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Abstract:

Nonspecific back pain (nonspecific LBP) is the most common reason for visiting a doctor and it is the leading cause of activity limitation and inability to work by patients. The theoretical part of this thesis describes the issue of LBP and related clinical guidelines. In addition, it summarizes current research results of the influence of health professionals' fear-avoidance beliefs (FA beliefs) on their clinical decision making for LBP patients. The practical part relates to the research of FA beliefs and non-adherence to clinical guidelines regarding care of individuals experiencing LBP among health professionals in the Czech Republic. The degree of FA beliefs was evaluated using a translated and cross-culturally adapted questionnaire "Fear-Avoidance Beliefs Tool", while the degree of non-adherence was evaluated using a self-reported questionnaire in connection to fictitious clinical vignette. A generalized linear model was used for data processing. The primary result of this observational and cross-sectional research is a statistically significant relationship between FA beliefs and non-adherence - the rate of non-adherence changes by 0.22 with each point of FABT score. Secondary relationship analysis between other observed demographic data (1) shows no statistically significant difference in measured FABT scores between physicians and physiotherapists, (2) demonstrates statistically significant but clinically apparently non-significant difference in non-adherence score between professions (0.89 points less for physicians, out of 25 possible), (3) establishes a statistically significant relationship between the degree of FA beliefs (FABT score) and a practice length factor - this relationship, however, doesn't seem to be as clinically significant (0.07 FABT score for each year of practice), (4) demonstrates a statistically significant relationship between the degree of non-adherence and a gender factor (1.37 less non-adherence in men on average) and between the degree of non-adherence and a practice length factor (0.03 change in non-adherence for each year of practice, i.e. clinically non-significant relationship). Overall, it has been shown that the degree of non-adherence is related to the degree of FA beliefs, gender, professions and the length of practice. Relationships between these variables are seemingly clinically non-significant and only explain the non-adherence variance insufficiently ($R^2 = 0,24$, i.e. 24 %). Focusing future research and interventions on other potentially relevant factors as well might be adequate, it would seem.

Keywords:

low back pain, fear-avoidance beliefs, FABT, clinical guidelines, non-adherence