



PA!N
Pijn Alliantie in Nederland

ZELFMANAGEMENT- ONDERSTEUNING BIJ MUSCULOSKELETALE PIJN

Nathan Heiting



HAN_UNIVERSITY
OF APPLIED SCIENCES

DISCLOSURE BELANGEN SPREKER

(potentiële) belangenverstrengeling	Geen
Voor bijeenkomst mogelijk relevante relaties met bedrijven	Bedrijfsnamen
<ul style="list-style-type: none">• Sponsoring of onderzoeksgeld• Honorarium of andere (financiële) vergoeding• Aandeelhouder• Andere relatie, namelijk ...	<ul style="list-style-type: none">••••



Associate
professor



Member Executive
Committee



Chair Advisory Group
on Finance



PAIN, MIND,
AND MOVEMENT
IASP Special Interest Group

Member Executive
Committee



Member Executive
Committee



Member Scientific
Advisory Board



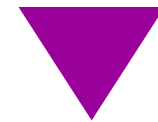
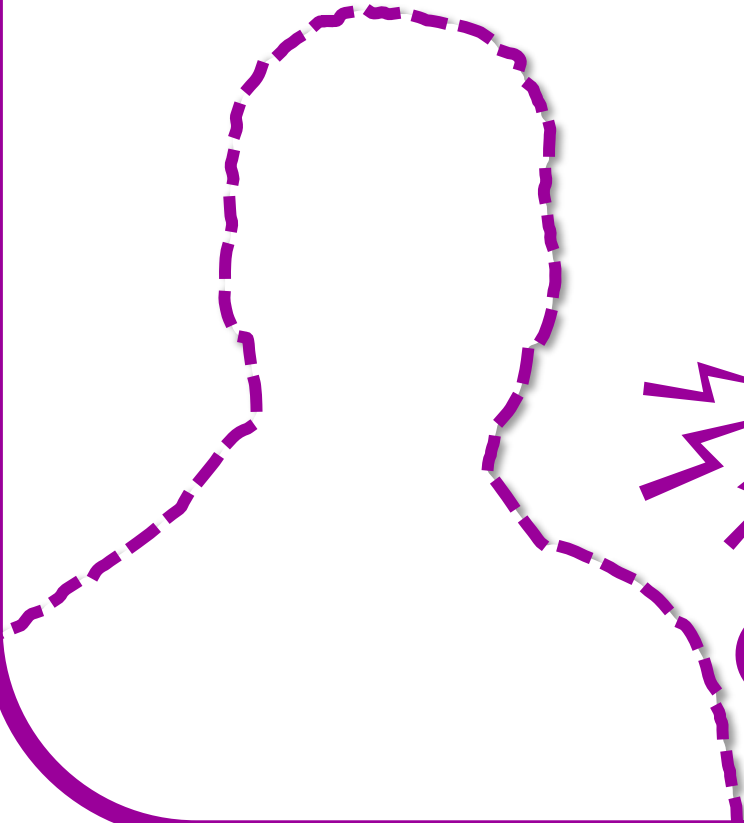
Member Congress
Programme Committee



