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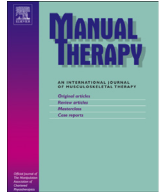

Original article

Clinical challenges of classification based targeted therapies for non-specific low back pain: What do physiotherapy practitioners and managers think?

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A B S T R A C T

Background: Classification of non-specific low back pain (NSLBP) was recommended to better target care and so maximise treatment potential. This study investigated physiotherapy practitioners' (PPs) and managers' (PMs) views, experiences and perceptions of barriers and enablers for using classification systems (CSs) to better target treatment for NSLBP in the NHS primary care setting.
Design: Qualitative focus group and interviews.
Methods: Data from semi-structured interviews of three PMs and a focus group with five PPs, considered local opinion leaders in physiotherapy, was thematically analysed.
Results: Five themes emerged (i) CS knowledge: PPs and PMs were aware of CSs and agreed with its usefulness. PPs were mostly aware of CSs informing specific treatments whilst PMs were aware of prognosis based CSs. (ii) Using CSs: PPs classify by experience and clinical reasoning skills, shifting between multiple CSs. PMs were confident that evidence-based practice takes place but believed CSs may not be always used. (iii) Advantages/disadvantages of CSs: Effective targeting of treatments to patients was perceived as advantageous; but the amount of training required was perceived as disadvantageous. (iv) Barriers: Patients' expectations, clinicians' perceptions, insufficiently complex CSs, lack of training resources. (v) Enablers: Development of sufficiently complex CSs, placed within the clinical reasoning process, mentoring, positive engagement with stakeholders and patients.
Conclusions: PPs and PMs were aware of CSs and agreed with its usefulness. The current classification process was perceived to be largely influenced by individual practitioner knowledge and clinical reasoning skills rather than being based on one CS alone. Barriers and enablers were identified for future research.

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1. Background

Low back pain (LBP) is a highly prevalent and disabling pain disorder impacting on people's health and quality of life worldwide (Ehrlich, 2003). Each year 6–9% of adults consult their GPs about back pain (Dunn and Croft, 2006; Jordan et al., 2010) which in the majority of cases is non-specific (NSLBP) (Waddell, 2004). Most available treatments have low to moderate short lasting benefits (Pransky et al., 2010; Patel et al., 2013), suggested to result from the NSLBP heterogeneity and variable treatment response (O'Sullivan, 2006). Identification of subgroups to better target care and maximize treatment potential is a pressing research priority (Costa et al., 2013) and was a key research recommendation in a recent National Institute of Clinical Excellence (NICE) Guideline for Early Management of Persistent Non-Specific Low Back Pain (Savigny et al., 2009). Whilst there is some evidence that health practitioners recognize the multifactorial nature of back pain and its unlikeliness to respond to a single management approach, the consensus on how to subclassify NSLBP is lacking (Kent and Keating, 2004, 2005). This may pose a potential challenge for implementation of classification system (CS) based treatments for NSLBP in clinical practice. Gathering views from and knowledge of local health service groups and clinical opinion leaders is thought critical for successful implementation of guidelines and research into clinical practice (van Tulder et al., 2002a; Cote et al., 2009). To the best of our knowledge, opinions of health service groups such

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as the UK National Health Service (NHS) physiotherapists, whose workload predominantly consists of managing patients with NSLBP, has not previously been investigated.

The aim of this study was to evaluate a group of UK NHS physiotherapists and managers experiences and perceptions of barriers and enablers for implementation of classification systems to better target treatment for NSLBP in the NHS primary care setting.

2. Method

2.1. Design

A qualitative phenomenological approach, using semi-structured interviews and a focus group, was used to gain deeper understanding and knowledge through exploring personal accounts and people's experiences (Petty et al., 2012a, 2012b) (Stenfors-Hayes et al., 2013). Ethical approval was gained from the Research Ethics Committee for Wales (Reference number 10/MRE09/28).

