

**Manual Osteopathic awareness and perception of
people living with Chronic Low Back Pain in
Melbourne Australia**

by

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ABSTRACT

The patient's understanding of the different treatment options for management of lower back pain is vital in their decision of where and whom to seek treatment. The purpose of this study is to explore patient perceptions of lower back pain treatment options especially as related to manual osteopathy treatment.

Eight patients participated in interviews and shared their experiences with treatment options and contexts or situations that influenced or affected those experiences of treatment options. Participants described their experience with lower back pain to include options available to them; the effectiveness of the methods tried; knowledge and understanding of Osteopathy as a treatment option; lifestyle changes associated with their pain; feelings of hopelessness for the future relative to pain resolution as well as available options; and referrals from general practitioners.

CHAPTER ONE

OVERVIEW

Introduction

Lower back pain is often localised to the lumbar and sacral spine and surrounding soft tissue (Chandra & Ozturk, 2005, p.34). A significant number of patients, who suffer from lower back pain, report that their pain is not well controlled, costs them lost days from work and interferes with activities of daily living (Gerstle, All, & Wallace, 2001). In Melbourne Australia, there are a variety of treatment options available, including, anesthesia, physical and occupational therapy, osteopathy, psychology, medication management and complementary and alternative medicine.

The purpose of this study was to obtain patient perceptions of lower back pain treatment options in Melbourne Australia, with emphasis on Osteopathy treatment. Understanding patient perceptions will enhance communication between patients and osteopaths about pain management. Improved communication will lead to the development of improved interventions and individualized care.

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Background and Significance

Although extensive research has been done regarding chronic pain management and patient perceptions of chronic pain, less is known about the lived experience of pain management and how a person perceives options for osteopathy treatment. This qualitative study is designed to provide a better understanding of the process of lower back pain management through the patients eyes and possibly identify better ways to serve these patients.

Statement of Problem and Research Question

This research will provide guidance that can be used to refine practice by answering the following questions: What options do patients identify and choose to use in the management of lower back pain?

What factors influence those choices?

What is the patient's perception on Osteopathy as regards to effective treatment of low back pain.

CHAPTER TWO

REVIEW OF THE LITERATURE

Introduction

The concepts pertinent to this study are treatment options, lower back pain, osteopathy treatment, patient perception, Melbourne Australia. This literature review will focus on determining all of the relevant information regarding these concepts and the relationships between them. Discussion of the related literature will provide validation for the research proposed. Patient perception is a widely researched topic by medicine and the general health care community with hundreds of articles listed in the databases. Narrowing the search for literature by adding the concept of osteopathic treatment of lower back pain yields slightly more manageable results. There is information regarding patient perceptions of treatment options for many different kinds of treatment for many different disorders, but not specifically for osteopathic treatment of lower back pain in Melbourne.

Chronic Low Back Pain

Chronic Low Back Pain (CLBP) is pain that is located between the costal margin and buttocks and has persisted for longer than 3 months. Patients suffer physical disabilities and psychological distress concurrently with

the pain [1]. The condition has a high incidence and prevalence. International back pain researcher Gordon Waddell [2] described CLBP as a 21st century epidemic. In 2007, 13.8% of Australian population (2,846,400) stated they had a back pain/problem, and/or a disc disorder [3]. These disorders are categorised as musculoskeletal conditions, and in 2004–05, musculoskeletal conditions were more prevalent than any other of the National Health Priority Areas (NHPAs), with 31% of Australians suffering from one or more of these conditions. Arthritis and musculoskeletal conditions were also responsible for the main disabling condition in more than one in three Australians with a disability [1], and were a major area of health expenditure in 2001–02, with around \$4.6 billion spent on the conditions. Non-specific low back pain is described in a recent review of national guidelines as a diagnosis of exclusion, where pain caused by a suspected or confirmed serious pathology ('red flag' conditions such as tumour, infection or fracture) or presenting as a radicular syndrome have been ruled out. The review states that some guidelines, e.g. the Australian and New Zealand guidelines, do not distinguish between non-specific low back pain and radicular syndrome. Osteopathic Medicine is a medical system of diagnosis and therapy based on a set of overarching principles that give osteopathic medicine a holistic basis for its practice [6]. It is practiced worldwide, predominantly in developed western nations, and the practice varies from full medical scope in the US to allied/adjunctive health in the UK, Australia and New Zealand amongst others. A major foundation of osteopathic medicine worldwide is an evaluation of the somatic tissues for signs of dysfunction which is treated with a broad range of manual therapies and adjunctive care. Osteopaths manage a range of patients depending on the jurisdiction and scope of practice. Because of utilising the holistic diagnostic model and a broad range of manual techniques, Osteopathic Manipulative Treatment (OMT) cannot be confined to a single intervention.

