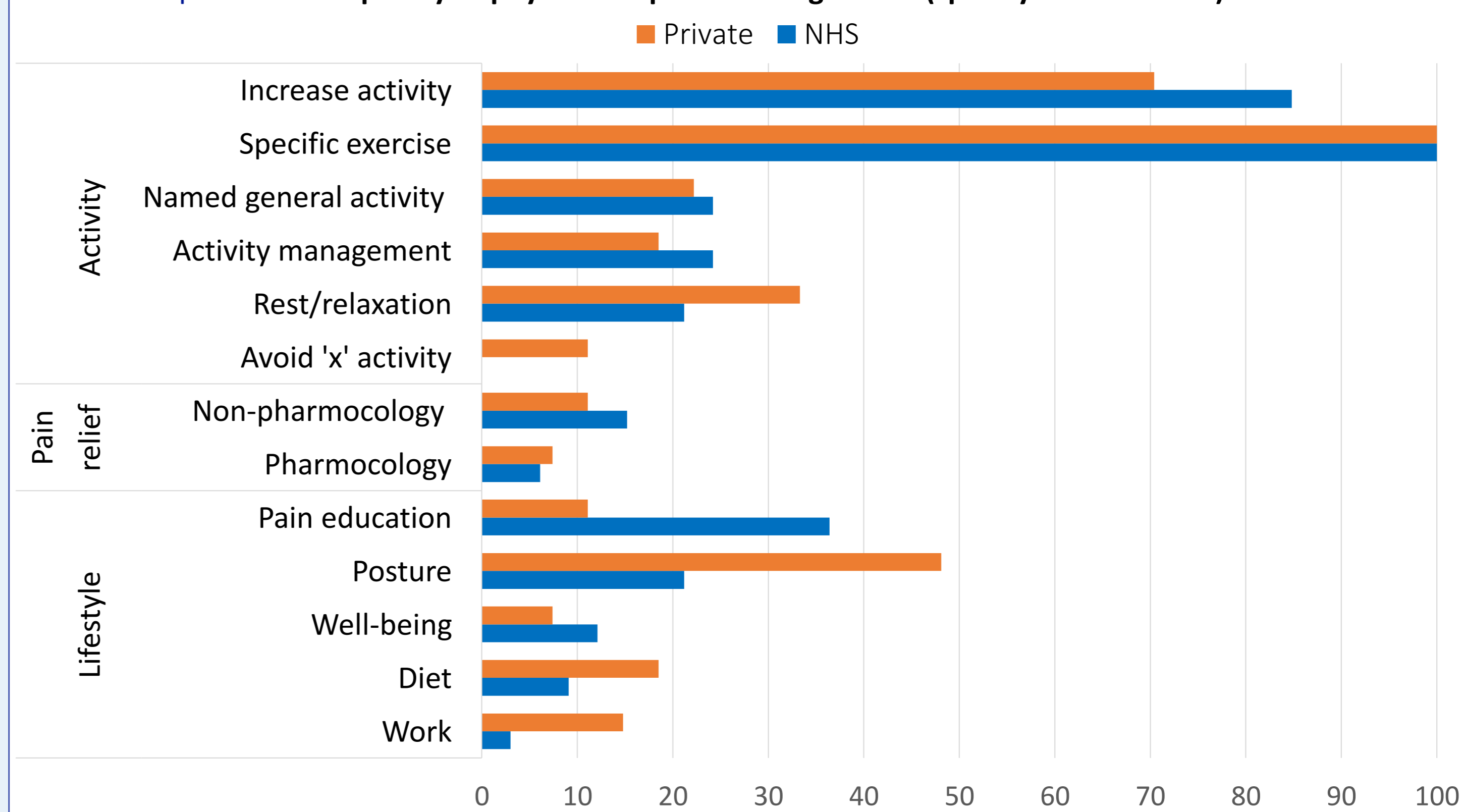
Results:

- Physiotherapist, osteopaths and acupuncturists showed different preferences for advice topics (see graph 1)
- Activity promotion was reported more frequently among physiotherapists than osteopaths and acupuncturists, but conflicting messages about activity and rest are present (see graph 1)
- NHS and private physiotherapists offer different advice with topics of pain education, posture and activity levels varying most (see graph 2)
- Only Private physiotherapists suggested avoiding certain activities (see graph 2)

Graph 1: The proportion of practitioners offering advice (split by profession)



Graph 2: The frequency of physiotherapists offering advice (split by health sector)



Conclusions and Clinical Implications:

- There is a lack of advice on general health topics, well-being and activity promotion among all practitioners which must be addressed in clinical practice, to better meet the needs of people with back pain.
- Conflicting messages from different musculoskeletal professionals and health sector settings may be unhelpful and confusing for patients, research is required to explore clinician advice-giving practice in relation to patient presentation.
- Further work is needed to identify patients' preferences for receiving advice and to identify how clinicians can optimise advice-giving skills.

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- NHS Health Research Authority—Derby Research Ethics Committee (ref 14/EM/1113)

Reference: ¹Bradbury, K. et al (2016). *BMJ Open*, 6(5), 1-31. DOI: 10.1136/bmjopen-2016-012209

