

## Introduction

Low back pain (LBP) is considered to be one of the most costly and disabling conditions afflicting individuals across the globe. Clinical practice guidelines (CPG) emphasize the importance of screening for psychosocial risk factors in order to decrease poor outcomes and disability related to LBP. However, evidence shows that clinicians are not consistently screening for psychosocial risk factors due to numerous barriers, including lack of time, decreased awareness of CPG recommendations, low confidence in application of recommendations, and complexity of LBP management. Therapists may stigmatize patients with chronic low back pain or feel they lack training to address psychosocial risk factors when suspected or detected. Screening for psychosocial risk factors, attending to them if present, and tracking outcomes over time is guideline-consistent and potentially improves, not only patient outcomes, but cost effectiveness at the clinic and healthcare system level.

## Purpose

**This project aims to use the Knowledge-to-Action cycle to guide full development and implementation of a preliminary clinical pathway for individuals with low back pain which includes screening for psychosocial risk factors, referral to a single-session intervention, and monitoring using outcome measures.** The project consists of three phases. Phase I aims to quantify current utilization of screening tools, interventions and outcome measures for patients with a diagnosis of low back pain and psychosocial risk factors for poor outcomes in a multi-location, full-service outpatient orthopedic physical therapy and occupational therapy practice (Advanced). Phase II aims to explore knowledge users' perceptions of screening and addressing psychosocial risk factors and barriers to implementation of screening tools. Phase III aims to generate pilot data regarding consistent screening, intervention when indicated, and outcome measurement after introducing a streamlined, applied clinical practice pathway.

## Methods

Phase I and II were conducted concurrently between September 2023 and August 2024. The project team collaborated with clinical and administrative staff to create a chart audit report that would include two years of data on use of psychosocial screening and outcome measures at initial evaluation, follow up and discharge for all nine clinics. The report output was cleaned and sorted using thirty-three LBP-related ICD-10 Codes and counts tabulated. Results were then compared with a clinician survey of 26 practicing PTs and PTAs in the nine locations to evaluate actual use versus perceived use.

Next, practicing clinicians (N=26) were surveyed to ascertain perceived utilization of screening, expertise, attitudes, and potential barriers which were then grouped into themes. Respondents were ambiguous on numerous items in the survey and follow-up focus groups were conducted to explore this ambiguity. A focus group guide was created to dive deeper into the survey results. In early 2024, the project team conducted two, one-hour focus groups consisting of 6-8 clinicians each. Common themes and barriers were analyzed using the CFIR framework. Tailored interventions to address barriers and strategies were identified and prioritized using the CRIF Barrier Buster Tool.

## Results

The results of Phase I and II of the project reveal that patients with low back pain-related diagnoses are not being consistently screened for psychosocial risk factors related to poor outcomes and increased disability. This is despite clinical practice guidelines which advocate for screening. In the initial chart audit report, only four patients with low back pain were formally screened using a validated screening tool in the past two years, out of a total of 506 patient encounters. This data conflicts with the survey of practicing clinicians in which 30.8% of respondents reported screening for psychosocial risk factors. When clinician perceptions were explored further during focus groups, the primary perceived barriers to screening include: lack of knowledge and belief about efficacy and usefulness of screening tools, lack of resources and/or referrals if/when psychosocial risk factors are identified, organizational and reimbursement barriers, and lack of incentives to complete screening. Clinicians reported informal screening occurs during history taking and subsequent conversations with patients and treatments which include education, providing explanations and goal setting.

## Next Steps

Phase III of the project will involve implementation of the tailored interventions and the clinical pathway for streamlined screening, intervention and outcome tracking of patients with psychosocial risk factors and LBP.