



8th Interdisciplinary World Congress  
on Low Back & Pelvic Pain

**Dubai**

October 27 ~ 31// 2013

### **MACP Greg Grieve presentation award 2013**

The 8<sup>th</sup> World Congress on Low back and Pelvic Pain is a triennial interdisciplinary conference. The congress was initiated to promote and facilitate interdisciplinary knowledge and consensus on prevention, diagnosis and treatment of acute and chronic lumbar and pelvic girdle pain. On this occasion it brought together new research from international and national speakers, clinical innovations and advances in practice on understanding and managing low back and pelvic pain. There was also stimulating debates on theoretical, research and policy developments.

The programme proved to be a valuable forum which facilitated knowledge sharing across the professions, translating research into practice and challenged aspects of current thinking.

Within the content on low back pain, there were valuable presentations reporting on results of clinical trials aimed at refining our understanding of sub-grouping, stratifying to matched care and testing particular therapies against usual care. There were also advances offered in research on neuroplasticity, cortical reorganisation and pain processing offering advances in understanding mechanisms involved in the experience of pain and the management of pain conditions. Research into novel approaches aimed at utilising this developing field of research to enhance recovery, and avoid or better manage persistent problems, such as explorations of neural 'priming' with low dose direct current stimulation. Positive findings of research into new technologies and telemedicine for use in both patient care and professional education also encouraged for local application.

The opportunity to present an aspect of my research to an international audience, the preparation of the talk, discussions and feedback has significantly helped shape publication efforts as well as publishing other aspects of the research. In addition to presenting, there were two workshops on writing for publication run by several journal editorial board members. Moving from a doctoral thesis to journal publication has proved a significant shift. The experience and learning has significantly helped this process, supported by discussions with and experiences of other researchers.

Presentations on Telehealth, extended scope developments and use of new technologies in more remote contexts, particularly relating to geographical challenges and financial pressures, offered learning for local settings and the UK agenda concerning Msk care service delivery.

The conference also provided an important networking opportunity to meet other researchers and experienced clinicians. This has helped form links to support collaborations in several research and clinical areas, share local innovations and discuss responses to healthcare challenges.

Finally, I am very grateful for the efforts and generosity of the MACP to support research dissemination and learning opportunities particularly for clinicians where the current climate of austerity presents challenges to undertaking these activities. The financial support was greatly appreciated and it is hoped that the value of this support will extend much wider than my own personal benefits and learning.



*Brief outline of the research presented:*

My research followed patients with acute low back pain across their experiences until recovery or until 3 months with persistent problems, the time at which is deemed the transition into persistent pain and increased risks of long term disability. The presentation offered findings on the complex nature of patients' responses within a clinical interview which have previously been taken for granted as a fairly straightforward window into a patient's inner thinking and psychology. However, patients' responses are socially complex - significantly shaped by the particular context, the interaction with the clinician, and wider socially-expected ways of talking about a back problem, of personal conduct and mechanisms shaping the qualification for care.

This social complexity introduces some challenges to expectations around our ability to undertake the psychologically-informed approach currently advocated. It challenges some of the assumptions taken to practice as to how much can be known from information elicited during clinical interactions, modified and successfully measured with targeted treatments, particularly in relation to the current focus on 'modifiable' psychosocial factors.

Of particular importance, attitudes and beliefs offered by patients during clinical exchanges act as tools within an unfolding interaction to manage impressions of a person's character, their moral integrity, their circumstances, deservedness for care, personal accountability, and to manage issues around socially expected conduct, thinking and the patient/clinician relationship. As such, responses shaped as attitudes and beliefs are adapted to suit the context and manage impressions and implications across the moments of an exchange.

The findings also challenge some of the assumptions relating to the 'predictive' nature of attitudes and beliefs displayed in patients' responses which were strongly tied to the issues of problem-telling, care-qualifying and impression management. In situations of persisting back pain problems, these concerns will also persist when relating ongoing problematic circumstances within clinical interactions and understandably found to be virtually non-existent and interactionally unnecessary when relating improving circumstances or recovery. A sociologically-informed approach to understanding both our methods and data generated in clinical practice seems as equally as important to improve our understanding and effectiveness of care as the psychologically-informed approach currently encouraged.