



Do musculoskeletal physiotherapists believe the NICE guidelines for the management of non-specific LBP are practical and relevant to their practice? A cross sectional survey

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Abstract

Background Evidence-based practice has become fundamentally important in the field of musculoskeletal physiotherapy, which include clinical practice guidelines, such as those developed by National Institute for Health and Clinical Excellence (NICE) for low back pain.

Objectives To gauge whether musculoskeletal physiotherapist working in the UK are compliant with the NICE guidelines for back pain, and if they believe them to be practical and relevant to their current practice.

Design Descriptive cross-sectional voluntary electronic survey.

Methods A survey of musculoskeletal physiotherapists currently working in the UK was conducted through an anonymous online data collection website over a two month data collection period. Data was collected about demographic details of participants, and their views about the NICE guidelines through a specially designed questionnaire, and are presented descriptively.

Results Two hundred and twenty-three therapists participated. Following a thematic content analysis seven key themes were identified about the guidelines: they facilitated evidence-based practice; they were unrealistic and idealistic; they did not facilitate a multimodal approach; they promoted largely a passive approach; they challenged therapist autonomy; they were outdated; they lacked relevance and specificity.

Conclusion Musculoskeletal physiotherapists strongly believe in the principles of EBP, and thought the NICE back pain guidelines were relevant to their practice. However the recommendations made within the guidelines were not realistic in day to day practice and they impacted negatively on the practice in a number of ways.

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Keywords: Clinical practice guidelines; Evidence based practice; Low back pain; National Institute for Health and Clinical Excellence (NICE); Non-specific low back pain

Introduction

In order to assist physiotherapists in providing care that is aligned with evidence-based practice (EBP) in the treatment of low back pain (LBP), clinical practice guidelines have been developed [1]. These guidelines endeavour to locate, review and summarise the best available scientific evidence and consequently, guidelines are said to be vital tools for clinicians [2,3]. Adherence to recommendations made by guidelines regarding LBP has been linked to both improved clinical outcomes and decreased costs [4].

In the past few decades numerous clinical guidelines for LBP have been published, some of these are national and some are international. As part of this initiative the National Institute for Health and Clinical Excellence (NICE) released UK guidelines on the management of persistent non-specific LBP (NSLBP) [5]. They defined this group as NSLBP between the rib cage and the buttock crease lasting more than six weeks, but less than 12 months. The content of the NICE LBP guidelines appears to be similar to that of other guidelines produced in other countries [1,3,6], and key components are summarised in Table 1 (on-line material).

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Since their publication these guidelines and other guidelines have been criticised [7–9]. Therapists identified limitations of guidelines in that they may not be applicable to all their patients, and that they not reflect patients' expectations of treatment [7]. The NICE guidelines have been criticised for omitting part of the evidence [8], ignoring the limited evidence for and risks of manipulation, which is one of the main recommendations, and at risk of bias from the NICE panel [9]. Furthermore, research into EBP and guidelines in general show that compliance is often poor [3,8,10,11]. Three years after the initial publication, a review of the NICE guidelines was conducted, and it was concluded that they should be updated [12]. The aim of the present research was to survey musculoskeletal physiotherapists working in the UK about their compliance with the NICE guidelines, and to determine if they think them to be practical and relevant to their current practice.

Methods

A questionnaire design was used to collect data via an on-line website (www.surveymonkey.com). The questionnaire was designed specifically for this research, and is available from the authors on request, and in the on-line supplementary information. The questionnaire was reviewed by both authors to check whether the research questions would be answered. A pilot study was performed with eight musculoskeletal physiotherapy work colleagues [19], who gave feedback on the survey and slight changes were made to ensure the questionnaire was valid, user friendly and fit for purpose. A web-based survey method was chosen for cost and anonymity [13]. The validity and reliability of this form of data collection are comparable to those obtained by more traditional methods [14–17].

Given the research question only musculoskeletal physiotherapists working in the UK were invited to participate, at any level of seniority, any years of experience, any age, and work in the NHS or in the private sector. Physiotherapists working within other specialities were excluded from the research. Although these criteria could not be strictly enforced due to the anonymous data collection method, it was hoped that the professional nature of the individuals concerned would ensure that these requirements were met [18].

To aid recruitment an advertisement was placed in the Chartered Society of Physiotherapists (CSP) fortnightly magazine, *Frontline*. The interactive CSP (iCSP) website, which is the online learning and networking resource for members of the CSP, was also used to gain participants (www.csp.org.uk/icsp). In addition to this other forms of web-based and social media were used to request musculoskeletal physiotherapists to take part in the study; namely Facebook (www.facebook.com), Twitter (www.twitter.com) through general channels, and

the physiotherapy based discussion forum, *PhysioForum* (www.physiobob.com/forum) [20].

A two month data collection period was used, from May to end of June 2012. The survey produced both quantitative and qualitative data; however the majority of the quantitative data was primarily demographic in nature and did not relate directly to the research question. The quantitative demographic details were presented as summed totals and percentages to give a general description of the therapists involved. The data addressing the research question were principally yes/no responses, and open text boxes. The closed questions were presented in percentage terms. The open question responses were analysed by confirming consistent responses from different participants around common themes [21,22]; this was done by the first researcher and reviewed by the second author to ensure that themes were consistent and comprehensive. At least 50% of respondents had to raise similar ideas, although the words used might be slightly different, for it to constitute a theme.

Results

Following the two month data collection period, there were 239 respondents in total with an 82% rate of completion of the full questionnaire. Following the removal of questionnaires that did not fulfil the inclusion criterion of therapists currently working within the field of musculoskeletal physiotherapy, the study was left with 223 participants and an 84% rate of completion of the full questionnaire (187 participants). Incomplete surveys were included in the final data analysis, in order that all relevant information could be evaluated, and where incomplete data was substantial the percentage of missing data has been given. The majority of participants were women, they represented a range of ages and experience, they had trained both in the UK and abroad, and they worked both in the NHS and in private practice (Table 1). This appears to be representative, as the majority of therapists are female, and do range in age, years since qualification, and practice settings.

This is clearly a very small proportion of the total number of therapists practising in the UK; there are 48,209 registered on the Health and Care Profession Council's website (www.hpc-uk.org/). However the majority of these would be non-musculoskeletal therapists and so not eligible to participate, maybe only a quarter are musculoskeletal therapists, but this is merely an estimate. If 12,000 therapists would have been eligible to participate then 223 is still a very small percentage of the whole, no more than 0.02%.

On the question of whether or not musculoskeletal physiotherapists should conduct EBP, 99% felt that they should. When therapists estimated the percentage of their patients who presented with LBP they reported this to be 0 to 24% by 6% of therapists, 25 to 49% by 36%, 50 to 74% by 45%, and 75 to 100% by 13% of therapists. When therapists estimated the percentage of their LBP patients who fitted the NICE

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