

PAIN AND DISABILITY REPRESENTATIONS ASSOCIATED WITH HELPLESSNESS AND RESISTANCE IN REHABILITATION ARE KEY INTERVENTION CHALLENGES

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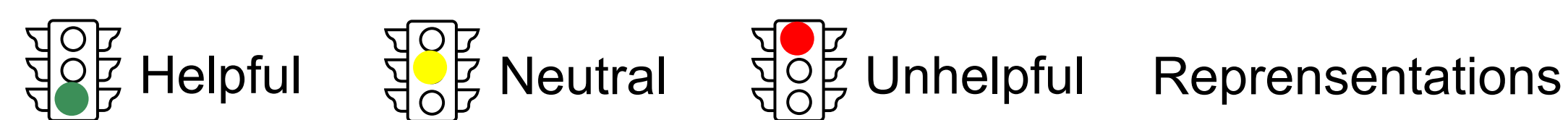
INTRODUCTION

- Pain and disability representations refer to a person's interpretation of his or her musculoskeletal pain condition, including the beliefs about its causes, controllability and expected course, as well as the emotional states generated by the condition, such as fear and anxiety.¹
- Representations influence how workers cope with their condition.²⁻³
- Evidence distinguishes helpful from unhelpful representations,⁴⁻⁵ the latter being associated with behaviors that may hinder rehabilitation and return to work.³
- **Workers' representations should thus be appraised⁶, and then the unhelpful representations would need to be considered by physical and occupational therapists in their interventions⁴⁻⁵.**

We know how clinicians can appraise workers' representations:

Revised Illness Perception Questionnaire for Work Disability⁴ scored by dimension (9)

When completed online, color code interpretation for each dimension:



The problem is...

We do not know how clinicians consider workers' pain and disability representations in their interventions, and what challenges they face in doing so

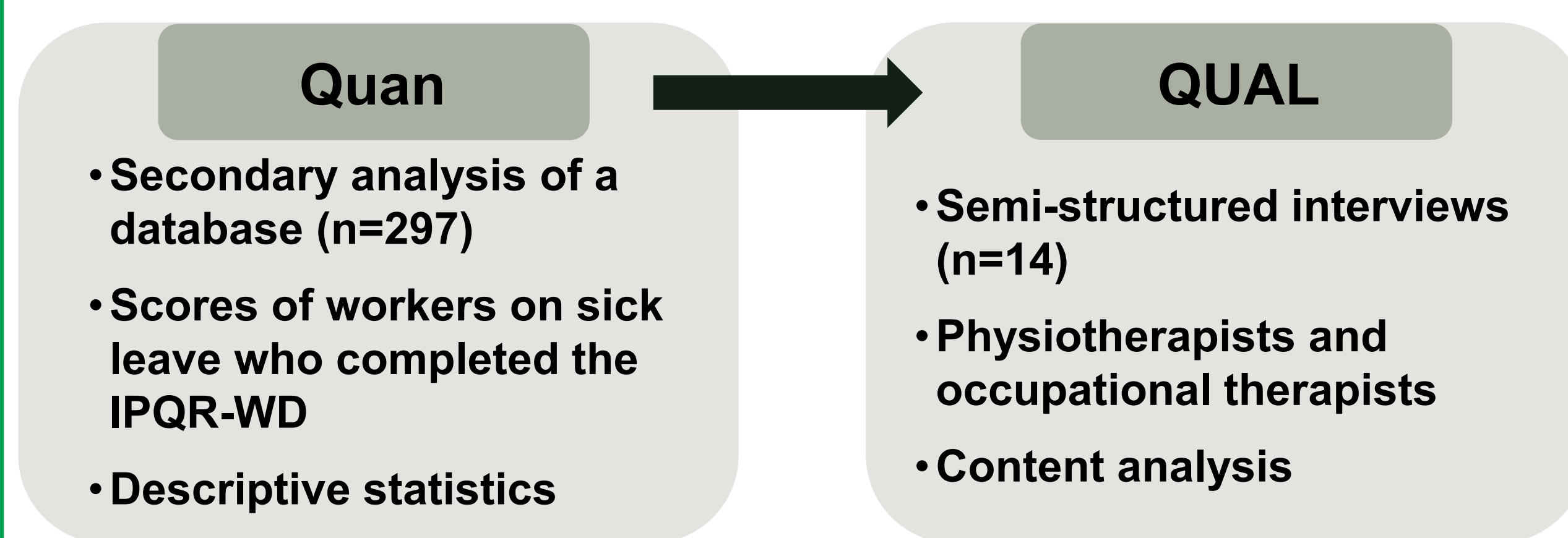
OBJECTIVES

Explore intervention challenges experienced in physiotherapy and occupational therapy when considering workers' pain and disability representations