Osteopathic medicine is one of the registered professions legally allowed to use Spinal Manipulative Therapy (SMT), defined as manual loading of the spine using short or long leverage methods [2], and SMT as a single modality has been heavily researched [7,8]. John Licciardone, principal author of the only systematic review of OMT in chronic low back pain and a senior clinical academic, warns that OMT is not chiropractic or simple SMT, but a complex intervention based on a multi-factorial diagnostic work up.

The results of a sample of 2238 patients presenting to 255 Australian osteopathic practices [10] demonstrate that chronic low back pain is a common presenting problem to these practices, and that the interventions are multi-dimensional. The most common primary presenting symptom was pain located in the lumbar spine (27.3%), and 51.2% of the primary presenting complaints were classified as chronic. The osteopathic intervention on this subset of patients was predominantly soft tissue techniques (78% received this modality), joint articulation (65%), muscle energy (58%), high velocity manipulation (synonymous with SMT) (55%) and exercise advice (42%).

The results of a pilot study surveying 342 osteopathic practices in the United Kingdom that collected data on 1630 patients demonstrated that pain located in the lower back was the most common presenting symptom (36%), and that 37.7% of patients presenting had chronic complaints. The most common osteopathic interventions for these patients were soft tissue techniques (78% received this modality), joint articulation (72.7%), high velocity manipulation (37.7%) and education (35.8%).

There is a need to evaluate the effectiveness of this service to these patients using rigorous research that can be applied to practice. A comparative review of the clinical trial literature of SMT or massage or osteopathy in the treatment of low back pain reveals an evidence base for SMT and massage, both modalities in use by osteopaths, but a lack of research into whole osteopathic

practice as demonstrated in the survey data mentioned. A Cochrane review of SMT in low back pain concluded that despite over 800 publications addressing this issue, evidence for the effect on low back pain is equivocal. The Cochrane review of 13 clinical trials of massage found that there is evidence that it may be beneficial for subacute and chronic low back pain in conjunction with exercise.

Osteopathic intervention for this study is defined specifically as manual intervention and lifestyle advice applied by an osteopath which would be considered by the osteopathic community to be consistent with osteopathic practice.

CHAPTER THREE

METHODS

Population and Sample

The target population for this study are individuals living with lower back pain.

Sample subjects were recruited randomly from the Bapcare Community Center Melbourne Australia. Volunteers to participate in the study were taken on a first come, first serve basis. The goal was to interview six to eight subjects who are currently living with lower back pain. This number was subject to change to ensure adequate data for analysis. Ultimately, eight patients participated in this study. Volunteers were required to be adults, age 21 to 65 years of age and their pain had to meet the definition for Chronic lower back nonmalignant pain.

Six women and two men participated in this study. Ages ranged from 31 years to 65 years. Three participants were employed; one was on permanent disability; and the remainder, temporarily disabled with hopes of returning to work in the future. Three participants had college degrees; one had some college; two had high school diplomas; and three had less than a high school education. 67% of the participants were covered under workers compensation insurance, two had private health insurance through their employer, and one was on Medicare with a supplemental insurance plan. Four of the subjects lived in the suburb of St Kilda and five lived in New port Melbourne.

All participants met the definition of chronic lower back pain in that they had been experiencing daily lower back pain for a minimum of three months. The actual duration of pain in this group of individuals ranged from one year to 26 years. Diagnoses included failed back surgeries; chronic low back pain; rheumatoid arthritis; trauma. All participants reported daily pain, ranging in severity from two to ten on a ten point scale.