Member Scientific
Advisory Board

40

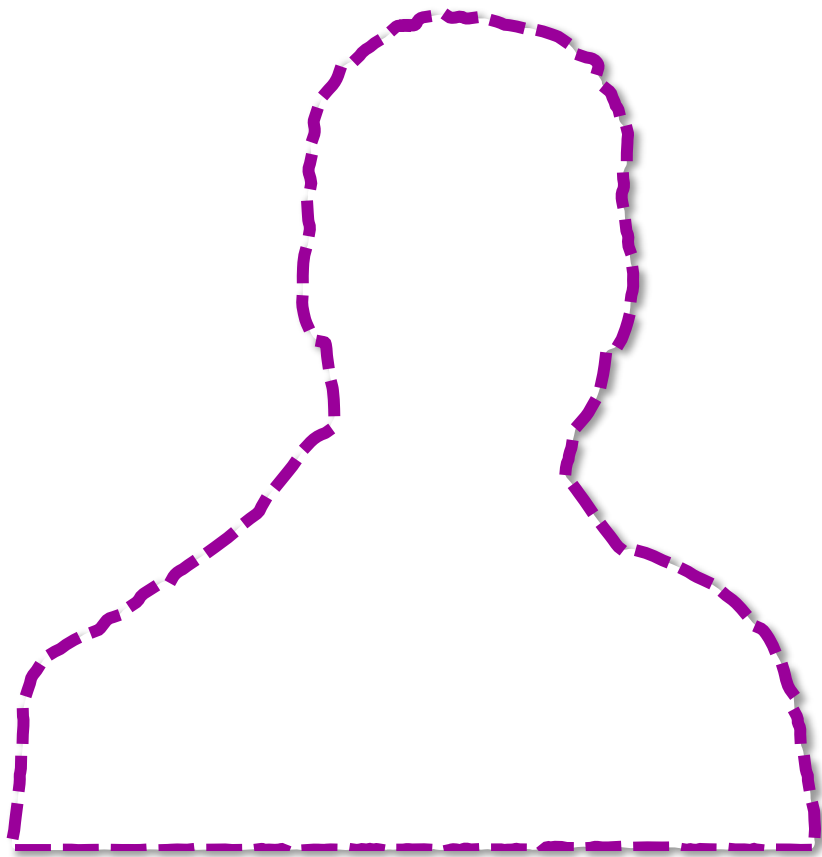
YEARS



2.5

YEARS







Pain and disability



Participation in activities



Emotions & frustrations



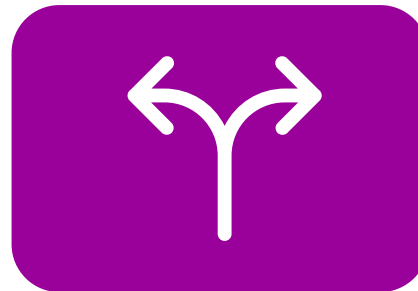
Misunderstanding



Acceptance



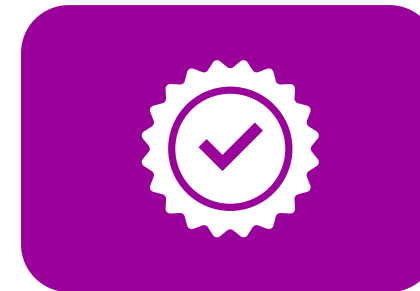
Medication & lifestyle



Decisions



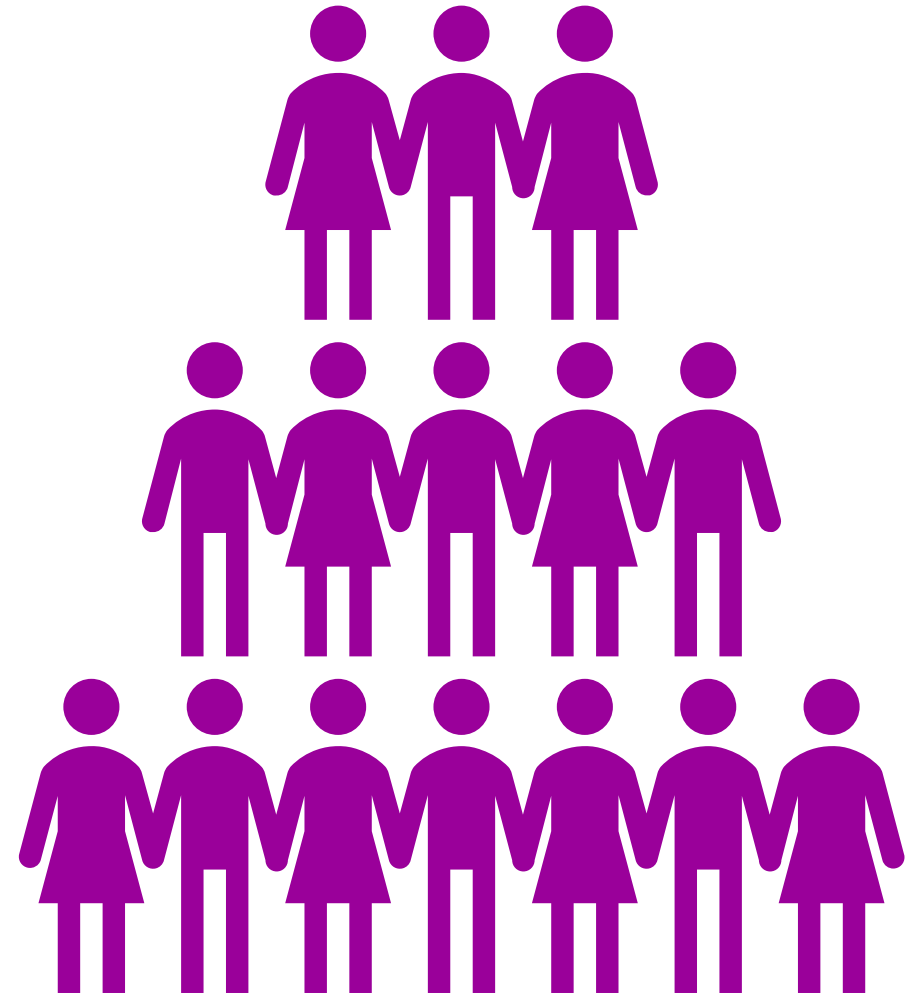
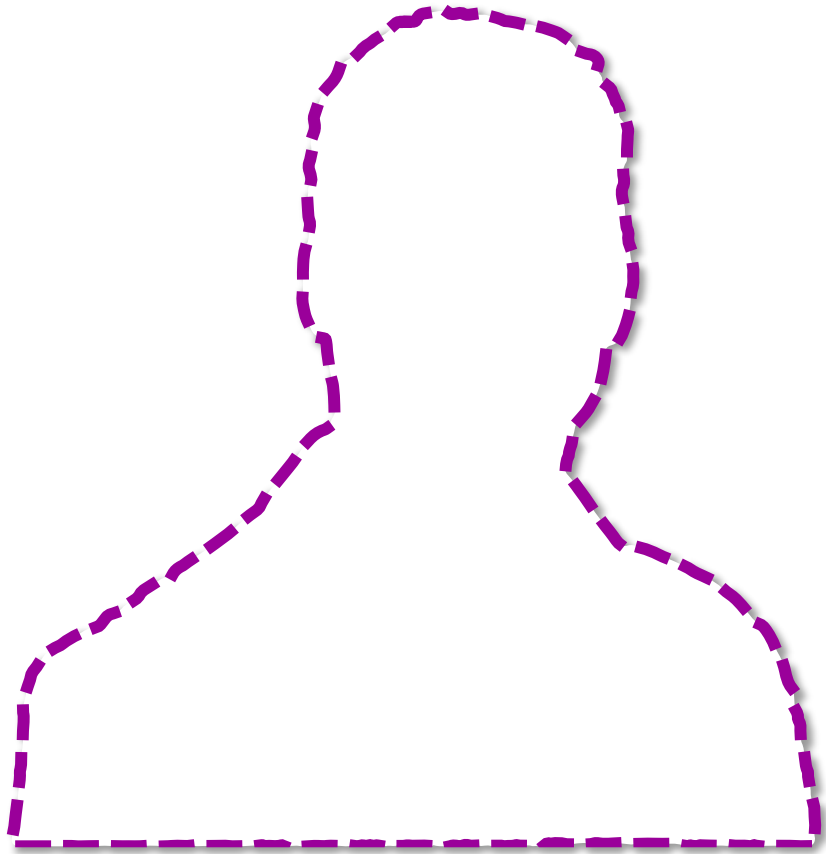
Work together



Deal with condition



CHALLENGE



Box 2 Consistent recommendations across musculoskeletal (MSK) pain conditions

1. Care should be patient centred. This includes care that responds to the individual context of the patient, employs effective communication and uses shared decision-making processes.
2. Screen patients to identify those with a higher likelihood of serious pathology/red flag conditions.
3. Assess psychosocial factors.
4. Radiological imaging is discouraged unless:
 - i. Serious pathology is suspected
 - ii. There has been an unsatisfactory response to conservative care or unexplained signs and symptoms.
 - iii. It is likely to change management.
5. Undertake a physical examination, which could include neurological screening tests, assessment of mobility and/or muscle strength.
6. Patient progress should be evaluated including the use of outcome measures.
7. Provide patients with education/information about their condition and management options.
8. Provide management addressing physical activity/exercise.
9. Apply manual therapy only as an adjunct to other evidence-based treatments.
10. Unless specifically indicated (e.g. red flag condition), offer evidence-informed non-surgical care prior to surgery.
11. Facilitate continuation or resumption of work.

Self-management

Patient-centered

Exercise

Education

Biopsychosocial

Shared decision making

Consider biopsychosocial factors and health comorbidities
 Use patient-centred communication
 Ask: "What do you think you need to achieve your goals?"
 4. Educate beyond words using active learning approaches
 5. Coach towards self-management
 6. Address comorbid health factors

Exercise and self-management is essential.
 Evidence-informed care for non-traumatic persistent and disabling musculoskeletal pain
 Build the individual's self-efficacy to take control and ultimately be responsible for their health.
 Exercise and lifestyle (sleep hygiene, smoking cessation, stress management, etc)

Lin et al., 2019; Caneiro et al., 2019; Lewis & O'Sullivan, 2018

TABLE 2 Messages to healthcare professionals from patients with low back pain

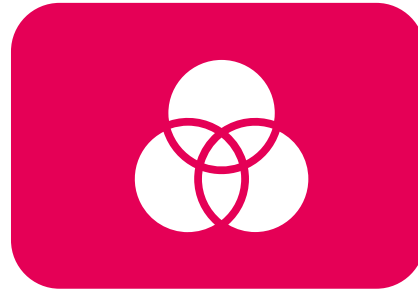
Messages to healthcare professionals from patients with low back pain	
We find it unhelpful when you...	We find it helpful when you...
- Don't listen to us	- Are confident and thorough
- Interrupt us	- Listen to our worries, concerns and fears
- Don't consider our expectations	- Have an impact on our life
- Give inconsistent information	- Use simple language
- Give us scary information	
- Provide information we don't understand	
- Do not give a clear explanation for our condition	
- Don't support us	
- Don't involve us in our rehabilitation	
- Don't provide us with a clear treatment plan	
- Don't write things down for us	
- Sign us off as sick	
- Blame us for our problem	- Take care of our body
- Are in a hurry and rush us	- Use a holistic approach
- Don't follow us up	
- Overtreat us unnecessarily	- Provide us with a plan (on electronic devices) and a long-term plan that
	- Let us contact you
	- Get our family involved in our care