- 1) Identify prevalent unhelpful worker-held pain and disability representations
- 2) Explore the challenges that physical and occupational therapists face when considering these representations

METHOD

Explanatory sequential mixed methods design⁷



Most prevalent unhelpful pain and disability representations included in the semi-structured interview guide

Themes covered :

1. Challenges experienced with workers' representations
2. Challenges experienced with prevalent unhelpful worker-held representations
3. Interventions used to overcome the challenges reported
4. Factors that could influence the challenges (i.e., factors related to the worker, workplace, both healthcare and compensation systems)

RESULTS

Prevalent unhelpful worker-held representations (n=297)

Sociodemographic characteristics	n (%)	Representations' dimensions	Helpful n (%)	Neutral n (%)	Unhelpful n (%)
Age	Mean: 43.75; SD: 11.26	Identity	16 (5.4%)	203 (68.3%)	78 (26.3%)
Female	164 (55.2%)	Acute/chronic timeline	44 (14.8%)	163 (54.9%)	90 (30.3%)
Time since injury		Consequences	21 (7.1%)	117 (39.4%)	159 (53.5%)
≥ 6 months	211 (71.2%)	Personal Control	110 (37.0%)	175 (58.9%)	12 (4.0%)
Work status		Treatment control	140 (47.1%)	138 (46.5%)	19 (6.4%)
Absent	228 (76.8%)	Coherence	91 (30.6%)	159 (53.6%)	47 (15.8%)
At work	69 (23.2%)	Cyclical timeline	60 (20.2%)	84 (28.3%)	153 (51.5%)
Previous attempt to return to work	150 (50.5%)	Emotional representation	34 (11.4%)	123 (41.4%)	140 (47.1%)
		Causes		Categorical scale	

Clinicians' challenges with workers' representations (n=14)

Clinicians' characteristics	Age range	Female	Private setting	Multidisciplinary environment
Physiotherapy professionals : 8/14 Occupational therapists: 6/14	23-46 years	9/14	11/14	12/14

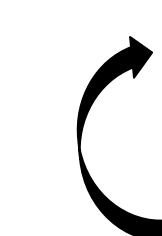
Key intervention challenges were two representations' patterns

1) Representation pattern associated with helplessness

Cyclical timeline
(unpredictable pain)

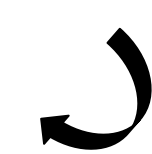


"Workers who see the cyclical aspect or the unpredictable aspect or, you know, aspects that no longer give you any power, you know, 'My condition varies, it's gonna vary. I could never go back to doing my old work' (...) they no longer have control over their condition (...) So it's hard to... you know, to change a bit these beliefs (...)." (CL09)



Personal control
(low pain control)

Emotional representation
(distress)

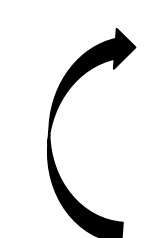


2) Representation pattern associated with resistance

Causes
(biomedical)



"People who strongly believe in the biomedical model (...) they think they don't have control over [their pain]." (CL02)



Treatment control
(low expectations for treatment efficacy)

Personal control
(low pain control or perceived control on condition)



"There's too much resistance. The beliefs or perceptions are so strong, despite the interventions, [that] things don't unblock or only partially unblock." (CL12)

Both patterns hindered workers' treatment engagement

DISCUSSION

Obj.1 Most prevalent unhelpful worker-held representations

Consequences Cyclical timeline Emotional representation

➤ Partly in line with a large cross-sectional study⁸

Obj.2 Clinicians' challenges with workers' representations

Representation pattern of helplessness

Representation pattern of resistance

➤ Converge with subgroups defined in large cluster analysis studies of people with musculoskeletal pain conditions⁹ or chronic pain¹⁰

The representations' patterns were reported as challenging because of their reported impact on treatment engagement.

➤ To foster treatment engagement, the proposed intervention must make sense with respect to workers' representations^{6,11,12}

CONCLUSION

➤ Clinicians' key intervention challenges were two representations' patterns, which included or not, prevalent unhelpful worker-held representations.

KNOWLEDGE CONTRIBUTION

➤ When clinicians encounter workers with representations' patterns of helplessness or resistance, their overall challenge is that of providing an intervention that make sense for the worker.

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