Design

This was a qualitative study utilizing the phenomenologic approach. Phenomenological study seeks to describe meaning for a group of individuals (chronic low back pain patients) of their own lived experiences (perceptions) of a phenomenon (management of chronic pain) (Creswell, 2007). Through semi-structured interviews common themes were identified to describe shared experiences. Patient perceptions of treatment options were explored for commonalities and differences to paint a picture of the lived experience of pain management.

Data Collection

Data was collected through semi-structured interviews with participants in the Bapcare Community Center. The interviews were tape recorded and later transcribed. Each interview took approximately thirty minutes and no more than One hour. The researcher also took notes during the taped interviews regarding observations made. Basic demographic information was gathered from the participants, as well as information regarding the level of pain that they experienced on a daily basis, if they have ever visited an osteopath, how their treatment has progressed and their perceptions of osteopathy as a treatment option.

Instrumentation

The demographic questionnaire provided the following information regarding each subject: sex, age, marital status, dependents, primary diagnosis, date of original diagnosis, education, occupation, average income, health care coverage, distance to travel to access medical services, and whether residence (rural or urban). See Appendix A.

Participants were also asked to rate their level of pain using a numeric scale (0-10) and provide ratings of their best, average, and worst pain experiences. See Appendix E for the tool.

Based on phenomenological approach participants were asked three broad general questions.

What have you experienced in terms of treatment options for chronic low back pain management?

What contexts or situations have influenced or affected your experiences of treatment options for chronic pain management?

What is your perception of osteopathy treatment of chronic low back pain. The interview guide is attached as Appendix B.

Rights of Human Subjects and Participant Recruitment

Participants were assured anonymity, that participation was voluntary and that they could choose to discontinue their participation at any time.

Data Analysis

The interview tapes were transcribed verbatim without grammatical editing. The transcripts were triple spaced with wide margins to allow the insertion of memos, notes regarding changes in voice tone, and recollections of nonverbal behavior and emotional reactions. The transcripts were reviewed by the researcher while simultaneously listening to the tape recording to ensure their integrity and accuracy. Copies of the transcripts were made with one clean copy kept in

a secure place. Working copies were utilized for memo and note keeping in the data analysis process. All data including tapes and transcripts was maintained in a locked file cabinet and will be destroyed within three years of completion of the study. Each interview tape and associated transcription was coded to a consent form with a separate number.

CHAPTER FOUR

RESULTS

Report of Data

Review of the transcripts and interview notes resulted in the identification of eight prominent themes. Each theme will be presented individually with supporting quotes and data extrapolated from the transcripts.

Theme 1: Treatment options. Patients identified the following options as available to them: chiropractic treatment, physical therapy, medication, osteopathic manipulation, acupuncture, massage, surgery, spinal cord stimulation, implanted medication pumps, injections, .learning to live with it. and distraction. On osteopathy treatment options, these group of people generally felt treatment may not be authorized by the workers compensation insurer, thus limiting the options available to this group of patients.

A 42 year old woman indicated she didn't know what the options were and she depended on health care professionals to direct her care. She indicated she would generally visit a osteopath if she was referred, she also however felt that every time she went to a different practitioner, be it a

medical doctor, an osteopath, or an acupuncturist, and it didn't work, I walk away feeling like i was not getting the right care.

Five of the eight patients stated that over time the hope for a quick fix or resolution disappeared and was replaced with a feeling and a need to just learn how to live with it. Honestly, I have been getting the notion that I am just going to have to deal with it, so I don't really feel like I have a lot of options at this point.

Theme 2: Factors influencing treatment choice. Factors that influenced patients choices regarding pain management included financing, distance to care, the ability to locate good care, faith in medical providers, knowledge or the lack of regarding osteopathy treatment as an option, attitude, payer source, and whether or not the treatment recommended is invasive. Financing was a big issue and especially so amongst the patients with workers compensation insurance.

One 36 year old male reported that work comp tells me what to do.. A 42 year old female injured worker stated Work comp dictates what I do and can.t do.

Living for 24 years with rheumatoid arthritis, a 59 year old woman had another viewpoint on the subject, I decided long ago, just do what they tell me to, not look outside and waste my energy chasing dreams.. This subject expressed her strong faith in her medical providers to deliver the best medical care available.

An opposite view is that of a 42 year old with private health insurance, the biggest influencing factor was my lack of information regarding chronic back pain. I have gone from provider to provider over the past two years and still have no real diagnosis. I am still searching for better care and answers.

Attitude was another factor influencing choices regarding options for pain management.

Most participants expressed tiredness of trying different medications without positive effect.

Theme 3: No immediate fix. Frustration, patience, and no quick fixes dominated this theme. All eight of these patients have varying levels of pain every day. None are ever completely free of it.

None would agree that the methods employed to date had any lasting benefit and wonder if Osteopathy will. I've spent so much money and so much time only to have little relief in return..This patient has suffered low back pain for three years.

Theme 4: Life and situational changes. Patients with chronic back pain often experience major life changes. These changes affect ability to work, play and perform daily activities of living.

Decreased finances were common to all nine participants. The patients on workers compensation benefits suffered the most hardship, being unable to return to work in occupations that some had been doing all their lives. Even those with better insurance coverage, education, and current employment had some difficulty with treatment or medications not covered by insurance or necessary job changes to accommodate their new physical status. They indicated that if osteopathy was not recommended it will be above their finances to seek it personally.

Theme 5: Effects of increased level of activity. Although increasing activity is frequently recommended in the treatment plan of patients with chronic pain, all eight of the participants in this study reported that increasing activity frequently resulted in an exacerbation of pain. In spite of this, seven of the eight participants were engaged in an exercise program of some sort with five in active physical therapy treatment.

Theme 6: Emotional support. All nine participants depended on family and friends for emotional support. One mentioned her church and one was involved in step program that provided .great support in all realms of my life. Coworkers were seen as an asset for emotional support as well by a participant that works in health care.

Theme 7: Hopelessness. There was only one participant who expressed any hope

regarding her future with chronic low back pain. The question was, where do you see yourself in five years?

Theme 8: Listening/understanding. There was general feeling of not being heard or listened to, as well as being misunderstood by their health care providers, employers, family, friends, and coworkers. This generally contributed to feelings of frustration and hopelessness.

Theme 9: Depression. Five of the eight participants discussed depression openly, all were women. One woman related feelings of depression to the frustration with a lack of resolution and the inability to do all the things she did before. There was a concern about the label of depression as another stated. It is depressing. I denied that there could be any depression involved for awhile because I didn't want to be labeled as depressed because you know I was looking at it that they were just going to label me as somebody who had depression issues instead of dealing with what was going on here. That was my fear, but it is very depressing and it is hard. It is a struggle every day.. and it affects your motivation in trying other treatment options.

CHAPTER FIVE DISCUSSION AND CONCLUSIONS

Evaluation of Results

In this phenomenological study, participants diagnosed with chronic low back pain described their experiences with treatment options, perception on osteopathic treatment and contexts or situations that influenced or affected those experiences of treatment options. Participants described their experience with chronic low back pain to include options available to them; the effectiveness of the methods tried; lifestyle changes associated with their pain; feelings of hopelessness for the future relative to pain resolution as well as available options; the effects of increased activity; emotional support; the effects of listening and understanding; and depression. The perceptions regarding influencing factors on the choices of pain management options were varied with finances being the most frequently listed influence. Other influencing factors included attitude, decisions made by the insurer or payer, level of education, distance, quality of health care services available, faith in current health care providers, and knowledge regarding osteopathic treatment option for chronic low back pain management.

The sociocultural realm is apparent in the themes of available options, influencing factors, lifestyle changes, support, hopelessness, listening/understanding, and depression. The psychologic realm is present in influencing factors, effectiveness of pain management methods, support, hopelessness, listening/understanding, and depression. Developmental issues may also exist in the influencing factors theme.

Patients in need of chronic pain management services continue to struggle to find answers to their questions and resolution of their situation.

The results of this qualitative study support the need for ongoing research, specifically addressing the patient's perceptions regarding all realms of the patient system. Education of the public, primary health care providers and other health care professionals regarding chronic low back pain management continues to be an issue, as these patients describe their difficulties with obtaining information regarding available options such as osteopathy. This study identified as well the need to continue to develop the art of listening and empathy. Health workers have typically been seen as care providers willing and capable of listening and displaying empathy. What continues to be lacking however, is the ability for health workers to communicate what they have heard to other care providers responsible for directing the care of patients with chronic low back pain. If we, as care providers, identify in our patients the psychologic, sociocultural, developmental, physiologic, and/or spiritual factors influencing the ability to restore or maintain system stability in chronic low back pain patients, we are one step closer to achieving comprehensive and standardized treatment methods for persons suffering from chronic pain in which osteopathy has been seen as the preferred non invasive treatment option.

