

Occupational Therapy Management for Patients with Low Back Pain

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Low back pain (LBP) is one of the leading causes of disability with similar proportions in all cultures and interferes with client's quality of life. Most cases could be with non-specific cause and led to chronic back pain which is more disabling and dispiriting with not only physical impediment but also psychological effects that it causes.

Occupational Therapy Management:

Occupational Therapist (OT) has a core role in enabling the client with LBP to develop/adapt the skills and tolerances necessary for daily functioning. More specifically, the role of an occupational therapist includes (i) Functional assessment and training to restore the performance capacity to maximal level (Performance system); (ii) Biopsychosocial intervention in pain management which enhances pain-related cognition (Volition system); (iii) Occupational Life-Style Redesign (OLSR) to continue the "doing" in home, work and leisure (Habituation system).

Functional assessment and training:

LBP could lead to psychological distress, withdrawal from normal activities, including sickness absence from paid employment and deterioration in Activities of Daily Living (ADL) / Instrumental Activities of Daily Living (IADL) performances etc. Thorough evaluation on the impact of LBP in clients' personal care, home management, work and social life functioning would be conducted to assess the impact on the client's personalized life-role. Corresponding restoration program and intervention goals are then established to facilitate clients in becoming competent in

activities that they wish to do; are required to do and are expected to do. Prescription of assistive devices could be adopted as a compensatory strategy for certain physical limitations.

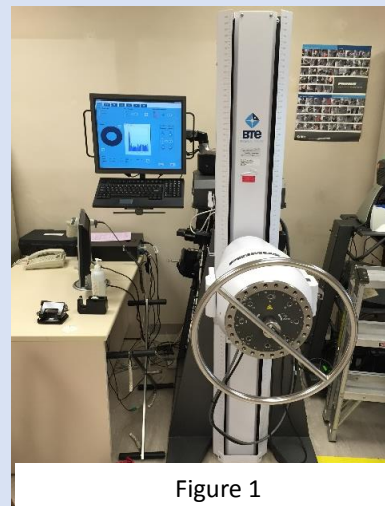


Figure 1



Figure 2

Disabling LBP generated from injury-on-duty is an increasingly acknowledged issue in Hong Kong. Functional capacity evaluations (FCEs) are conducted by occupational therapists to assess the work performance of the affected (e.g. Figure 1). Functional restoration programs consisting of work conditioning and hardening are carried out to maximize one's ability to return to work (e.g. Figure 2). The client learns proper body mechanics and back care so as to reduce stress on the spine in various positions. Work resettlement program is then conducted correspondingly to facilitate return-to-work process if one's work capability does not match the previous job demand.

Biopsychosocial Intervention:

Numerous studies have shown that pain-related cognitions (the meaning of pain & expectation regarding control over pain), beliefs, and coping strategies are associated with the clients' pain intensity, physical functioning, psychological status, and hence, disability. Clients with chronic LBP may have discrepancies between what they could do with LBP and their actual functional capability. They tend to underestimate their functional abilities and hence reduce their activity levels. Physical deconditioning resulted would then exacerbate pain and disability which leads to a vicious cycle. All of these distorted the "volition – knowing" which may cause clients to adopt a dysfunctional victimic (passive) approach to manage their LBP (Figures 3). On the contrary, OT's intervention aims at promoting agentic (active) approach to LBP management (Figure 4).

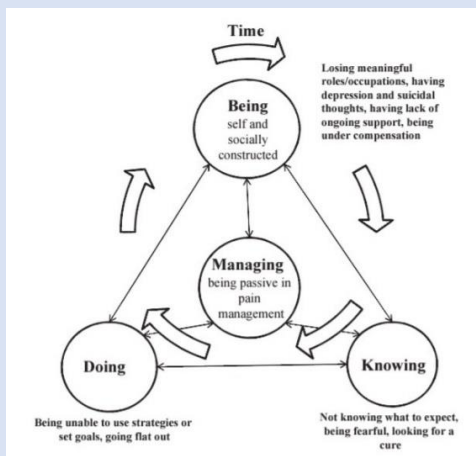


Figure 3

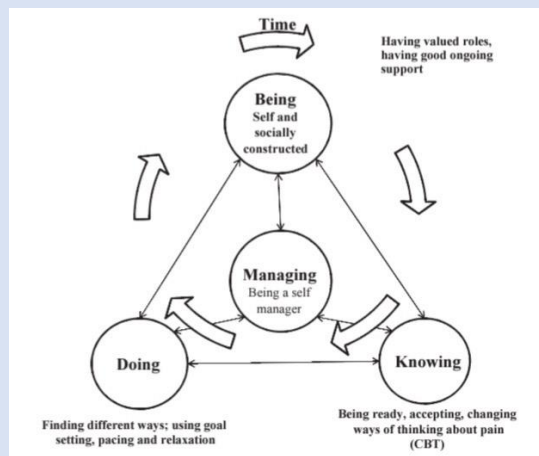


Figure 4

Cognitive-behavioral therapy (CBT), Acceptance and Commitment Therapy (ACT), Metacognitive Therapy (MCT) and other cognitive therapies are common cognitive techniques underpinning therapist-participant pain management programs. Client's maladaptive cognitions and beliefs regarding pain and disability are identified and modified. The purpose is to change the way they conceptualize pain, and their cognitions and experience of it.

Health Qigong – Baduanjin (The Eight Section Brocades) was increasingly used as a multicomponent mind–body intervention which promotes the biopsychosocial health by boosting self-healing ability and attenuating negative emotion. Throughout the health qigong practice, people with LBP start to experience a sense of control over their body and gained constructive feedback on how to adopt different postures and techniques to enhance the physical condition.



For the biological pain, alternative treatment modalities such as Bowen Therapy (BT) would be applied to reduce pain, discomfort and associated disability. Its efficacy is related to tension releasing in fascia and musculoskeletal system to promote the flow of blood and lymph.

Occupational Life-Style Redesign (OLSR):

Occupational Therapy focuses beyond impairment reduction to enable clients to realize meaningful participation in their life roles. As they may experience change in their usual activity pattern due to fearful of movement, the maladaptive cognitions and beliefs regarding to LBP mentioned above is the cornerstone of the treatment. An integration of Occupational therapy & Life coaching gives a new series of intervention technique, i.e. Occupational Life-style Redesign program – an emotion focused and lifestyle approach used to address the issue of “stop doing”. Intervention

involves positively reinforcing the client's attempts at participation for re-engaging in daily activities. The purpose is to facilitate them to re-develop a healthy habituation and function successfully in spite of their pain.

Conclusion:

Given the complex nature of low back pain, cure for eradication is deemed unlikely. An active participation in OT rehabilitation program enables clients with LBP to have "autonomy, control and responsibility", which help them to attain the highest level of independent functioning and regain the meaningful life of their choices.

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