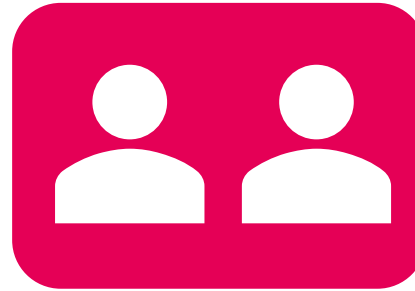
PERSON (PATIENT)-CENTERED CARE



PATIENT-AS-PERSON



BIOPSYCHOSOCIAL PERSPECTIVE



SHARING POWER AND RESPONSIBILITY



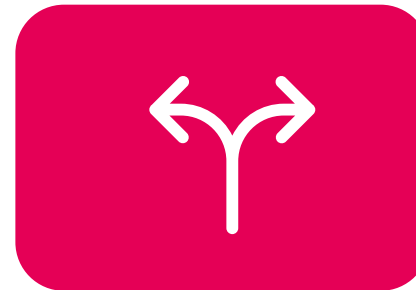
THERAPEUTIC ALLIANCE



INDIVIDUALISED TREATMENT



PATIENT-DEFINED GOALS



DECISION-MAKING

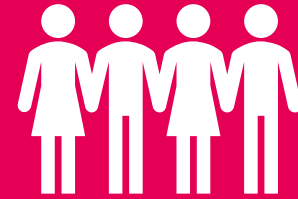
THE BIOPSYCHOSOCIAL MODEL



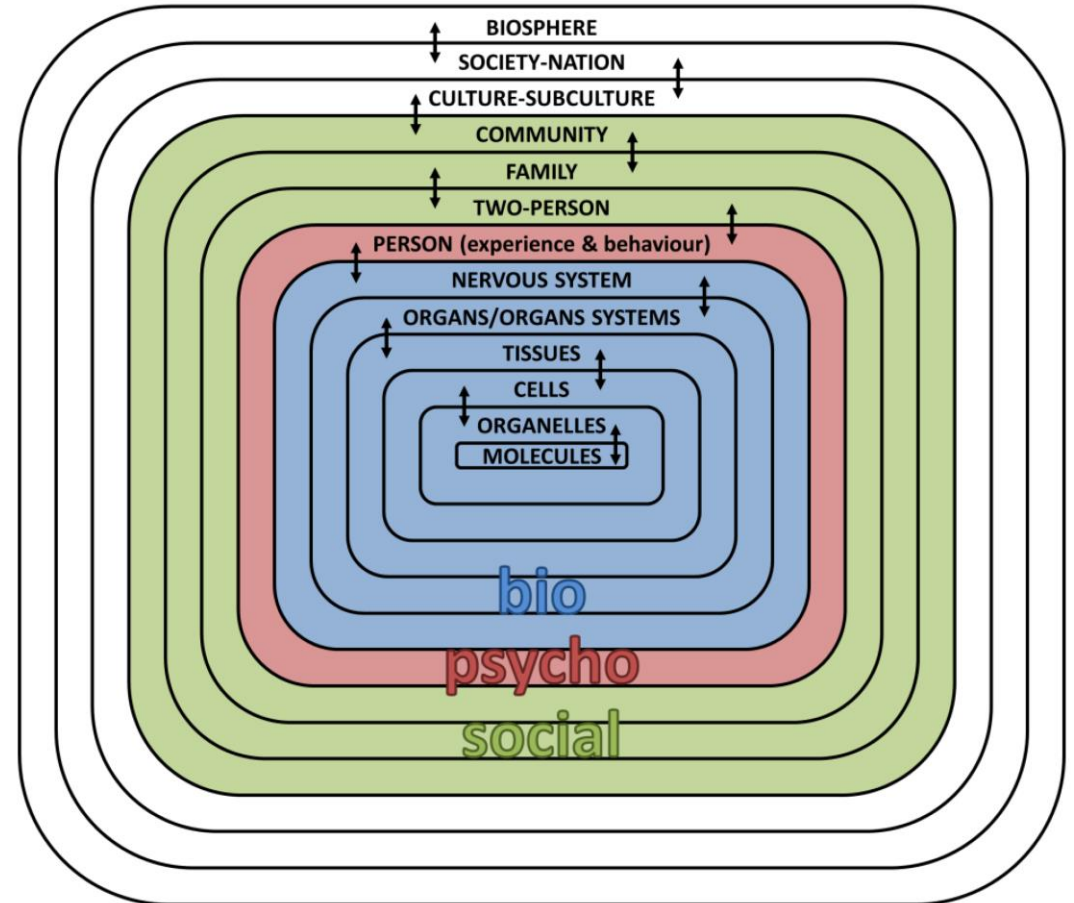
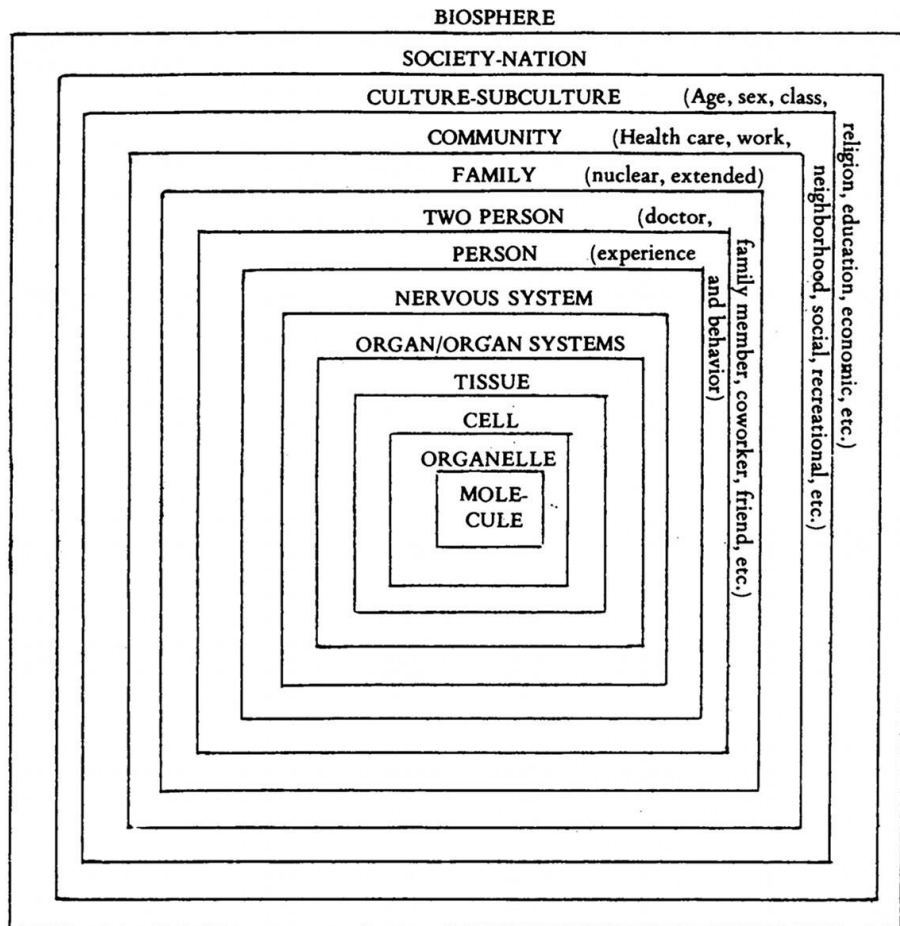
BIOLOGICAL



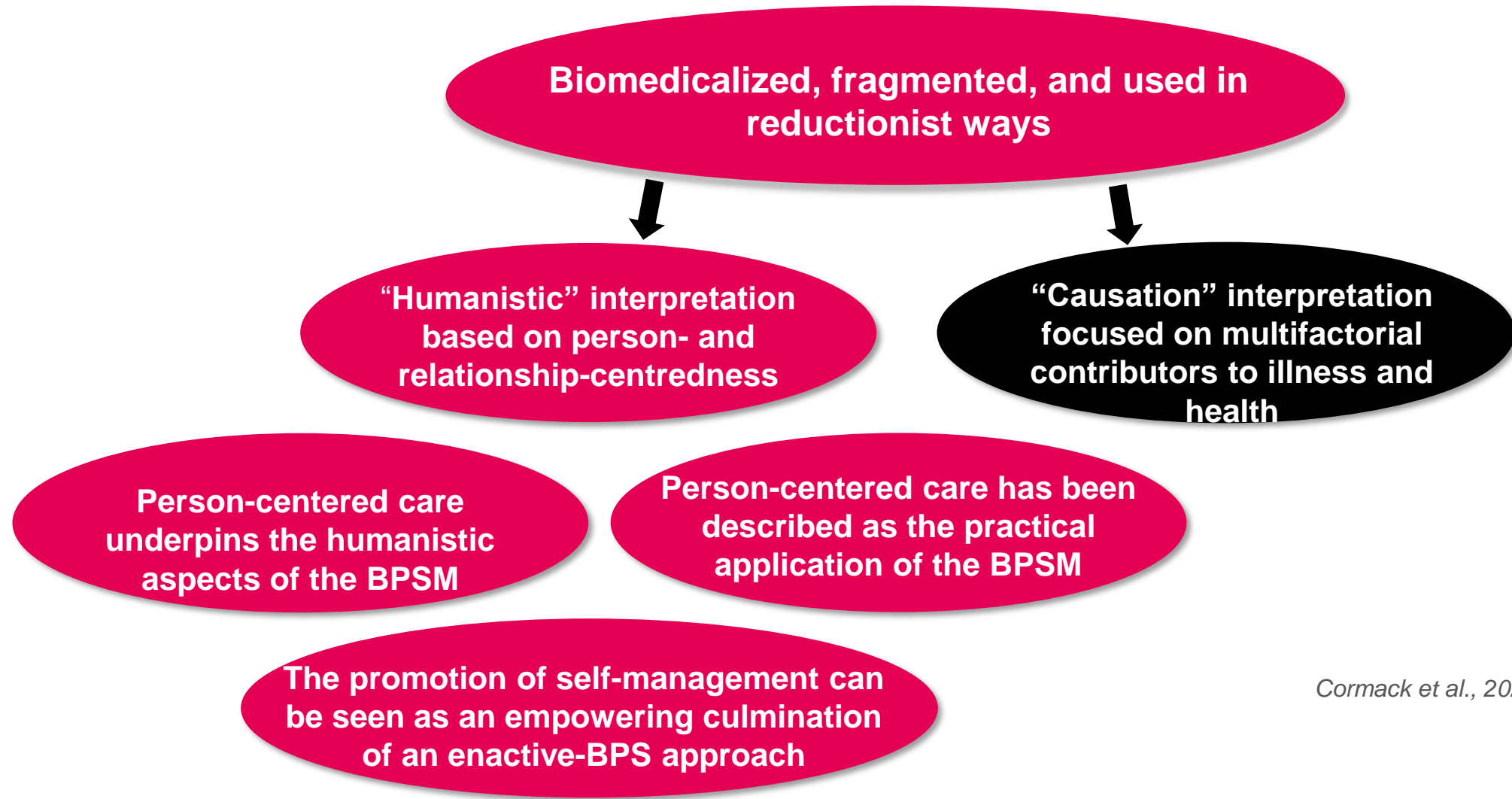
PSYCHOLOGICAL



SOCIAL



Engel 1981; Evans et al., 2017; Farre & Rapley, 2017; Card, 2021



Cormack et al., 2022

RESEARCH ARTICLE

Open Access



Individuals' explanations for their persistent or recurrent low back pain: a cross-sectional survey