Recommendations

Medical care providers directing the care of patients with chronic low back pain need to be aware of the multiple factors that may impact how this population of patients perceived options available to them and the effectiveness of those options tried. Assessment questions should include those directed to gather information regarding sociocultural, psychological and spiritual stressors. A simple question such as .what.s going on in your

life these days?. should open the door to explore the presence of these stressors. Care providers must recognize the multifactoral nature of chronic low back pain to provide quality pain management.

Education regarding chronic pain management options such as osteopathy was identified in this study as a need for care providers as well as the patient population. We, as osteopaths, must seek out current information regarding pain management available and current practice standards regarding pain management. Care providers need to be aware of when a referral to comprehensive pain management services is warranted, as patients clearly benefit from receiving treatment promptly. It would be helpful to provide patients with educational materials and a list of options that provide treatment to address physiological, psychological, sociocultural, and spiritual aspects of chronic pain.

Finally

It was apparent in the statements of participants in this study that care providers work to develop the skill of listening. We all appreciate it when we feel heard. In busy medical practice offices with limited time to see each patient we need to remind ourselves to take a deep breath before entering the room and direct our attention to the person sitting there, waiting for our services.

From the standpoint of future research, this study provided information regarding patient perceptions of osteopathic treatment and experience with chronic low back pain treatment options for eight patients in Melbourne.

Factors influencing patient perceptions of chronic pain and the treatment options available included effectiveness and quality of treatment provided; lifestyle changes; financing/payer sources; hopelessness, depression, listening/understanding, attitude, education, and distance. Each of these factors warrants specific research in its own right.

Efforts to increase our knowledge base and understanding of osteopathy will lead to higher levels of care for patients suffering from chronic low back pain.

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APPENDICES

APPENDIX A DEMOGRAPHIC SHEET

APPENDIX A

Demographic Information

Age: _____ **Sex:** male _____ female _____

Marital status: Single ____ Married ____ Separated ____ Divorce ____
Widowed ____

of children and ages

Your education: Less than 12 years ___ High School ___ Some College

4-yr. graduate ___ Graduate ___

Occupation: _____

Average household yearly income:

Healthcare coverage: Employer or self-paid insurance/PPO ___ HMO ___
Medicare/disability ___ Medicare ___ Worker.s comp ___ Self-pay ___

Place of residence:

Primary diagnosis of chronic low back pain and date of diagnosis: _____

Distance to travel (miles) to obtain pain management services: _____
emergency services _____ routine medical care _____

**APPENDIX B
INTERVIEW GUIDE**

**APPENDIX B
*Interview Guide***

Description of typical day . cues: before pain management program and after

What makes pain better or worse

What is your understanding of current options available for low back pain management

What factors influence your choices regarding low back pain management cues: finances, distance, access
Current methods utilized to manage low back pain
Perception of effectiveness of current methods
Have you heard of Osteopathy
What do you think Osteopaths do
Have you had any osteopathy treatment for your low back pain
Life changes/adjustments related to chronic pain
Information regarding primary caregiver in relation to pain management
Sources of emotional support
Where do you see yourself in 5 years, 10 years . cues: hopeful vs. no hope; expectations regarding medical advances
Any other comments
Thank you

APPENDIX D
REQUEST FOR COPY

APPENDIX D

Request for copy of the results summary

Please fill out this form if you would like to receive a copy of the summary of results of the study .Patient Perceptions of Treatment Options for Chronic low back Pain..

Name: _____

Mailing address: _____

This information will remain confidential and will not be included in the study information.

APPENDIX E
NUMERIC RATING PAIN SCALE

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APPENDIX E

Numeric Rating Pain Scale

0 _____ No pain

1 _____

2 _____

3 _____

4 _____

5 _____ Moderate pain

6 _____

7 _____

8 _____

9 _____

10 _____ Unbearable pain