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Original article

Motivational strategies for returning patients with low back pain to usual activities: A survey of physiotherapists working in Australia

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ABSTRACT

Timely resumption of usual activities is integral to successful functional outcomes in individuals with low back pain (LBP). Little is known about how physiotherapists motivate their patients achieve this. This study examined physiotherapists' knowledge, reported usage and training in a set of 12 motivational strategies. The results of an online cross sectional survey of 170 Australian physiotherapists were compared descriptively, and potential associations between therapist training and strategy use, confidence and perceived effectiveness analysed. Participants considered it extremely important to motivate individuals with LBP to return to usual activities and most commonly reported managing this aspect of treatment exclusively. Active goal setting was the most recognised motivational strategy and trans-theoretical based counselling the least recognised. Provision of verbal information and praise/encouragement were reported as the most frequently used strategies. The most common reasons for not using a familiar motivational strategy were time constraints and lack of training. Training in active goal setting was associated with greater use, confidence and perceived effectiveness and was most commonly perceived as moderately effective. Cognitive behavioural therapy was well recognised and training associated with greater use and confidence but not perceived effectiveness. Motivational interviewing was known to approximately half of respondents, consistent with its infancy in LBP and training was not associated with use, confidence or perceived effectiveness. Further research into clearly defined, time efficient and physiotherapy specific motivational interventions for individuals ambivalent to returning to usual activities following an episode of low back pain, may help address the issues identified by the current survey.

1. Introduction

In Australia the lifetime prevalence of an episode of low back pain (LBP) has been estimated as 79.2% (Walker et al., 2004). Although the majority of people recover from an acute episode (Grotle et al., 2005), the small percentage of individuals who go on to experience recurrent or ongoing LBP represent the greatest strain on resources, evidenced by disproportionate financial and healthcare demands (Dagenais et al., 2008; Costa et al., 2012). Physiotherapists, as primary contact practitioners in Australia (Dean, 2008), are often responsible for returning patients to physical activity in a timely manner, as per international LBP care guidelines (Koes et al., 2010). Motivation, the process of influencing an individual's behaviour (Miller and Rollnick, 2012), is a treatment modality available to physiotherapists to potentially assist in facilitating behaviour change in their patients.

Praise and encouragement is well received as a motivational strategy by athletes undergoing rehabilitation from injury (Fisher and Hoisington, 1993). In low back pain research praise and encouragement have been studied in the form operant therapy, which advocates positive reinforcement of healthy behaviours (Henschke et al., 2011). While this approach may be easily incorporated into physiotherapy treatment (Brunner et al., 2013), any effect on functional outcomes is unclear (Henschke et al., 2011). Education regarding the clinical course of LBP and the importance of remaining active has been well studied in LBP samples (Engers et al., 2008). A single two and a half hour independent educational session has been shown to be more effective than no intervention for return to work in individuals with sub-acute low back

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pain (Engers et al., 2008). However, when compared with other common interventions such as massage and heat therapy, the effect of education on LBP recovery is inconclusive (Engers et al., 2008). The use of scare tactics, such as presenting worst case scenarios to patients if they are not compliant with treatment recommendations, have been implemented in public health campaigns to advocate behaviour change (Brookes and Harvey, 2014). Although this approach is not well described in the literature regarding the management of LBP, athletes undergoing rehabilitation for an injury report responding poorly to this from of motivation (Fisher and Hoisington, 1993).

Motivational Interviewing (MI) is a collaborative counselling technique which aims to address client ambivalence towards healthy behaviour change (Hettema et al., 2005; Rubak et al., 2005; Lundahl et al., 2010; Miller and Rollnick, 2012). MI has an established literature base supporting its use in assisting people with drug and alcohol addiction (Burke et al., 2003; Rubak et al., 2005; Valsilaki et al., 2006; Lundahl et al., 2010) and body weight issues (Burke et al., 2003; Rubak et al., 2005; Armstrong et al., 2011) to implement healthy behaviour changes. Although, MI has also been shown to increase physical activity levels in individuals with chronic health conditions (Brodie and Inoue, 2005; Ang et al., 2011; O'Halloran et al., 2014) MI is in its infancy with regards to the treatment of low back pain (Chilton et al., 2012; Holden et al., 2014).

