Reviewer's report

Title: Biopsychosocial care and the physiotherapy encounter: physiotherapists' accounts of back pain consultations

Version: 2 Date: 9 January 2013

Reviewer: Ivan Lin

Reviewer's report:

Thank you to the authors for resubmitting this work. As per my previous review I believe this paper addresses an important issue in practice. The paper raises many important issues that at this point are disjointed and don’t seem to flow cohesively throughout the paper. I think further attention is needed to address clarity and the main messages of this work.

There are a number of statements directing the reader to the aims/purpose of the paper presented:

1. “In this paper we show how the biopsychosocial approach to low back pain patients is delivered within the physiotherapy consultation as perceived by therapists.” P4

2. “Recent research, however, indicates a growing recognition by physical therapists of the importance of a ‘biopsychosocial’ approach to back pain management alongside self-care, though the extent to which it is delivered effectively in the consultation is unclear [10-11]. The research reported here addresses this question through an exploration of the attitudes, beliefs and behaviours of UK based physiotherapists engaged in the care of patients with low back pain.” P5

3. “The question that we sought to address in the secondary analysis was ‘how therapists attempted to resolve the competing pressure to address both the mechanical and the biopsychosocial components of back pain care with the patient’”. P9

4. “...to address a new research question concerning the difficulty of combining biopsychosocial and physical management of LBP patients that emerged as a result of the primary data analysis”. P6

5. “...this paper reports findings that have not been previously published, and which present an examination of the physiotherapist-patient encounter.” P6

It would be helpful to consolidate into the one coherent and consistent statement. Number 3 above seems most clear - however assumes that mechanical and bio-ps influences are separate issues when NSLBP is multidimensional. See notes referring to Julia Hush’s previous review below.

In addition - although you specified how the lead author was naïve to previous analyses (thank you for referencing these publications), a key finding in the work
by Jeffrey and Foster (2012), that physiotherapists believed NSLBP is mechanical and structural in nature, is relevant to the interpretation of this work. On one hand this paper is arguing that physiotherapists identify the need to address social and psychological issues (p21) whereas the previous paper concluded that physios viewed NSLBP as caused by mechanical /structural issues – a finding that could be interpreted as contradictory to those in this paper. It would be beneficial to discuss this. How do the findings of the current paper (e.g. physiotherapists identify the need to address social and psychological issues – p21) relate to Jeffrey and Foster’s conclusions? To what extent do underlying beliefs about mechanical causes of pain influence physiotherapists practicing in a b-p-s way and in view of previous findings how comprehensively are physiotherapists engaging with b-p-s issues and what is lacking? do physiotherapists view mechanical versus b-p-s issues as separate as opposed to part o integrated care (see comment relating to Julia Hush’s previous review below).

The rationale for a secondary analysis is sound. The frame adopted for re-analysis, the biopsychosocial approach, could be explained further e.g. I interpret this as looking afresh at this data specifically for the ways in which physios engaged with the emotional, cognitive, and social dimensions of pain in patients with NSLBP. Can this be clarified?

There is an issue of constant comparative method – referred to in the abstract only.

Abstract

• The results section of the abstract does not stand alone – ‘challenges’, ‘setting boundaries’ and ‘addressing lay beliefs’ are non-specific. Can these terms be better defined?

Background

• The rationale for the study is sound
• As above the final 2 sentences with the research question – to what extent b-p-s care is delivered in the consultation - is slightly different from late questions
• Para 2 page 5 refers to “biopsychosocial’ approach to back pain management alongside self-care”. This implicates a lack of integration between these concepts – Julia Hush comments strongly on this in her previous review. Perhaps ‘integrating' biopsychosocial care may be more appropriate. This

Methods

• The sentence “...have been published elsewhere” p6 is repeated.
• P6 – interviews “lasting between 30 and 60 minutes on average” – this doesn’t seem an average – more of a range. Can this be clarified?
• Sampling p 7 – please clarify the rationale for purposive sampling (maximum variance?)
• Again – I’m unsure why “the gender of patients was not discussed specifically” – last sentence p7 – is necessary to mention specifically

• Analysis – as above – can more information be given about the frame used?

