

experiences with CLBP. Moreover, studies have concentrated on the experiences of people in Western contexts.

Purpose: To date, no studies have been carried out in Middle Eastern socio-cultural contexts including Kuwait. Finally, there is a deficiency of studies that focus on the particularity of the experiences of women with CLBP and the impact on identity. This is the first study that investigates how women with CLBP construct illness identities in Kuwait.

Methods: This study adopted a constructivist grounded theory methodology using dimensional analysis. In line with the grounded theory (GT) approach, data collection and analysis took place concurrently. A longitudinal study design was adopted. Semi-structured interviews were used to investigate women's perspectives on their experiences with CLBP in relation to their socio-political and cultural context. Eleven women were recruited from three musculoskeletal outpatient clinics in Kuwait. Initially, five women were purposively sampled. A follow up interview was conducted with four of those women one year after the initial interview to investigate any changes in their experiences. Subsequently, six women were theoretically sampled with the aim of comparing the influence of age, educational level, marital status, socioeconomic status and time on women's illness experiences.

Results: The findings of this study offer the first explanatory theory of the construction of illness identities of women with CLBP in Kuwait. Women's identities can be seen as part of a continuum from oppressed at one end to liberated at the other. Salience of oppressed identities was associated with periods of exacerbation of CLBP and passive coping behaviours. Appearance of liberated identities was accompanied with episodes of remission of CLBP and active coping approaches.

Conclusion: Changes in women's social circumstances, thoughts and feelings over time were related to changes in the identities they portrayed, and changes in their manifestation of CLBP and illness experiences.

Implications: The substantive theory developed through this study has implications for clinical practice, education and research, and may inform musculoskeletal physiotherapy professional development.

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Kuwait Institute for Medical Specialisations and Ministry of Health Ethical and Study Approval

Disclosure of Interest: None Declared

Keywords: Chronic low back pain, Gender, Identity

Changing roles and scope of practice

PO3-MT-062

DEVELOPING AN ORTHOPAEDIC MANUAL THERAPY (OMT) CULTURE IN FRANCE ACCORDING TO IFOMPT STANDARDS: OMT-FRANCE PATHWAY

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Background: Before 2012, not much therapists knew the OMT and IFOMPT. The only way to continue one's physiotherapy training was to follow the teachings of non-validated content. This led to stagnant and poor recognized vision of physiotherapy. Since 2012, an increasing number of physiotherapists are engaged in post-graduated musculoskeletal courses given in France by foreign fellows physiotherapists, but there are still no opportunities of field placements for students studying OMT. OMT is unknown from ordinal, syndical, and political structures who therefore do not choose to defend it, even not from the medical world, for which it would be an asset.

Purpose: Create an OMT association meeting international standards of excellence and install this practice in the landscape of healthcare in France.

Methods: OMT-France was born in September 2012. The development axes were set and undertaken by the working committees. The scientific committee produces French translations used by the communication committee to create information materials, to power the website, and to communicate on social networks. To develop knowledge of IFOMPT in France, translation of its Standards was undertaken. The admission

committee evaluates the curriculum of members, referenced in four grades according to their status level of competence in OMT. They sign a code of conduct ensuring best practices. Members are listed on a map to help public to find them. Representation committee gathers all the data on which it relies to support the viewpoints we address to the public authorities. Two partnerships have been established: with the French Society of Physiotherapy and with JOSPT. Several days of workshops and the first congress of the association have been organized. Visits to physiotherapy training institutes have been conducted.

Results: The word OMT has become part of daily discussions on social networks; the recognition by IFOMPT of an education program is proved to be an important criterion of choice for graduates. The public and doctors recognize more and more that practitioners trained in TMO have more advanced skills and can more easily connect with them. The association can ensure the skills of its members and ensure OMT's credibility. Three weekends workshops about OMT have gathered 150 professionals each time; the first congress was held. French translations available on the site are numerous: translated reference articles, summary of guidelines, LEAP articles. Literature monitoring on primary care musculoskeletal physiotherapy subjects were undertaken as well as recommendations of clinical practice. The first version of Standards French translation was presented to IFOMPT in Singapore in May 2015. Appointments with the more representative French organization, and with the Ordre des Kinesithérapeutes have taken place and future meetings are planned to discuss the status of the TMO. The label RIG (Registered Interest Group) given by IFOMPT was obtained in April 2013. The association lists a growing number of members, currently over 300.

Conclusion: In three years OMT succeeded to get a place in the vision of the future of physiotherapy, with OMT-France being the reference association.

Implications: Developing an Education Program creation according to IFOMPT Standards.

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Ethics Approval: Ethics approval was not required

Disclosure of Interest: None Declared

Keywords: None

Changing roles and scope of practice

PO3-PA-064

'WHAT DO YOU THINK IS GOING ON': ANALYSIS OF HOW PHYSIOTHERAPISTS' EXPLORE PATIENTS' BACK PAIN BELIEFS: A CONVERSATION ANALYTIC APPROACH

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Background: Evidence suggests that adopting a patient focused and broader biopsychosocial approach results in better outcomes for patients with persistent low back pain. This approach is associated with patient-centred communication where understanding the patient's pain beliefs is recommended. However, evidence suggests that within physiotherapy a practitioner-centred approach is the dominant model. Empirical studies within physiotherapy are needed to provide greater understanding of the principles of patient-centred communication and its application[IC1].

[IC1]643

[IC1]616

Purpose: The purpose of this study is to describe how physiotherapists explore patient back pain beliefs during initial encounters[IC1].

