

Preventing Fear Avoidance in Low Back Pain

Lester Jones

*Singapore Institute of Technology, Singapore
La Trobe University, Australia*

Pain-related avoidance of movement and activity is a natural response to injury. However, pain-related fear avoidance behaviour describes a maladaptive response often associated with catastrophizing. It can be specific to context and reinforced by learning associated with interoceptive and proprioceptive cues. While many patients will present to pain clinics with established fear-avoidant behaviour, there are opportunities in other contexts to prevent the natural response becoming maladaptive. Also there are strategies that can be employed to educate and build resilience to break the pain-avoidance cycle. This presentation will consider the attitudes and beliefs of health professionals and respond to the question posed by Vlaeyen and Linton in a 2006 editorial 'are we fear avoidant?' To explore this, research has investigated both explicit and implicit responses by health professionals. The findings suggest that the clinical encounter may lead patients with low back pain to develop more fear towards the performance of activities such as lifting. Also, health professionals with predominantly biomedical attitude and beliefs about pain are likely to lead to reinforcement of avoidant behaviours in their patients. Our recently completed research demonstrated that an education intervention integrating the Pain and Movement Reasoning Model (PMRM) promoted a more person-centred approach amongst physiotherapists and significantly reduced scores on the biomedical subscale of the Pain Attitudes and Beliefs Scale for Physical Therapists. When clinical reasoning incorporates the person's prior life experiences, her/his cognitions including the elements of catastrophizing, and emotions, such as fear, the resulting formulation is more likely to lead to appropriate treatment aims. For someone with pain-related fear targeted reassurance through education, offering a safe context to explore movement restrictions and normalization of responses to internal cues would be appropriate. A case will be used to illustrate this in physiotherapy practice.