

Back to Rehab

Welcome from
the Applied Research Collaborative and
the Academic Health Science Network North
East North Cumbria

Victoria Strassheim

victoria.strassheim@ahsn-nenc.org.uk

and

Denis Martin

D.Martin@tees.ac.uk

Aim of the event

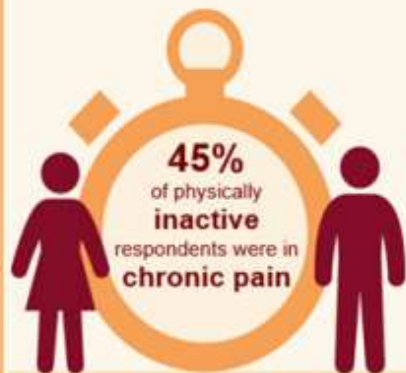
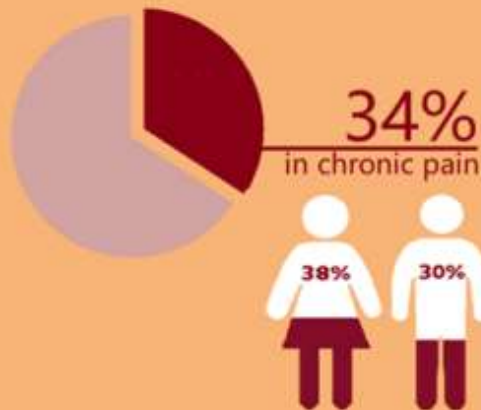
- Explain the Issue: Back Pain and Opioids
 - Regional Spinal Pathway 2016
 - How far and to what extent has the spinal pathway been adopted
 - 32% of people with back pain are prescribed Opioids
 - High prescription rates in the North East, this is an area we as physio's and exercise professionals can help.
- Gain stakeholder Buy in
- Learn more from people at the coal face

Agenda

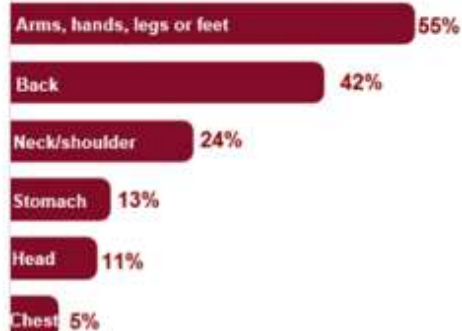
- 14:00 – Welcome and Introduction Victoria Strassheim
- 14:15 – Pain killers don't exist Campaign Ewan Maule
- 14:30 - Flippin' Pain Campaign Cormac Ryan
- 14:45- The Campaign to Reduce Opioid Prescription Sue Hart
- 15:00- ESCAPE pain back programme and J.P.A. Role Mike Hurley
- 15:15- Cognitive Behavioural Skills to Treat Back Pain Esther Williamson
- 15:30- Comfort break
- 15:45- Workshops
 - Trade Union Congress and Occupational Health – reasonable workplace adjustments.
 - Patient Reported Outcome Measures and wider outcomes on the North of England Back Pain Pathway.
 - Making Every Contact Count and Social Activity
 - Cognitive Behavioural Therapy
 - Persistent Physical Symptoms on an Integrated Care Pathway
 - Education Resource Platform
- 16:15- What next, questions, thank you.