[IC1]110

Methods: The research setting was primary care. 20 initial physiotherapy consultations were video-recorded (10 physiotherapists and 20 patients), transcribed and analysed using conversation analysis, a qualitative observational method that describes the actual interaction. Both verbal and non-verbal features of the interaction were considered[IC1].

[IC1]299

Results: This study demonstrated that the opportunities for sharing patients' beliefs are associated with the communication practices deployed by the

therapists. Where therapists employed a 'passive' style, using weak response tokens, rapid topic shifts, failure to pick up on patient cues and maintain eye contact, then patient participation was limited. Some examples show, however, that when therapists failed to respond to patient cues, patients were still prepared to pursue their concern. When therapists responded with a facilitating approach, using open questions, formulating a version of the patient's talk, and affirmative head nodding, then active patient participation was enhanced. However, responses to the therapist's enquiries were not always straightforward if the patient was unable/unwilling to disclose. When therapists provided reassurance and offered pain explanations without fully exploring/understanding the patients' beliefs, the result was weak patient alignment and in some cases explicit patient disagreement. Alternatively reassurance accompanied with pain explanations congruent with the patient's pain beliefs, produced stronger agreement [IC1].

[IC1]1238
Conclusion: Patient beliefs are a core part of pain perception and response to pain, yet empirical data is lacking as to how physiotherapists effectively and systematically explore them. This study suggests that a more facilitating communication style accommodates increased patient input if the patient is willing and able to disclose [IC1].

[IC1]455
Implications: Raising awareness of the interactional consequences of different therapist communication styles and patients' responses to therapists' enquiries will help develop understanding of how to incorporate principles of person-centred communication practice into physiotherapy [IC1].

[IC1]575
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Ethics Approval: The North East London Local Research Ethics committee has approved the study protocol (reference Number: 2352) and the study has been successfully reviewed by the East Midlands-Nottingham 2 NRES committee (14/EM/1045 [IC1]).

[IC1]Total characters so far 2278

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Keywords: Back pain, Beliefs, Physiotherapist-patient communication

Changing roles and scope of practice

PO4-AP-001

PATIENT-CENTEREDNESS IN PHYSIOTHERAPY: WHAT DOES IT ENTAIL? A SYSTEMATIC REVIEW OF QUALITATIVE STUDIES

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Background: Patient-centeredness has been defined in multiple ways in medicine, nursing and occupational therapy. In physiotherapy there is not yet a clear overall definition on patient-centeredness. This is an omission, as physiotherapy evolves more around the patients and their behavior and perceptions.

Purpose: The goal of this review is to identify the perceptions of patient centred physiotherapy from the perspective of patients and therapists from qualitative research studies.

Methods: A systematic search was conducted in PubMed, EMBASE, Cochrane, PsychINFO, CINAHL, PEDro and Scopus including articles from September 5th 2015. All articles were examined for eligibility. Methodological quality was examined by a checklist based on the COREQ statement for qualitative research, checklist by Schoeb et al. and checklist of the BMJ. The studies were examined for either a model or factors of patient-centeredness in physiotherapy. Data was extracted using a data extraction form and analyzed following 'thematic synthesis'.

Results: 14 articles were included. Methodological quality was high in five studies. Six major descriptive themes were identified. The descriptive themes were: The descriptive themes were: The physiotherapist (with subcategories Social characteristics, Confidence and Knowledge): A patient-centered physiotherapist should be respectful, open, confident and competent. Individuality (with subcategories: Getting to know the patient, Individualized treatment) concerns specific patient-tailored education, communication and treatment. Communication (with subcategory Non-verbal communication): the need of an ongoing dialogue with patients in clear and lay speech. Education primarily involves advice about every part of the assessment and treatment. Goal setting: Patient-centered physiotherapists try to allow the patients to define their own goals. The last theme was Support (with subcategory Empowerment), this consists of a mixture of individuality, equality of responsibility, understanding, reassuring, and empowerment.

Conclusion: Patient-centredness in physiotherapy entails the characteristics; the physiotherapist (having social skills, being confident and showing knowledge), offering an individualized treatment, continuous communication (verbal and non-verbal), education during all aspects of treatment, working with patient defined goals in a treatment in which the patient is supported and empowered. Further research is needed, in order to further enhance our understanding about the clinical applicability of the conceptual framework and to assess the implementation and implications.

Implications: It is hoped the conceptual framework developed from these study findings will assist physiotherapists in their understanding of patient-centeredness and the implications of patient-centeredness in clinical practice.

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Ethics Approval: Ethics approval was not required

Disclosure of Interest: None Declared

Keywords: Patient centered, Qualitative research, Review

Changing roles and scope of practice

PO4-AP-006

THE UTILITY OF ESP TRIAGE IN A SPECIALIST SECONDARY CARE SPINAL CENTRE: A SERVICE EVALUATION

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Background: In the field of Orthopaedic medicine growth, of extended scope physiotherapy (ESP) practice has led to musculoskeletal service redesign; many traditional medical roles are now being performed competently and effectively by ESP's, reducing unnecessary referrals to surgical consultants. A rising demand in service access for lumbar radicular presentations has been noted and the need to review the pathway for this patient group has been highlighted.

Purpose: The purpose of this service evaluation is to establish legitimacy and effectiveness of a secondary care spinal ESP triage service. This evaluation aimed to establish the rate of independent ESP patient management, record surgical conversion rates and patient satisfaction. A subsection of the evaluation focussed on disc engendered radicular pain, a group previously considered at Nottingham University Hospital to require surgical opinion and management. Establishing outcome for ESP triage and management of secondary care spinal referrals consolidates the effectiveness of current service and highlights areas of service growth and redesign.

Methods: A retrospective service evaluation from January 2014 to January 2015, was undertaken by members of the Extended Scope Practitioner