Reviewer's report

Title: Recognition and use of the bio-psychosocial model of pain management in British pain clinics - results of a qualitative study of staff from a range of disciplines.

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Reviewer: William S Shaw

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“Recognition and use of the bio-psychosocial model of pain management in British pain clinics – results of a qualitative study of staff from a range of disciplines”

This manuscript summarizes 30-minute semi-structured interviews with the multidisciplinary staff (N = 25) of several British pain clinics. The study was intended to explore practitioner beliefs about chronic pain management, expected outcomes, and differences in defining success. A topic guide structured interviewer questions, and interviews were tape recorded, transcribed, and analyzed to synthesize themes. Primary results showed the work of pain management clinics to be organized around four principal themes: (a) education for adaptation; (b) reframing chronic pain as a problem of cognition; (c) managing patients’ expectations; and (d) professional boundaries. Interview results suggested that psychological approaches have preference over physical and social components of the biopsychosocial model in this setting. The authors conclude that multidisciplinary clinics may not be achieving their maximum potential.

Pain management clinics have become the primary clinical setting to provide patients with multidisciplinary functional restoration programs in many countries. Though the biopsychosocial model is commonly cited as a theoretical framework for such clinics, there is considerable variation in the degree to which programs apply biomedical, psychological, and physical rehabilitation intervention strategies. Thus, this manuscript addresses a topic relevant to practitioners in musculoskeletal rehabilitation. The manuscript is well-written, and it describes a carefully executed interview method and an appropriate qualitative method for theme extraction. Results are presented in a coherent fashion, and the study provides a number of interesting reflections on clinical practice in the chronic pain setting. All my comments are of a discretionary nature:

(1) Introduction: In the vast majority of countries where psychological elements of care are still considered ancillary to biomedical approaches for pain management (even in hospital-based pain centers), readers may find it difficult to accept that psychological processes are being given too much emphasis in the UK. Can a paragraph be added to provide some historical or contextual background that
would help to compare the design of chronic pain centers in the UK with those in other developed countries?

(2) Introduction/Discussion: There appears to have been no attempt to search the extant literature for other qualitative studies describing the practices and perspectives of rehabilitation professionals. Can the results of this study be contrasted and compared with that of any past interviews among practitioners (in UK or elsewhere)?

(3) Abstract/Conclusion: The concluding sentence here provides a more critical conclusion than that provided in the first paragraph of the Discussion. Can a more balanced conclusion be expressed in the Abstract to match study results?

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests