BIOPSYCHOSOCIAL OSTEOPATHIC PRACTICE: NEW WAYS TALKING

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Osteopathic language

- Osteopathy has a rich ‘library’ of theories laden with anatomy, biomechanics and biomedical terminology.

- Risk of doing ‘more harm than good’ when using these ideas to shape how we communicate to patients the nature and meaning of their pain and disability?

- Especially important in back pain (LBP)
EVIDENCE BASED?

Sacral up-slip

PLAUSIBLE?

Upper cross syndrome

HARMFUL?

Leg length discrepancy

Your bad posture is causing your back pain

Scoliosis

Pelvic/spinal instability

Twisted/torsion pelvis

Segmental dysfunction

Miserable Malalignment Syndrome

Wear and tear

Sslipped disc
Why do words matter?

- People experiencing back pain may be more likely to pay attention to, or to retain, information which they perceive to indicate the problem is serious or has a outcome poor.


- Evidence that patients attend health professionals for a diagnosis and greater understanding of their LBP.


Patients believe what we believe

• Growing evidence shows that MSK healthcare practitioners have a **strong influence** over attitudes and beliefs of patients with low back pain. Examples:
Example 1. Beliefs about back pain (1)

The Enduring Impact of What Clinicians Say to People With Low Back Pain

- Health care professionals have a considerable and **enduring influence** upon the **attitudes and beliefs** of people with low back pain.

- Provides and opportunity is used to **positively or negatively** influence attitudes and beliefs.

Example 2: Beliefs about back pain (2)

- HCP beliefs about back pain are associated with patients’ beliefs
- HCP attitudes and beliefs are associated with treatment and management approach:
  - HCPs with a biomedical orientation or elevated fear avoidance beliefs are more likely to advise patients to **limit work, physical activities** and **bed rest**.

The power of words

• Words/language give meaning to experiences

• Association between communication/therapeutic relationship and health outcomes.

• Pain beliefs (e.g. about the nature of pain, meaning of pain, specific fears of hurting, harming or injuring the body and self-efficacy beliefs) are strong predictors of ongoing disability.

• Evidence suggests that patients experiencing LBP often misinterpret commonly used medical terms.

Why do the words we use matter?

- Difference between describing physical sensations and labelling them as ‘pain’
- Once we notice discomfort, we tend to have cognitive judgements (e.g. bad) and emotional reactions (e.g. scary)
- Which lead to bodily reactions (e.g. tension, posture change, avoid moving)
- That aggravate/maintain the ‘pain’
How else can we talk to patients…

• In ways that acknowledge what they are feeling, but don’t reinforce fear-avoidance beliefs and behaviour...?

• And ways that help them develop more accurate body awareness and willingness to be active despite pain?
Think about your own language and provide examples of the following…

<table>
<thead>
<tr>
<th>Harmful language</th>
<th>Healing/helpful language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote beliefs about structural damage/dysfunction</td>
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<td><strong>Promote beliefs about structural damage/dysfunction</strong></td>
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</tr>
<tr>
<td>• Your back is <em>damaged</em></td>
<td>• Your back is <em>sensitive, not</em> damaged</td>
</tr>
<tr>
<td>• You have <em>degeneration/arthritis/disc bulge/disc disease/a slipped disc</em></td>
<td>• Sensitivity can be increased by awkward movements and postures, <em>inactivity, lack of sleep, stress, worry</em></td>
</tr>
<tr>
<td>• The scan shows significant <em>damage</em> to the discs/joints</td>
<td>• Your scan changes are <em>normal</em>, like grey hair</td>
</tr>
<tr>
<td><strong>Promote fear, vulnerability and fragility</strong></td>
<td><strong>Promote resilience</strong></td>
</tr>
<tr>
<td>• You have to be <em>careful</em></td>
<td>• Your back is one of the <em>strongest structures</em> of the body</td>
</tr>
<tr>
<td>• Your back/core is <em>weak</em> and <em>unstable</em></td>
<td>• It’s <em>very rare</em> to do permanent damage to your back</td>
</tr>
<tr>
<td>• You should avoid bending/ lifting/running</td>
<td>• Movements will be painful at first but will get better as you get active</td>
</tr>
<tr>
<td><strong>Promote a negative future outlook</strong></td>
<td><strong>Promote positive outlook &amp; normal activity/movement</strong></td>
</tr>
<tr>
<td>• Your back <em>wears out</em> as you get older</td>
<td>• Relaxed <em>movement will help</em> your pain settle</td>
</tr>
<tr>
<td>• This will be here for the <em>rest of your life</em></td>
<td>• Your back gets <em>stronger with movement</em></td>
</tr>
<tr>
<td>• <em>Stop</em> if you feel any pain/<em>Let pain guide you</em></td>
<td>• Protecting your back and avoiding movement can</td>
</tr>
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</table>

Case example- John

• 56 year old man
• He has a 15 year history of low back pain.
• He’s had several MRI scans in the past, the most recent shows ‘degeneration of his back’.
• He’s worried about the future, and thinks things will get worse
• He’s trying to rest his back, and doesn’t lift or bend in order to protect it.
• He’s been to a number of different therapist, and he’s been told he has ‘dysfunctions in his back’, a ‘twisted pelvis’, and this is making his spine ‘vulnerable’.
• He comes to see you…
Thinking about John…

• What language might **positively influence** John’s situation?

• What language might **negatively influence** John’s situation?

• And why..?
Suggestions

• Use the words ‘physical sensation’ or ‘feeling’ instead of ‘pain’
• Encourage patients to avoid describing sensations as ‘fine’, ‘OK’, ‘not painful’ etc.
• Encourage richer, more specific and creative ways to describe the nature, quality, shape, size etc. of sensations
• Work slowly and pause sometimes to explore what the patient is feeling in this moment to develop interoception
• Pause to explore what they are feeling/thinking/worrying about if they wince, frown, tense, stop moving suddenly…
• Be gentle and compassionate and ‘normalise’ automatic avoidant reactions as ‘what we all do’ to keep ourselves safe
• Add pain education and body mindfulness exercises to create opportunities to try different ways of responding
Thank you

• Questions?