Cognitive behavioural therapy (CBT) encompasses a set of techniques which aim to facilitate healthy behaviour change through restructuring maladaptive thought patterns and emotions (McMahon, 2007). Components of CBT may include: Active goal setting (agreed therapist/client goals (Friedrich et al., 1998)); cognitive rehearsal (virtual rehearsal of painful or avoided activities (Schütze et al., 2014)); cognitive restructuring and imagery (identifying and restructuring negative emotions regarding pain and implementing relaxation techniques to help manage the physiological effects of pain (Turner and Jensen, 1993)); positive and negative reinforcement of desired/undesired behaviours (Henschke et al., 2011); behavioural contracts (formal contracts between therapists and clients regarding agreed goals (Friedrich et al., 1998)); and activity diaries (Friedrich et al., 1998). Of the many conditions CBT has been used with, the strongest evidence for its use seems to be in the treatment of anxiety disorders, somatoform disorders, bulimia, anger control issues and stress (Hofmann et al., 2012). CBT interventions for chronic low back pain have been shown to have no effect on short term functional status when compared with wait listed controls (Henschke et al., 2011). In individuals with chronic pain, CBT has been shown to have a small positive effect on disability when compared with other active interventions including physiotherapy and education (Williams et al., 2012).

Transtheoretical Model (TTM) based counselling is a technique based on identifying whether an individual is contemplating, preparing or maintaining behavioural changes and tailoring treatment strategies based on the person's readiness to change (Basler et al., 2007). Although TTM based counselling has been implemented in LBP samples, the content of what defines a TTM based intervention is inconsistent and any effect on physical activity for individuals with LBP remains uncertain (Holden et al., 2014).

There is currently a lack of survey data regarding physiotherapists' knowledge and use of motivational strategies to influence behaviour change in LBP populations (McGrane et al., 2015). Extant surveys of physiotherapy management of LBP predominantly focus on manual and exercise therapy and electrotherapeutic modalities (Fidvi and May, 2010; Foster et al., 1999; Gracey et al., 2002; Liddle et al., 2009; Pensri et al., 2005; Turner and Whitfiled, 1999). Where psychosocial treatments are considered by physiotherapy practice surveys, they are limited to advice and education (Fidvi & May; Gracey et al., Liddle et al.). A survey of UK sports physiotherapists regarding the psychological content of their practice found therapists utilised enhancement of self-confidence as a treatment strategy, although how therapists facilitated this was unclear (Arvinen-Barrow et al., 2007). Two surveys of sports physiotherapists in the UK found therapists feel it is important they receive further training in understanding patient motivation with regards to return to sport following injury (Heaney, 2006; Arvinen-Barrow et al., 2007).

The aim of the current survey was to examine Australian practicing physiotherapists' knowledge of potential motivational strategies to facilitate return to usual activities in individuals with LBP. For strategies with which respondents were familiar, the survey explored the level of therapist training, confidence using a strategy, therapist perceived effectiveness and reasons for non-use. The secondary aim was to establish if training was associated with usage, confidence and therapist perceived effectiveness of each familiar motivational strategy.

2. Method

Physiotherapists were eligible to participate if they held current Australian Health Practitioner Regulation Agency registration, had seen an average of at least two patients with LBP per week in the preceding 12 months and had internet access.

2.1. The survey instrument

A web based survey using the platform Survey Monkey (Palo Alto, California) was chosen, as it allowed respondents to complete the survey at their convenience on a laptop, PC, tablet or smart phone (Rea and Parker, 2005). The majority of questions were closed to ensure respondents considered the same set of responses to allow for statistical comparison (Rea and Parker, 2005). Likert scales (E-addendum) were developed by the authors for questions which required a graduated response, balancing the complexity of the question matter with the survey's time constraints (Rea and Parker, 2005; Vagias, 2006).

Following three questions regarding the importance of motivating patients with LBP to return to usual activities, respondents were presented with 12 motivational strategies and asked if they were familiar with each strategy. For each strategy with which a respondent was familiar they were asked five questions: frequency of use; perceived effectiveness; level of confidence using the strategy; highest level of training in the strategy and how recently training was completed. The 12 motivational strategies (E-addendum) were identified by the authors (one current practicing private physiotherapist with six years clinical experience, one non-practicing academic physiotherapist and former head of physiotherapy at LaTrobe University and one current practicing health and rehabilitation psychologist with over 15 years of clinical and academic experience) as likely to be used by physiotherapists or included in physiotherapy training. A strategy was included if part of the aim was to influence client behaviour (Miller and Rollnick, 2012). Demographic questions ($N = 5$) were placed at the end of the survey to minimise the threat value of potentially sensitive information (Boynton et al., 2004; Rea and Parker, 2005). The number of questions a respondent was required to answer was determined by how many strategies they were familiar with and varied between 22 (if familiar with no strategies) and 87 (if familiar will all of the strategies).

An initial survey was piloted with a convenience sample of two current practicing physiotherapists known to the primary author (JH). The survey took an average of 23 min to complete and qualitative feedback from semi structured interviews with the two respondents resulted in six minor grammatical changes.