Chronic pain in adults 2017 - Summary

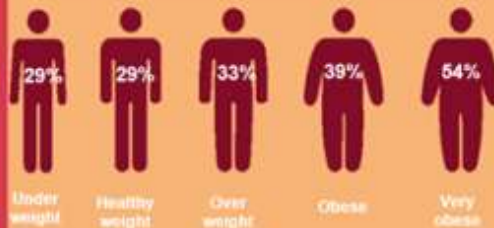
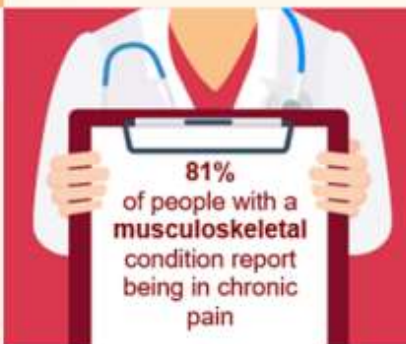
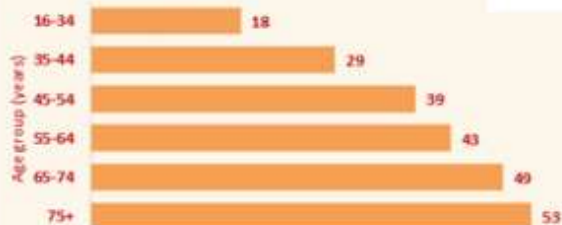
Source: Health Survey for England 2017



Location of chronic pain



Chronic pain increases with age



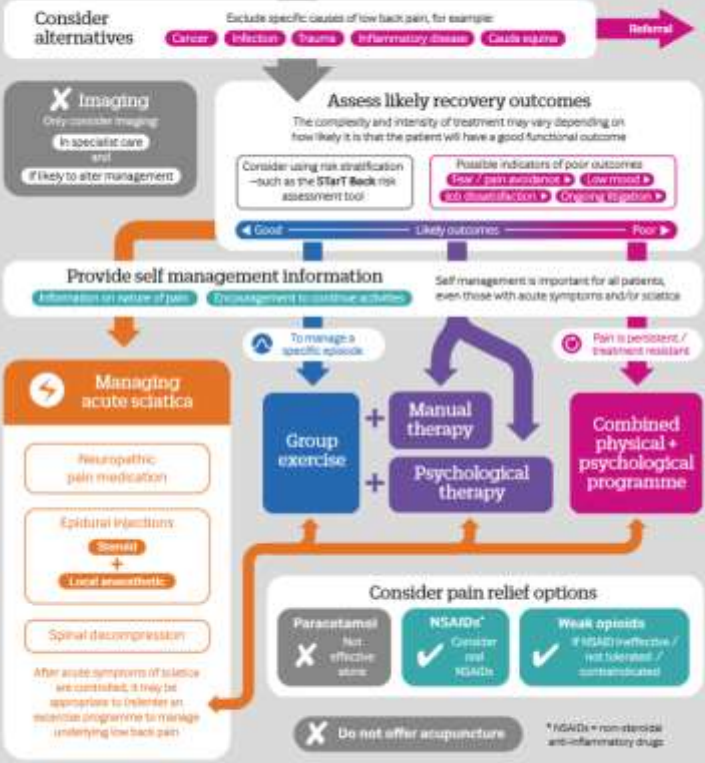
Chronic pain increases with BMI

Spinal Pathway

Visual summary

Managing low back pain and sciatica

A brief overview the new NICE guidelines, from the perspective of a patient presenting in primary care.



Poll Question 1 :

- Is your service delivering the spinal pathway the way you would like it to?

Challenges to managing back pain

Previous short term 'success' of passive interventions
Lack of local group exercise classes
Length of time to be seen in pain team/ living well with pain team

willingness to change acceptance
not ready to change – pre-contemplative
cure seeking

Mixed messages from health professionals.
Patients expectations/resistance to change
Lack of psychological support

Pre conceived ideas, over investigation, lack of support from secondary care with urgent cases, ongoing support in community once physio is finished

Usually the patients we see are very chronic and may or may not have been through Pain Clinic at some point in their life.
I find changing patients perceptions about back pain and their activity levels very difficult and challenging their beliefs about their pain.

Societal beliefs around structure and pain.
Environmental limitations on someone's ability to live a healthy life (caring for their physical and mental health).

Long term dependency on meds to help with back pain and resistance to change.

Fear avoidance
Learned behaviours
Catastrophising
Unaccepting of physio being a valuable treatment option

numbers of them

request for meds
always a belief something structural
difficult to get people off opioids
getting patients to understand the face unlikely a "physical issue"
lack of many analgesic options as so many now unable to use

people coming to terms with managing their pain, their unrealistic expectation that a tablet or an operation will fix them
getting people not to fear their pain

Psycho-social issues, poor locus of control, pt preference for manual therapy, poor urgent care pathways, distant relationships with secondary care

People looking for unnecessary imaging
People catastrophizing
kinesiophobia - fear avoidance of movement / exercise
overall changing people's beliefs and perceptions of pain
trying to avoid the use of opioids and reduce / stop them once taking them

Challenges to managing back pain

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type of treatment

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Lack of joined up
approach from Primary
to Secondary Care
regards language used
to patients.

requesting for
unnecessary imaging
People catastrophising
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Pre conceived ideas,
over investigation, lack
of support from
secondary care with
urgent cases, ongoing
support in community
once physio is finished

Paradigm shift

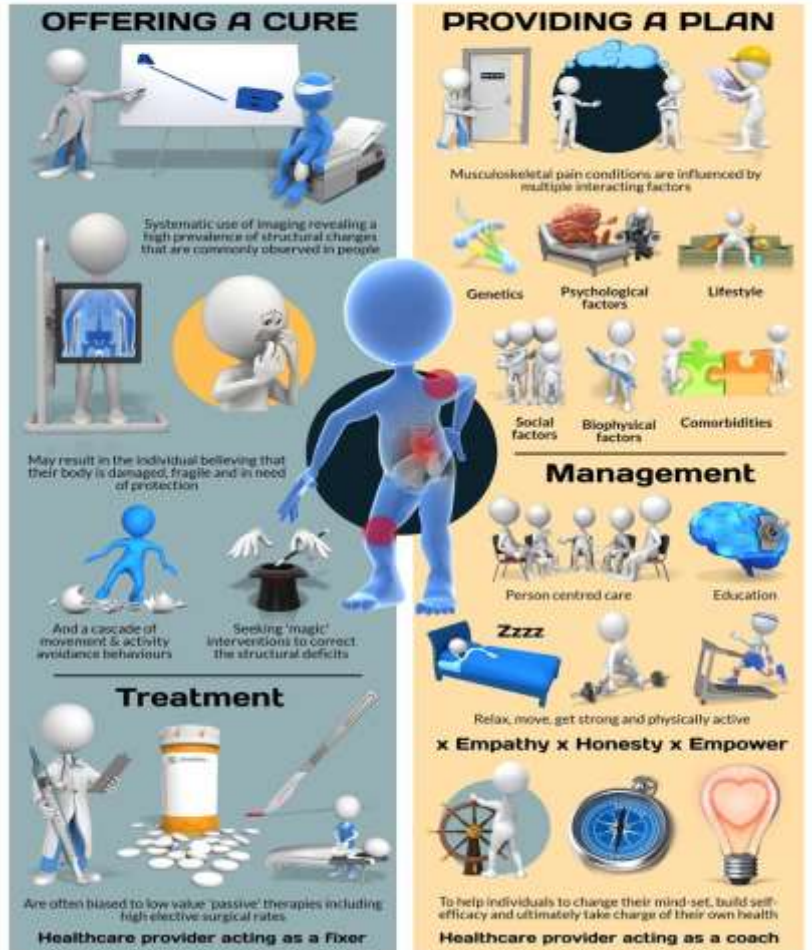
Move from

- Offering fix/ cure
- Understanding and developing a personalised management plan
- Act as a 'Guide at the side' not 'the Sage on the stage'
- Behave more like a 'Gardener' less like a 'Tree surgeon'

It's time to reframe how we care for people with non-traumatic musculoskeletal pain?