Conclusions: We concluded that despite continuing attempts to shift pain beliefs to more complex biopsychosocial factors, most people with LBP adhere to the traditional biomedical perspective of anatomical/biomechanical causes. Relatedly, they often see their condition as very negative. Contrary to current “best practice” guidelines for LBP management, a potential consequence of such beliefs is an avoidance of physical activities, which is likely to result in increased morbidity. That health professionals may be the most pervasive source of this thinking is a cause for concern. A small number of people attributed non-physical, unknown or complex causes to their persistent LBP – indicating that other options are possible.

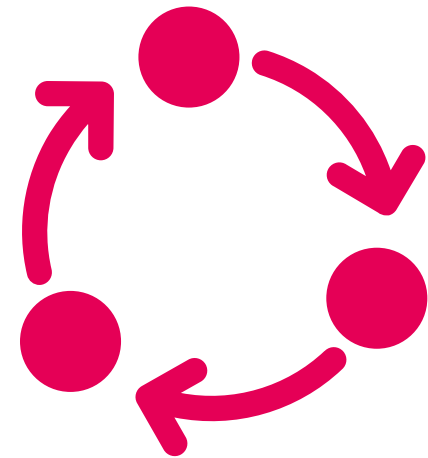
The key finding of this study is that people with LBP predominantly consider their condition to persist or recur because of biomechanical or structural reasons (machines that can be broken, and if not ‘fixed’ will continue to be in pain/damaged).

Table 3 Number (percentage) of responses to the question “Where does this understanding come from?”

Health Care Provider n (%)	Internet n (%)	Family n (%)	Friends n (%)	Other* n (%)
116 (89)	31 (24)	12 (9)	7 (5)	16 (12) self-reflection 9 (7) education 4 (3) scientific lit 3 (2) other 1 (1) not relevant
				33 (25) Total

VICIOUS CYCLE


- Patients have **requests** and **expectations**.
- Based on past **experiences** and common **beliefs**.
- Beliefs often come from **healthcare providers**.
- Many clinicians still **continue** to offer the **biomedical approach**.
- (Biomedical oriented) patient expectations are **important barriers**.
- **This barrier might prevent healthcare professionals from changing their practice, and that lack of change could reinforce inaccurate patient beliefs and expectations.**




World Physiotherapy Congress2021 online 9 – 11 April

Focused symposium #WorldPhysio2021


Patient-centred care for people with musculoskeletal conditions




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congress.physio/2021/programme/fs/FS-01

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journal homepage: www.elsevier.com/locate/msksp



Patient-centered care in musculoskeletal practice: Key elements to support clinicians to focus on the person

Nathan Hutting^{a,*}, J.P. Caneiro^b, Otieno Martin Ong'wen^c, Maxi Miciak^d, Lisa Roberts^{e,f}

Musculoskeletal Science and Practice 62 (2022) 102663



Contents lists available at ScienceDirect

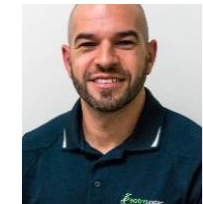
Musculoskeletal Science and Practice

journal homepage: www.elsevier.com/locate/msksp



Person-centered care for musculoskeletal pain: Putting principles into practice

Nathan Hutting^{a,*}, J.P. Caneiro^b, Otieno Martin Ong'wen^c, Maxi Miciak^d, Lisa Roberts^{e,f}



Biopsychosocial understanding of the person's experience

Person-focused communication

Supported self-management



Therapeutic relationship



Identification and goal setting

Identification
Shared decision making
Goal setting



Coaching to self-management

General self-management skills
Specific knowledge, skills and tools
(including overcoming barriers)



Evaluation

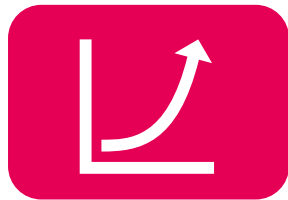
Evaluating goals
Planning for the future
Follow-up plan

Hutting et al., 2022

BUILDING THE THERAPEUTIC RELATIONSHIP

Definition of therapeutic relationship in the physiotherapy context:

“...the safe relational space and affective bond between patient and practitioner, developed both professionally and personally, when establishing connections and engaging in the collaborative work of physiotherapy”



**IMPROVED
CLINICAL
OUTCOMES**



**SATISFACTION WITH
SERVICES**



**ADHERENCE TO
TREATMENT PLANS**

ESTABLISHING MEANINGFUL CONNECTIONS

- Consciously being **present, receptive, committed, and genuine**
- Meaningful connections are those in which the participants feel they have been **seen, heard and appreciated** and can be professional or personal in nature
- **Intentionally developing** meaningful connections
- Moving from intention to action can be **challenging**





provide clear explanations of assessment findings



cue patients to their bodies to develop awareness



carefully handle the patient's affected body region



sit at the patient's level



affirm expressions of emotion or personal disclosures



adapt home programs by considering patients' unique circumstance



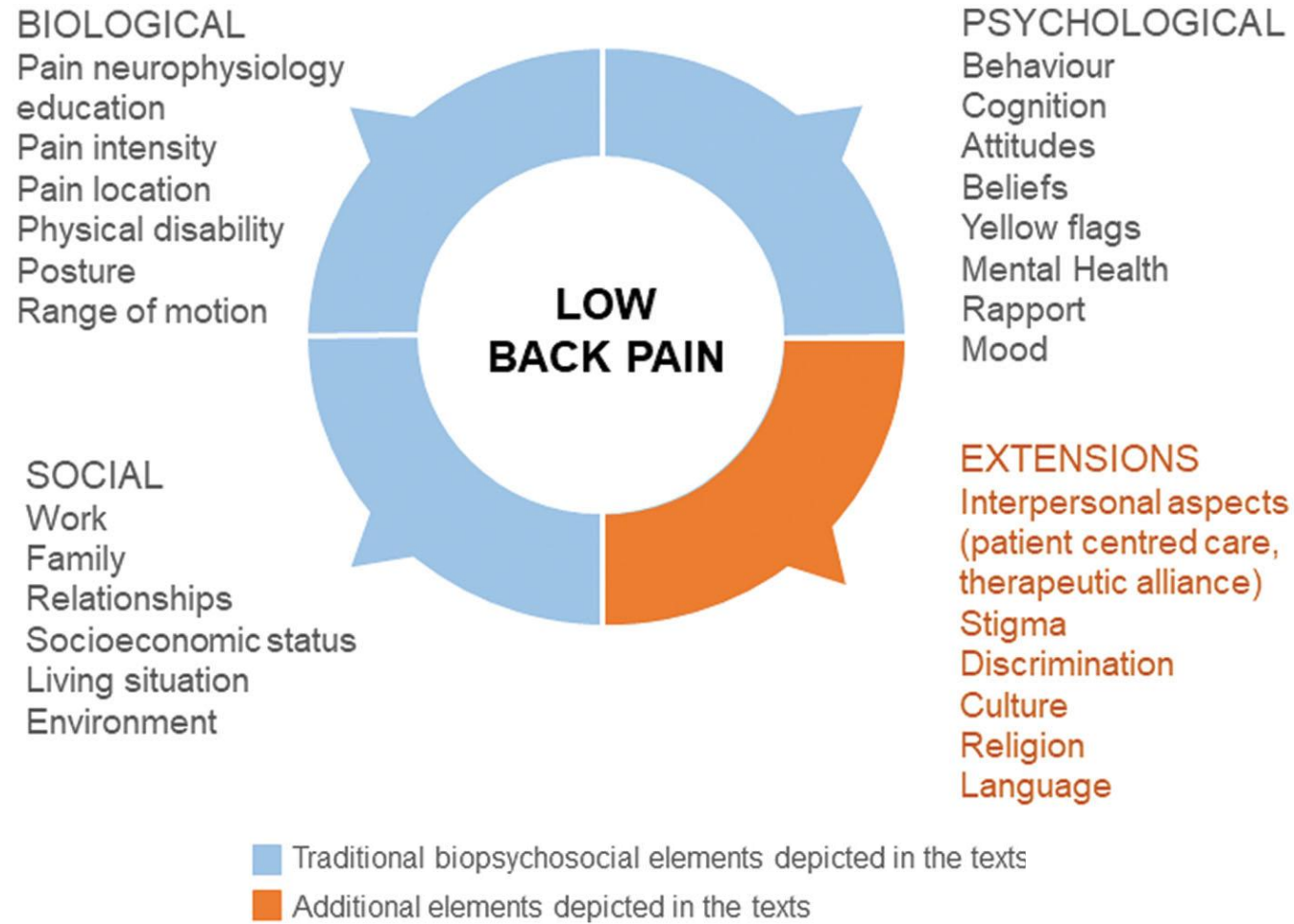
share a part of your life or experience, as appropriate