• The constant comparative method is discussed in the abstract but not in the text. Was this used and was this appropriate given that the biopsychosocial model was an analysis framework? This raises questions as to what extent this an inductive versus deductive analysis? Can you please clarify?

Results

• This is titled ‘results and discussion’ (p10) when there is also a discussion section

• As above – in the current format it is unclear whether there is a distinct results section to discussion – and therefore should add a layer of interpretation with use of reference material etc… or have an integrated results and discussion

• As per my previous review the use of terms such as ‘physiotherapists sought’, ‘physiotherapists recognised’ etc.. seems somewhat generalised. Did physiotherapists with different levels of experience, work setting etc… have similar views? It seems unlikely that consultant level physiotherapist working in a multidisciplinary team would hold a similar view to a recently graduated physiotherapist – however I could be wrong. If there were differences it would be beneficial to describe these, if not this could also be explained. As written the results seem somewhat generalised and underdeveloped.

• The above point applies particularly to the issue of legitimacy of LBP and stigmatisation p 11. This is an important finding with ramifications for quality of care. It is difficult to believe this view is held by (all) “physiotherapists” (or maybe it was?).

• The sentence p13: “The need to identify key biopsychosocial obstacles to recovery was stressed by physiotherapists, though they expressed difficulty in fully understanding and managing these obstacles.” The notion of ‘fully understand’ seems very relevant as a reader I have a sense that physiotherapist participants did not appreciate the b-p-s model. Can this be explained further – what elements do physiotherapists not understand? This statement is also contradicted in the first para of the discussion “physiotherapists acknowledged the importance of engaging in negotiations with patients about the full range of biopsychosocial problems”. Did physiotherapists appreciate the full range of b-p-s issues or not?

• P17 – first quotation does not link to preceding sentence

• P19 – “The implication was that physiotherapy practice should become more ‘detached’ and less condition intensive. In this case, boundary setting was a strategy with a dual purpose for physiotherapists; to help define their scope of practice more explicitly, and to aid patient recovery through a focus on self-care rather than on a physiotherapist-centred management approach.” The use of language is unclear as to meaning. Do you mean focussing less on patients symptoms and physical limitations – as the quote intimates? Can this be
clarified?

Discussion

• The discussion could further address issues that are raised in the paper prior to this section, and which link back to the what the original aim/purpose of the paper is:

  o How fully did physiotherapists understand the biopsychosocial model? The notion of
  o Were mechanical and biopsychosocial elements seen as ‘competing pressures’ i.e. separate issues? Ultimately clinical practice needs to have integrated approaches – again, Juli Hush has made this point strongly in her previous review
  • The statement “geared towards action and intervention” para 2 p20 – does this refer to biomechanical orientated treatment approaches? Action and intervention is a non-specific term.
  • The argument that better communication and “inter-personal elements of patient care” (p21, 22), although important, aren’t supported strongly by the data presented.
  • Other potential practice implications:
    o Physiotherapist need better awareness of the biopsychosocial model, skills to assess these, and an understanding of the consequences of not working within this paradigm if they are to adopt evidence based care and move beyond their perceived ‘boundaries’
    o Strategies are needed to integrate biopsychosocial care into traditional realms of physiotherapy practice. Possible approaches such as the STartBack are referenced briefly however there is little information as to how the findings of this research might inform such approaches
  • P 22 “Further research with patients to determine their views about the biopsychosocial approach to patient management in physiotherapy contexts, would strengthen the evidence on whether patients actually prefer such a model of care.” – authors might consider drawing links to the body of evidence showing that patients prefer patient centred approaches
  • Strengths and limitations – there is limited information addressing issues of rigour in the analysis process.

Conclusion

• “a balance between the two is required” – again infers a separation between patients experiences and guidelines.

Table

• acronyms and terms need to be described

Level of interest: An article of importance in its field
Quality of written English: Needs some language corrections before being published

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