Reference: J. Lewis & P. O'Sullivan, BJSM 2018
@JeremyLewisPT, @PeteOSullivanPT

Designed by @YLMSportScience with @darkpsyco



The infographic is divided into two main columns. The left column, titled 'OFFERING A CURE', depicts a healthcare provider pointing at a whiteboard while a patient sits on a bed. It includes an illustration of a person with a brain scan and text stating: 'Systematic use of imaging revealing a high prevalence of structural changes that are commonly observed in people'. Below this, a person is shown with a large blue figure of a body, with text: 'May result in the individual believing that their body is damaged, fragile and in need of protection'. Further down, a person is shown with a large blue figure of a body, with text: 'And a cascade of movement & activity avoidance behaviours'. At the bottom, a person is shown with a large blue figure of a body, with text: 'Seeking "magic" interventions to correct the structural deficits'. The right column, titled 'PROVIDING A PLAN', shows a person standing next to a large blue brain. Text states: 'Musculoskeletal pain conditions are influenced by multiple interacting factors'. Below this, three categories are listed: 'Genetics', 'Psychological factors', and 'Lifestyle'. Further down, three categories are listed: 'Social factors', 'Biophysical factors', and 'Comorbidities'. Below this, a person is shown with a large blue figure of a body, with text: 'Management'. At the bottom, a person is shown with a large blue figure of a body, with text: 'Person centred care' and 'Education'. At the bottom right, a person is shown with a large blue figure of a body, with text: 'Relax, move, get strong and physically active' and 'x Empathy x Honesty x Empower'. At the bottom left, a person is shown with a large blue figure of a body, with text: 'Zzzz'. At the bottom right, a person is shown with a large blue figure of a body, with text: 'To help individuals to change their mind-set, build self-efficacy and ultimately take charge of their own health'. At the bottom left, a person is shown with a large blue figure of a body, with text: 'Healthcare provider acting as a fixer'. At the bottom right, a person is shown with a large blue figure of a body, with text: 'Healthcare provider acting as a coach'.

OFFERING A CURE

Systematic use of imaging revealing a high prevalence of structural changes that are commonly observed in people

May result in the individual believing that their body is damaged, fragile and in need of protection

And a cascade of movement & activity avoidance behaviours

Seeking "magic" interventions to correct the structural deficits

Treatment

Are often biased to low value 'passive' therapies including high elective surgical rates

Healthcare provider acting as a fixer

PROVIDING A PLAN

Musculoskeletal pain conditions are influenced by multiple interacting factors

Genetics Psychological factors Lifestyle

Social factors Biophysical factors Comorbidities

Management

Person centred care Education

Zzzz

Relax, move, get strong and physically active

x Empathy x Honesty x Empower

To help individuals to change their mind-set, build self-efficacy and ultimately take charge of their own health

Healthcare provider acting as a coach

Drama Triangle

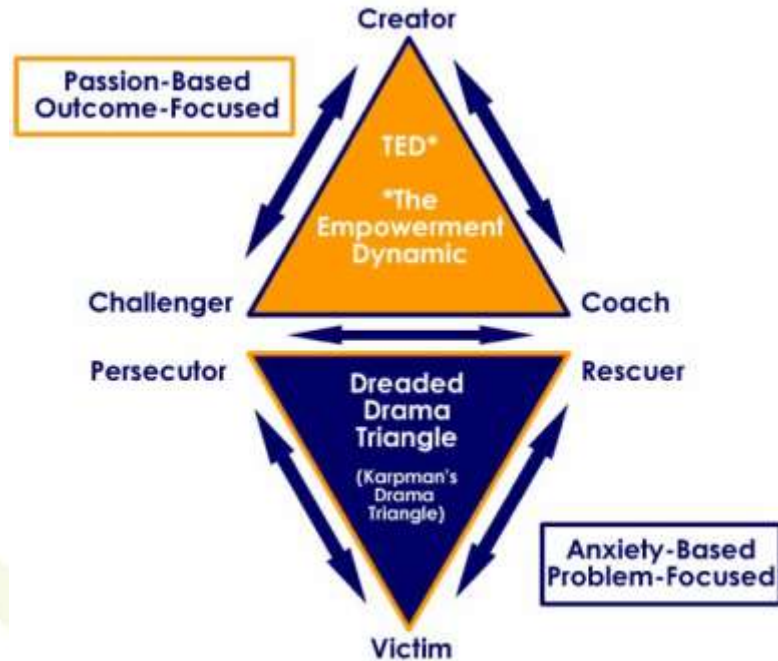


Image showing the relationship between Karpman's Drama Triangle and it's opposite 'The Empowerment Dynamic (The TED* Triangle).
[Davidemerald](#) - Own work

Culture is the Enemy of Strategy

‘Pathway focused institutional cultures are not predisposed to embrace the ambiguities inherent in adopting the more biopsychosocial models, where outcomes are more difficult to define and evaluate.

The resulting biomedical focus of the current social care system results in neither the healthcare professional nor the patient feeling safe with each coming from a position of defence when they communicate’.

Strassheim Healthcare 2021

Biopsychosocial Pancake

By the time the patient arrives seeking help they are often a fully cooked pancake and the ingredients of causation are inseparable.



@retflouping



Results of the Survey So far.....

- 26 people responded from across the region

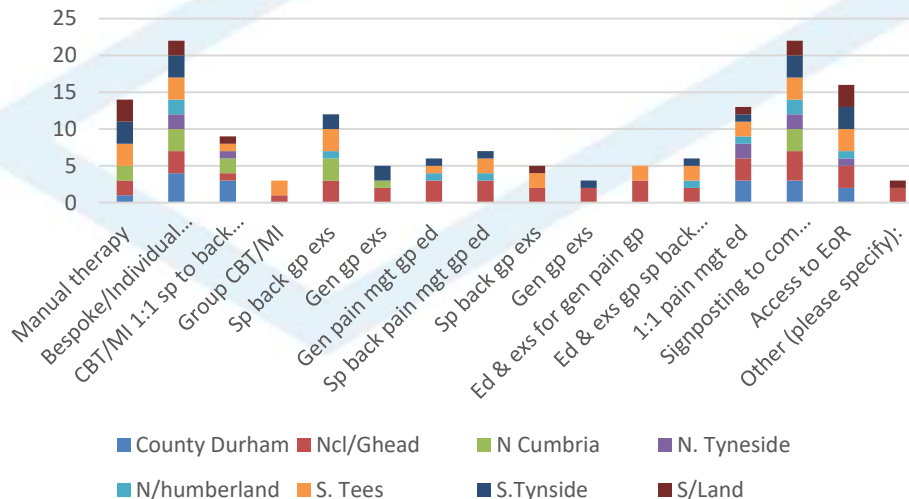
| | | |
|----------------|-------------------------|----------------------------|
| County Durham | 4 Primary care | Physio |
| Ncl/Ghead | 5 Primary and secondary | Physio and PH practitioner |
| North Cumbria | 3 Primary | Physio |
| North Tyneside | 3 Primary care | Dr, Pharm, physio |
| Northumberland | 2 Primary care | Physio |
| South Tees | 3 Primary and secondary | Physio |
| South Tyneside | 3 Primary and secondary | Physio |
| Sunderland | 3 Primary and secondary | Physio |



Results of the Survey So far.....

| Legend of abbreviations | |
|--|----------------------------|
| Manual therapy | Manual therapy |
| Bespoke/Individual 1:1 exercise programme | Bespoke/Individual 1:1 exs |
| Cognitive Behavioural Therapy (CBT)/MI 1:1 specific to back pain | CBT/MI 1:1 sp to back pain |
| Group Cognitive Behavioural Therapy (CBT) / Motivational Interview technique | Group CBT/MI |
| Specific back group exercise | Sp back gp exs |
| Generalised group exercise | Gen gp exs |
| Generalised pain management group education | Gen pain mgt gp ed |
| Specific back pain management group education | Sp back pain mgt gp ed |
| Specific back group exercise | Sp back gp exs |
| Generalised group exercise | Gen gp exs |
| Combined education and exercise for generalised pain group | Ed & exs for gen pain gp |
| Combined education and exercise group specific back pain | Ed & exs gp sp back pain |
| 1:1 pain management education | 1:1 pain mgt ed |
| Signposting to community exercise groups | Signposting to com exs gps |
| Access to Exercise on Referral | Access to EoR |