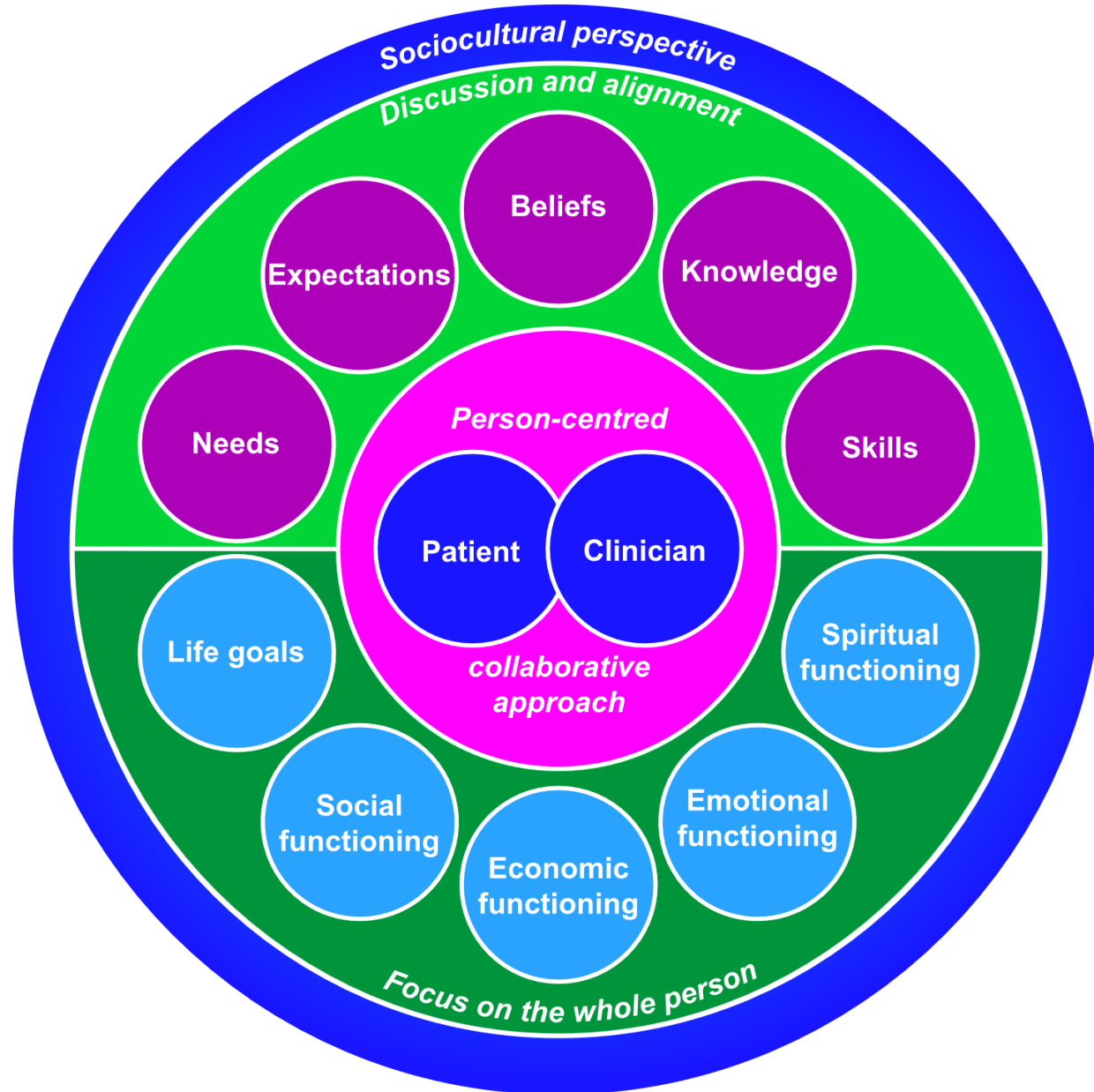


speak with patients' other care providers

BIOPSYCHOSOCIAL UNDERSTANDING

- Clinicians find it difficult to address the **psychosocial aspects** of a condition and frequently focus instead on the condition's **biomechanical and biomedical aspects**.
- However, person-centered care should address **all factors** that contribute to and are involved in a person's pain experience.
- This not only includes addressing the multiple biopsychosocial factors that **contribute** to a person's symptoms, but also discussing the biopsychosocial **consequences** of the condition for the individual.
- This includes the support they need to **overcome challenges and barriers** to managing the condition.





Deane et al., submitted

PERSON-FOCUSED COMMUNICATION

- Recognising the importance of narrative in the context of patients' **'entire lives'** is important.
- Requires clinicians to communicate with patients in a **validating, considerate, and non-judgmental** manner.
- This communication style demands the clinician pay attention to **'what'** we communicate (content) and **'how'** we communicate (delivery) using verbal and non-verbal language.

PERSON-FOCUSED COMMUNICATION

- Person-focused communication must be implemented across the **entire clinical interaction** including the interview, examination, and management planning.
- Focusing on the patient increases the likelihood that clinicians can better understand their patients' **behaviors**, the **rationale** underlying the behavior, and their patients' **needs and goals**.
- This allows them to **co-design** a **personalized management** plan that enables the patient to return to doing the things they value.

PERSON-FOCUSED COMMUNICATION

- Building a therapeutic relationship is paramount to establishing a **meaningful and trustworthy dialogue** that facilitates **disclosure and reflection**.
- This promotes **collaborative goal setting and decision-making**.

Hutting et al., 2022

IDENTIFICATION AND GOAL SETTING



**IDENTIFY THE PERSON'S
EXPERIENCES, IDEAS AND
BELIEFS**



**EVALUATE PERSON'S
ATTITUDE, SELF-EFFICACY,
SOCIAL INFLUENCE,
KNOWLEDGE AND SKILLS**



**ADDRESS IMPORTANT
GENERAL SELF-
MANAGEMENT SKILLS**

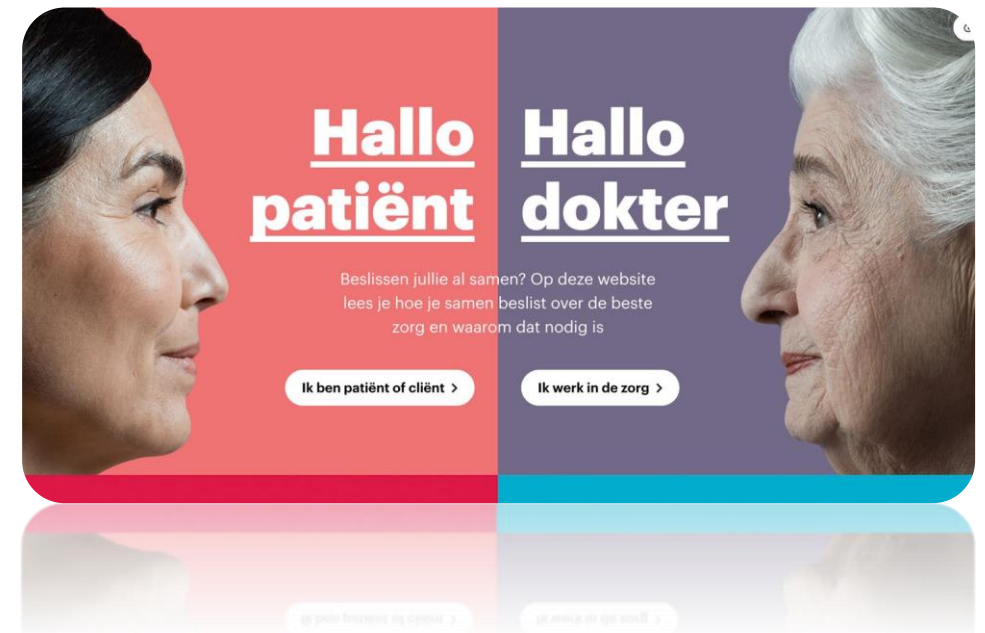


**EVALUATE EXPECTATIONS,
OPENNESS TOWARDS
SELF-MANAGEMENT AND
READINESS TO CHANGE**

Hutting et al., 2022

SHARED DECISION MAKING STEPS

1. Outline that there are a number of **choices**
2. Invite the patient to **partner** with you
3. Describe the nature of the **problem**
4. Elicit the patient's **expectations**
5. Explain the various **options**
6. Elaborate on **benefits and harms**
7. Weigh up **benefits and harms**
8. Explore readiness to **make a decision**
9. Agree on the **course of action**
10. Implement the **chosen treatment**
11. Arrange **follow-up**
12. Evaluate **outcomes** and assess **next steps**





Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Musculoskeletal Science and Practice

journal homepage: www.elsevier.com/locate/mksp



Highlights

- Therapists mainly provided patient education rather than self-management support.
- They mainly focused on the physical and biomechanical factors of the condition.
- Important self-management skills are generally not addressed sufficiently.
- Respondents had needs with regard to providing self-management support.

Highlights

- Physiotherapists believe that self-management support is important in people with low back pain.
- Physiotherapists do not fully integrate support with regard to important self-management skills.
- Integrating self-management support is often difficult and does not work well enough for all patients.
- The most important barrier with regard to integrating self-management was patient expectations.
- Physiotherapists need knowledge, opportunities to exchange experiences and tools for patients.



Hutting et al., 2020; van den Heuvel et al., 2021

Hutting et al., 2020; van den Heuvel et al., 2021

Hutting et al., 2020; van den Heuvel et al., 2021

 @NathanHutting

HAN UNIVERSITY
OF APPLIED SCIENCES



PHYSIOTHERAPISTS' ATTITUDES AND BELIEFS ABOUT SELF-MANAGEMENT AS PART OF THEIR MANAGEMENT FOR LOW BACK PAIN

- Participants understood the **importance** of self-management.
- Very few participants could describe the **self-management core principles**.
- Participants instead primarily discussed self-management support as giving **education and an exercise programme**.
- Successful implementation of self-management was measured by people **adhering to their prescribed exercise programme**, not by the person with LBP displaying evidence of the self-management skills.

SELF-MANAGEMENT

*“The ability to **manage** the symptoms, treatment, physical and psychosocial consequences, and lifestyle changes inherent in living with a chronic condition”.*

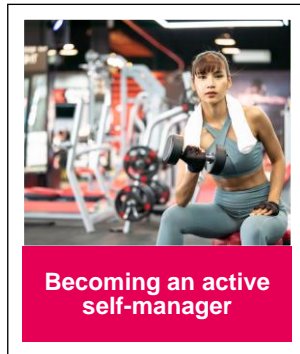
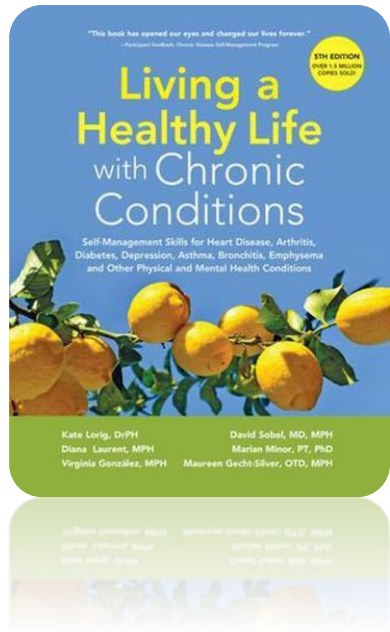
*“Interventions that aim to **equip patients with skills that allow them to actively participate in and take responsibility for managing their persistent condition so they can function optimally**”*

Barlow et al., 2010; Jonkman et al., 2016

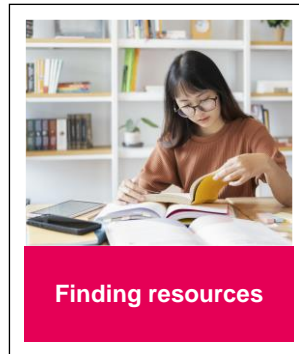
ZELFMANAGEMENT

‘Zelfmanagement is het vermogen van een patiënt om om te gaan met lichamelijke, psychische en sociale consequenties van een aandoening/beperking en bijbehorende aanpassingen in leefstijl, in samenhang met de sociale omgeving.

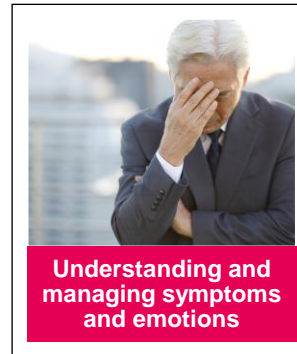
Zelfmanagement betekent dat patiënten zelf kunnen kiezen in hoeverre men de regie over het leven in eigen hand wil houden en mede richting wil geven aan hoe beschikbare zorg wordt ingezet.’



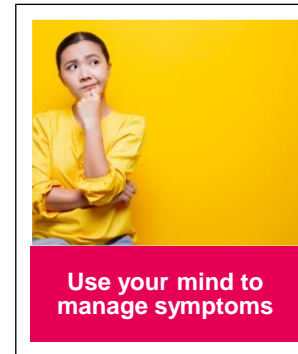
Becoming an active self-manager



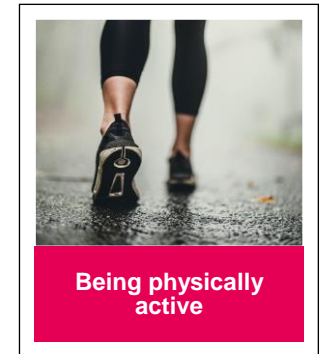
Finding resources



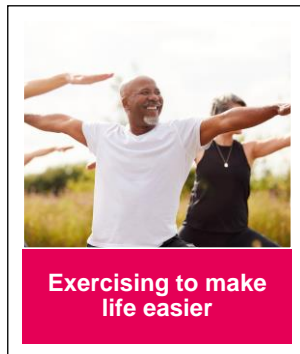
Understanding and managing symptoms and emotions



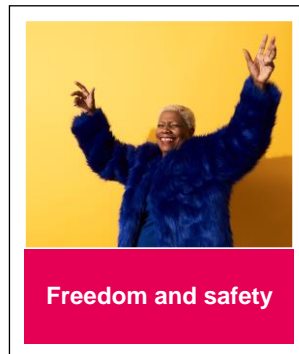
Use your mind to manage symptoms



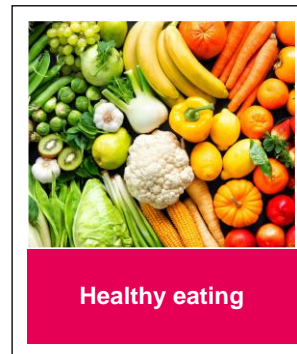
Being physically active



Exercising to make life easier



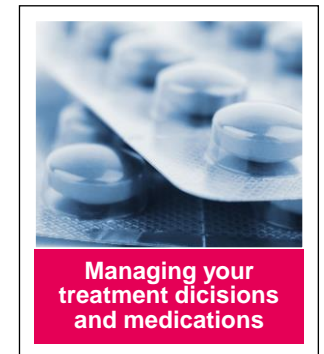
Freedom and safety



Healthy eating



Communicating with family, friends, and health care providers



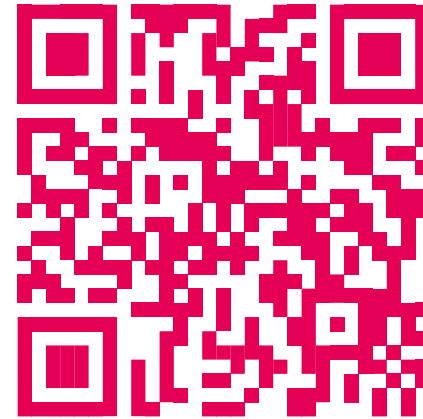
Managing your treatment decisions and medications

[VIEWPOINT]

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J. BART STAAL, PT, PhD^{4,5} • YVONNE F. HEERKENS, PhD¹

Promoting the Use of Self-management Strategies for People With Persistent Musculoskeletal Disorders: The Role of Physical Therapists

[J Orthop Sports Phys Ther 2019;49\(4\):212-215. doi:10.2519/jospt.2019.0605](#)



Physical therapists should use a self-management approach to individualized (physical therapy) treatment for patients with persistent musculoskeletal disorders whenever possible.