2.2. Participants

Critical case sampling of Primary Care Physiotherapy Practitioners (PP) and Managers (PM) considered by their peers as the opinion leaders within the two Health Boards in Wales, UK were recruited. Opinion leaders (also termed as the Informal Opinion Leaders) are considered to be credible and representative of other team members' attitudes and behaviours and therefore considered to hold views more representative of wider clinical opinion (Flodgren et al., 2011). The selection process involved the informant method (Valente and Pumpuang, 2007) where the physiotherapy staff from both Health Boards were asked to nominate individuals they consider as opinion leaders. In addition, the respective Heads of Therapies responsible for staffing, organisation and delivery of back pain management care pathways were consulted to contribute to the nominations. All nominated individuals were sent an invitation letter and those expressing interest in participating were sent an information sheet and were contacted by the researcher (LS) to further clarify any questions regarding their participation. Written informed consent was gained prior to data collection.

2.3. Data collection

Data from the PPs was obtained via a focus group. The PMs undertook individual semi-structured interviews as it was not logistically possible to select a single date suitable to all managers. In addition, in line with guidance on conducting focus groups (Stenfors-Hayes et al., 2013), it was felt that PMs responsible for service delivery in the neighbouring Health Boards would speak more openly about their views and experiences in an interview setting rather than in a focus group environment. Due to clinical demands a second focus group only recruited one PP who was subsequently interviewed individually. The focus group took place on Cardiff University premises and the interviews were conducted in PMs' own offices for convenience reasons. The researcher conducting the focus group and interviews (PC) was known to all

Table 1
Topic guide for (a) Physiotherapy Practitioners (b) Physiotherapy Managers.

(a) Topic Guide for Physiotherapy Practitioners
What do you see classification for LBP to be?
What is your understanding of LBP classification/CS based targeted physiotherapy treatments?
What do you see as your role in delivering targeted treatments?
Do you use classification to target physiotherapy treatments?
What is your role in delivery of CS based targeted treatments?
Do you refer to relevant CS based targeted treatments?
What is the role of the Physiotherapy Department as a whole implementation/delivering targeted treatments to manage LBP?
What are the barriers/challenges?
What do you know about CS based targeted treatments for LBP?
How can patients' access CS based targeted treatments?
How do you feel about delivering CS based targeted treatments? (your autonomy, expertise, knowledge)
What are the managers' attitudes and perceptions? (costs, organization, fit with other services)
What are patients' attitudes and perceptions?
What issues are important when delivering/implementing targeted treatments to manage CLBP?
What are you confident/not confident about managing?
What are the difficulties/barriers of delivering/implementing CS based targeted interventions?
What might help you to deliver/implement CS based targeted interventions more effectively?
(b) Topic Guide for Physiotherapy Managers
What do you see classification of LBP to be?
What is your understanding of LBP classification/CS based targeted physiotherapy treatments?
What do you see as your role in implementing targeted treatments?
Do your departments use classification to deliver targeted physiotherapy treatments?
What is your role in delivery/implementation of targeted treatments?
Do your practitioners refer to relevant CS based targeted treatments?
What is the role of the Physiotherapy Department as a whole in implementation/delivery of targeted treatments to manage LBP?
What are the barriers/challenges?
What do you know about CS based targeted treatments for LBP?
Are patients aware of targeted treatments and how do patients access targeted treatments?
How do you feel about implementing classification to target physiotherapy treatments? (costs, fitting in with other services, confidence in clinicians to be able to deliver it?)
What are the clinicians' attitudes and perceptions? (clinicians' autonomy, expertise, knowledge)
What are patients' attitudes and perceptions?
What issues are important when delivering/implementing CS based targeted treatments for LBP?
What are you confident/not confident about managing?
What are the difficulties/barriers of delivering/implementing CS based targeted interventions?
What might help you to deliver/implement CS based targeted interventions more effectively?

Key: CS=Classification System.

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