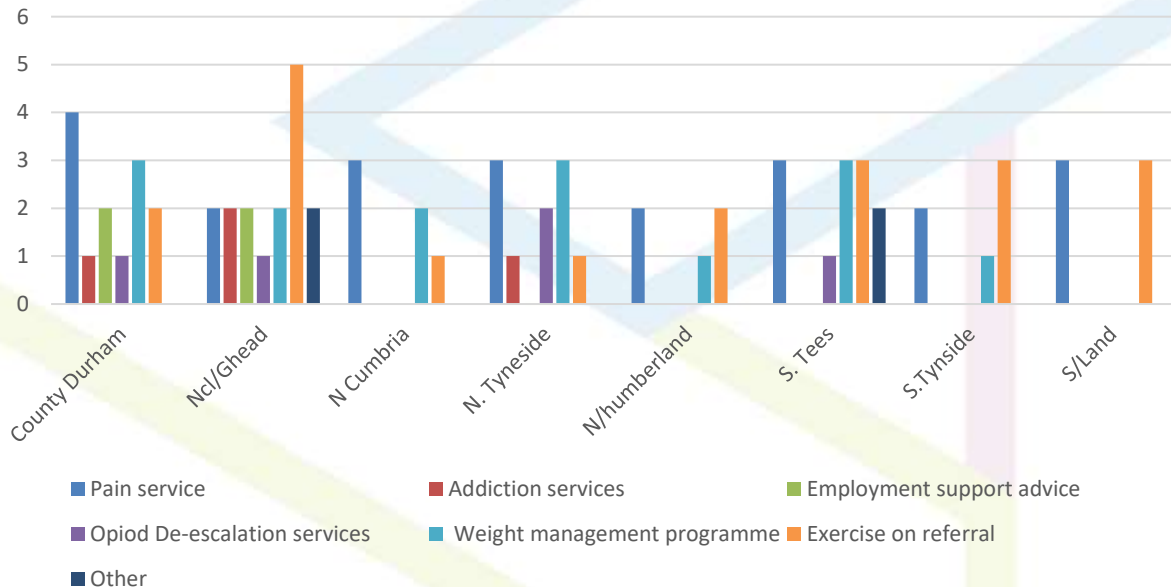
Service provision by locality



Other: Ncl/G/head: virtual group consultations for persistent back pain
 PH: MECC for Behaviour Change
 Sunderland: Hydrotherapy

Results of the Survey So far.....

Referral Options

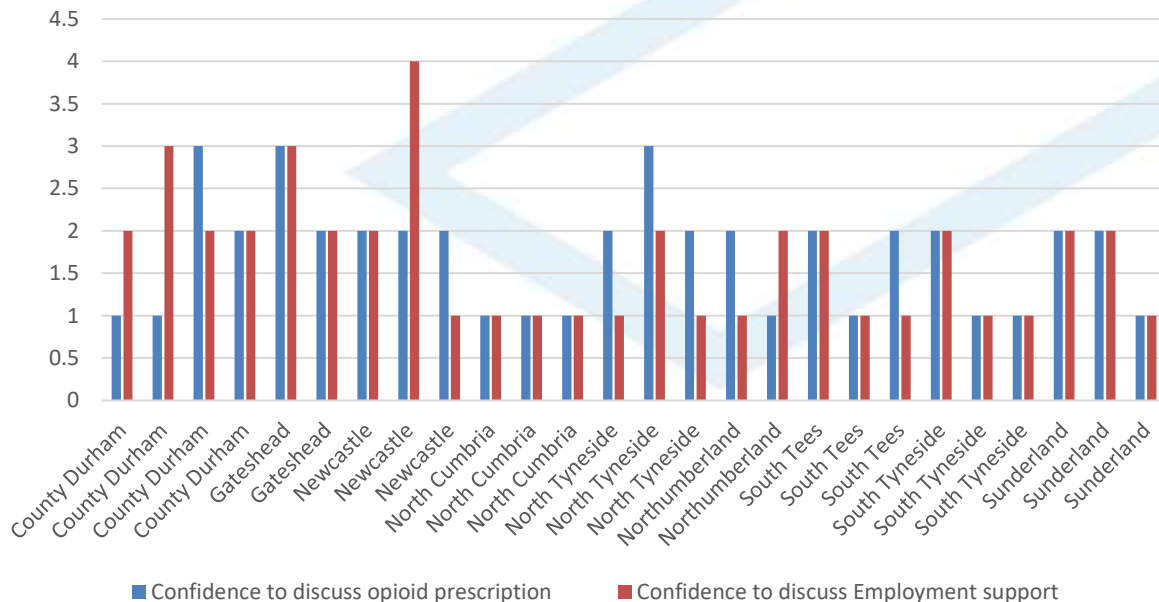


100% answered they see patients on opioids – 4 localities have access to de-escalation services, 3 to addiction services, 2 to employment support.

Results of the Survey So far.....

100% answered they see patients on opioids – 3 people from the survey felt very confident to talk about opioid prescription.

Confidence to discuss Opioids and Employment

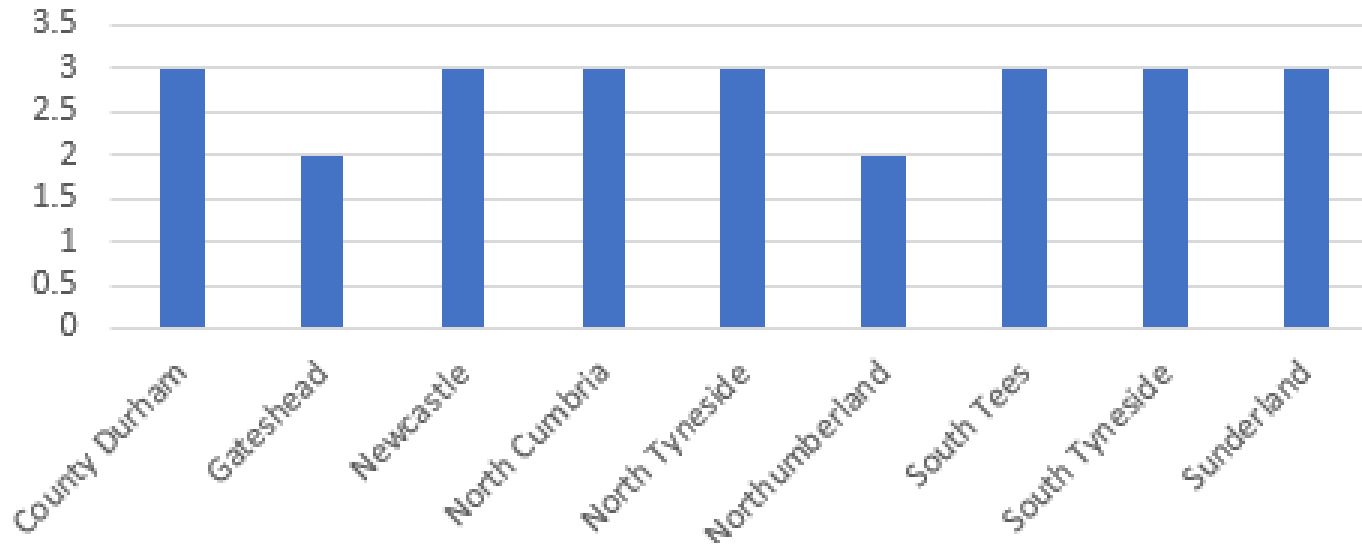


Legend

- 0 - Not at all confident
- 1 - Not so confident
- 2 - Somewhat confident
- 3 - Very confident
- 4 - Extremely confident

Results of the Survey So far.....

Use of STarT Back in the region



Other tools used: Pain Self Efficacy Questionnaire, Tampa Scale of kinesiophobia and Orebro

Thank you and let me introduce our first speaker