SELF-MANAGEMENT SUPPORT

“Self-management support is the help given to people with chronic conditions that enables them to manage their health on a day-to-day basis.”

Self-management support can help and inspire people to learn more about their conditions and to take an active role in their health care.”

<https://www.ahrq.gov/ncepcr/tools/self-mgmt/self.html>

ZELFMANAGEMENTONDERSTEUNING

‘Zelfmanagementondersteuning is het systematisch geven van educatie en ondersteunende interventies aan patiënten (en eventueel hun familie en sociaal netwerk) zodat patiënten in het dagelijks leven met de gevolgen van hun ziekte kunnen omgaan (op lichamelijk, mentaal en sociaal gebied).

Daarbij ontwikkelt de patiënt vaardigheden en het vertrouwen om gezondheidsbevorderend gedrag in stand te kunnen houden voor de rest van het leven.’

SELF-MANAGEMENT SUPPORT



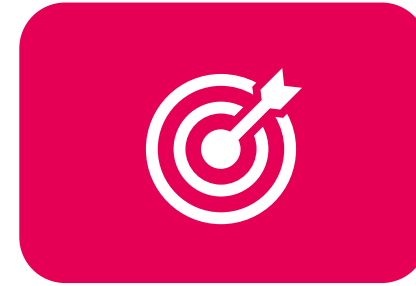
**COMPASSIONATE,
PATIENT-CENTERED
CARE**



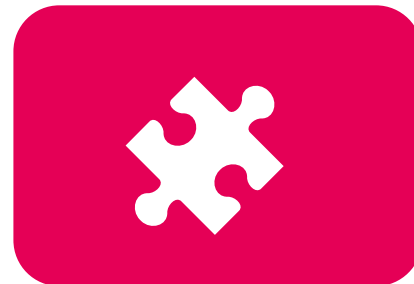
**INVOLVING THE
WHOLE CARE TEAM**



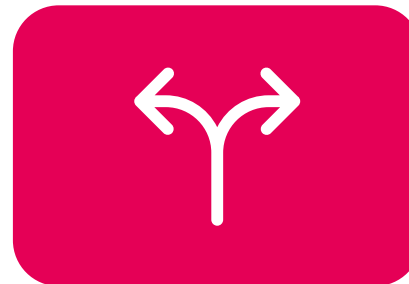
**FOCUS ON
PREVENTION AND
CARE MANAGEMENT**



**INVOLVING THE
PATIENT IN GOAL
SETTING**



**CUSTOMIZED
EDUCATION AND
SKILLS TRAINING**



**MAKING REFERRALS
TO COMMUNITY-
BASED RESOURCES**



**FOLLOWING UP WITH
PATIENTS**

Biopsychosocial understanding of the person's experience

Person-focused communication

Supported self-management



Therapeutic relationship



Identification and goal setting

Identification
Shared decision making
Goal setting



Coaching to self-management

General self-management skills
Specific knowledge, skills and tools
(including overcoming barriers)



Evaluation

Evaluating goals
Planning for the future
Follow-up plan

Hutting et al., 2022

Identification and goal setting

- Identification
- Shared decision making
- Goal setting

Coaching to self-management

- General self-management skills
- Specific knowledge, skills and tools (including overcoming barriers)

Evaluation

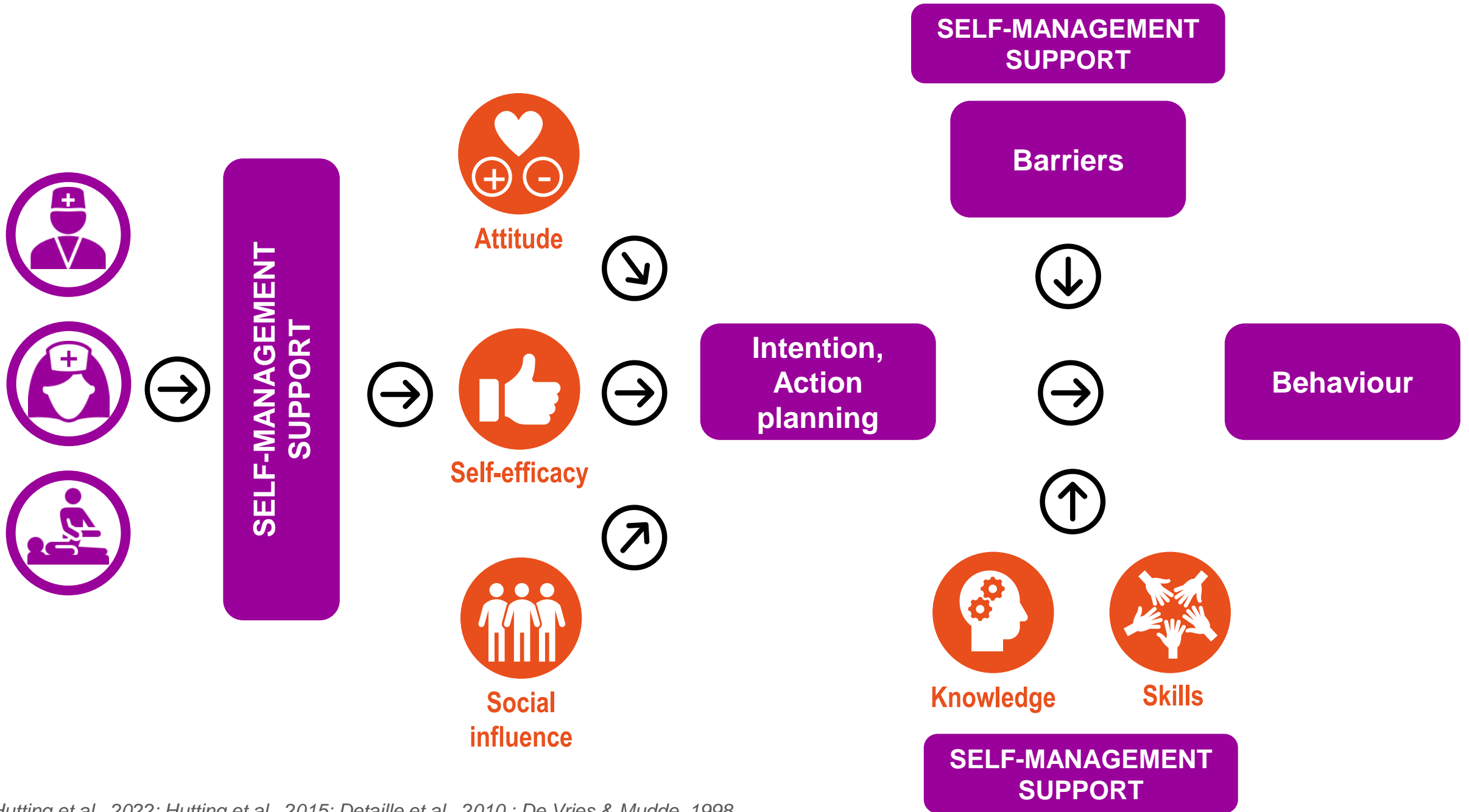
- Evaluating goals
- Planning for the future
- Follow-up plan

- **Probleemoplossend vermogen**
- **Besluitvaardigheid**
- **Inzetten van hulpbronnen**
- **Goede relatie met zorgverleners opbouwen en onderhouden**
- **Planning maken**
- **Bijsturen**

Lorig & Holman, 2003



Hutting et al., 2022



SELF-MANAGEMENT PLAN

1. **Decide** what **you** want to **accomplish** (your goal).
2. **Look** for **various ways** to accomplish your goal.
3. **Draft** a **short-term action** plan or **agreement** with yourself.
4. **Carry out** your action plan.
5. **Check** the results.
6. **Make changes** as needed.
7. **Reward** yourself for succes.

PROBLEM SOLVING STEPS

1. **Identify** the problem.
2. **List ideas** to solve the problem.
3. **Select** one idea to try.
4. **Check** the results.
5. **Pick another** idea if the first didn't work.
6. **Use other resources** (other list).
7. **Accept** that the problem might not be solvable now.

