CONTRIBUTORS TO ADHERENCE TO EXERCISE THERAPY IN NON-SPECIFIC CHRONIC LOW BACK PAIN

A SYSTEMATIC REVIEW OF QUALITATIVE AND QUANTITATIVE RESEARCH

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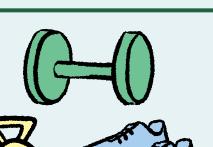
Background

70% nsCLBP **lack adherence**

Biopsychosocial overview based on International Classification of Functioning, Disability and Health **(ICF)**

Combining **Qualitative** and **Quantitative** research

Methods

Inclusion criteria: non-specific chronic low back pain + contributors to adherence + adherence to exercise therapy

Risk of bias: Risk of Bias Tool for Randomized Controlled Trials (ROB2) and Critical Appraisal Skills Program (CASP)

Certainty assessment: Grades of Recommendation, Assessment, Development and Evaluation (GRADE and GRADE-CERQual)

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Clinical implications

Psychological contributors and the added value of PSE

Skills of the HCP

Environmental factors

Implementing goal-setting

Achieving shared-decision making

Creating a context-specific exercise program

Integrating patient-specific factors into the program

Results

Qualitative (n=7)
Quantitative: cohort (n=2) & RCT (n=7)

Hampering		Favouring
Inappropriate recommendations, emphasis on structural causes of pain, diagnostic uncertainty, abandonment, not feeling understood, poor relationship	HCP characteristics	Supervision, support, empathic, involved, shared decision-making, ↑ teaching skills, education, trust, communication training, low back pain specialized

Internal factors
- Beliefs
- **Psychosocial factors**
- Symptoms and impairments
- Confidence
- Patient-related characteristics

External factors
- **Time-related characteristics**
- **Environmental factors**
- **Health Care Professional (HCP) characteristics**

Intervention-related characteristics
- **Modalities**
- **Progression**
- **Program design**
- Setting
- **Home exercise program**
- **Follow-up**
- Feedback

Bold = moderate confidence (GRADE and GRADE-CERQual)

Hampering		Favouring
No progression outlined, absence of progress	**Progression**	Safe & low-risk progression, goal-setting
Boring, complex, overload, repetitive, monotonous	**Program design**	Simple, attractiveness of program

Conclusion

These findings highlight the need for **personalised, context-sensitive interventions** to improve adherence. Future work should focus on developing and validating objective tools, e.g. **ATTEMPT** (Adherence To Exercise for Musculoskeletal Pain Tool)

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UHASSELT KNOWLEDGE IN ACTION

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PAIN IN MOTION