



Pain-related fear of (re)injury in patients with LBP

...estimation or measurement of kinesiophobia in manual therapy primary care practice?

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In patients with (chronic) Low Back Pain (LBP), pain-related fear or kinesiophobia is possibly one of the most prominent psychological factors underlying chronicity. Identification of kinesiophobia is mostly based on clinical perception during the clinical reasoning process, without the use of validated measures. For physical therapists (PTs) working in primary care, very often there is only limited information available about the course of musculoskeletal pain, particularly in patients with chronic low back pain (LBP). Referral data are often superficial or the patient is the only source of information.

The aim of this study was to evaluate the association between the estimation scores and score accuracy with which PTs in primary care identify kinesiophobia in patients with LBP, using a Visual Analogue Scale for estimation (VAS-est) and for accuracy (VAS-ac), and the patients' self-reported measures of kinesiophobia, using Tampa Scale for Kinesiophobia (TSK).

Across many domains there is a well-known lack of agreement between clinician interpretation and identification and patient-completed measures, and between attitudes and beliefs regarding psychosocial aspects of LBP and reported clinical behavior. More than 15 years ago, it was already stressed that patients with LBP should be involved in decision-making on the treatment plan.



Agreement between the physician or (manual) physical therapist and the patient regarding diagnosis, diagnostics and the treatment plan has been associated with higher patient satisfaction and better health status outcomes in patients with LBP. A discordance between a patient's cognitive-affective response to pain (i.e. LBP) and clinician-interpretation and judgment of fear-avoidance beliefs may result in low therapeutic alliance and hence a lack of an effective treatment plan and intervention.

This cross-sectional study comprised 104 patients with LBP and 17 PTs. Patients first independently completed the TSK-17. The therapists, blinded to the TSK-scores, rated their perception of a patient's kinesiophobia using the VAS-est and the accuracy of their ratings using the VAS-ac. Kendall's tau was used to determine the level of association between scores on the measurement and the estimation of kinesiophobia.

The association between PT's estimation of patient's kinesiophobia and patient's self-reported kinesiophobia were rated as fair.

We would encourage PTs not to rely solely on their personal clinical perception of a patient's kinesiophobia, but also to use validated self-reported measures such as the TSK-17 to supplement their clinical judgment.

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