MAKING DECISIONS: PROS AND CONS

- **Identify** the **options**.
- **Identify** what **you want**.
- **Write down** the 'PROs' and 'CONs' for each option.
- **Give a score** to each statement from 1 being not important to 5 being very important.
- **Add each column** and compare the results to find the **higher score**.
- Ask yourself how this meets the "**gut test**"

SHOULD I GET HELP IN THE HOUSE?

Pro	Rating	Con	Rating
I'll have more time	4	It's expensive	3
I'll be less tired	4	It's hard to find good help	1
I'll have a clean house	3	I don't want a stranger in the house	1
TOTAL	11		7

TAKING ACTION

- Problem solving + decision making
- Next step: to take action

- **Set goals:** what to do first
 - Specific
 - Achievable (no dreams)

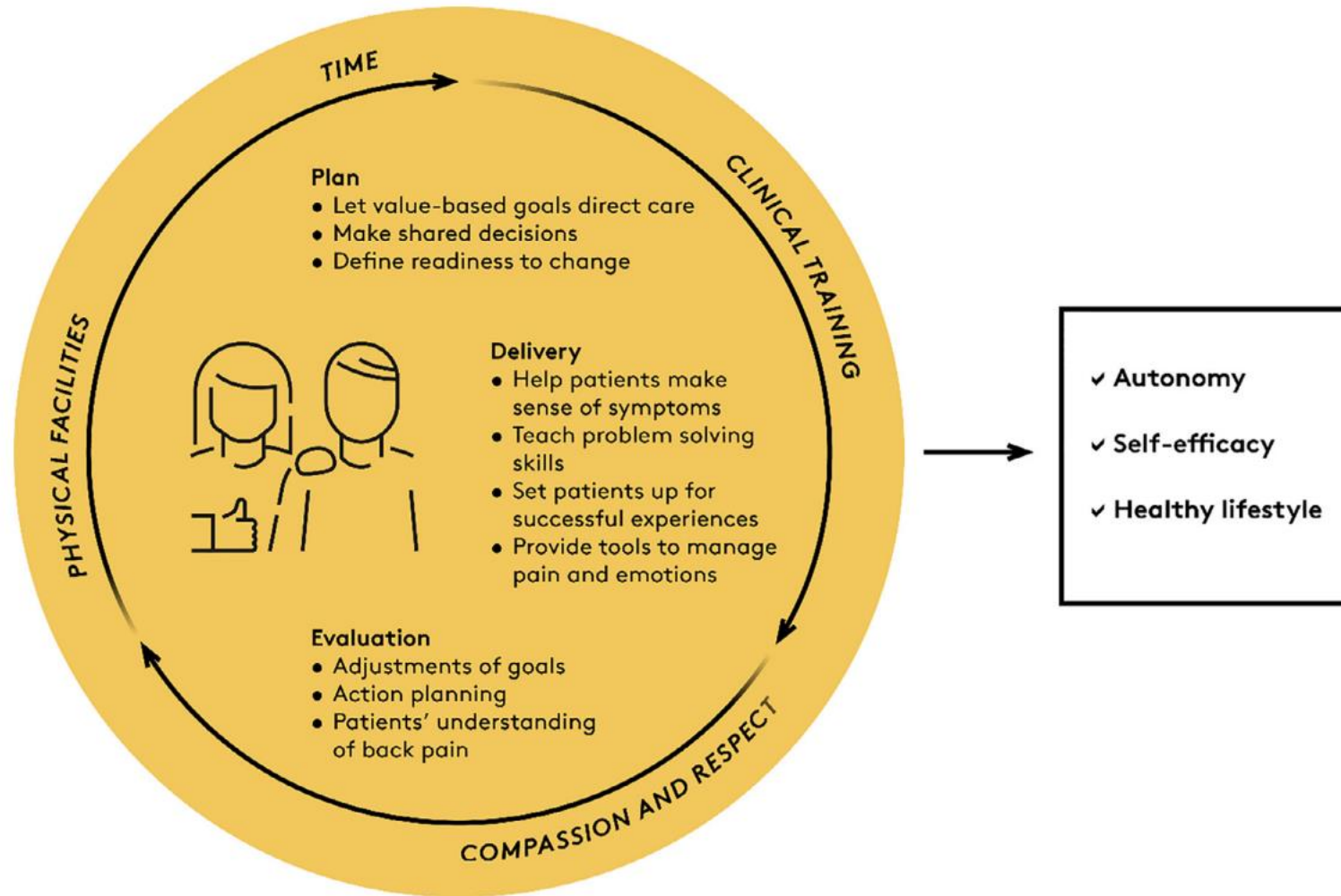
- **Explore options**
 - List all options
 - Select the 2-3 options you want to research further

SHORT TERM PLANS: ACTION PLANNING

- Goal may seem overwhelming.
- Don't try everything at once.
- One thing that you can accomplish within the next week.
- Approach moving towards goal: action planning.
 - Helps to solve the problem or reach the goal.

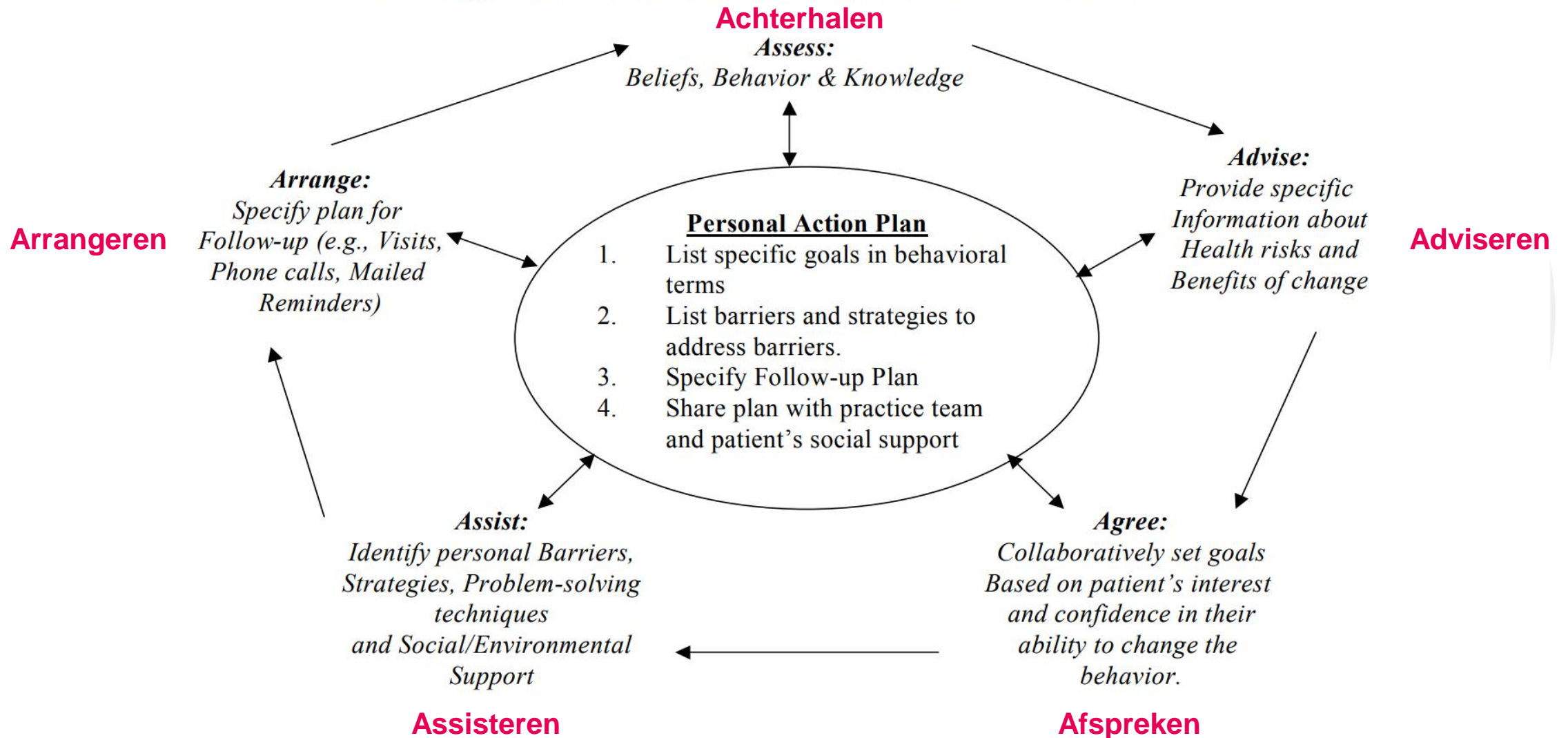
PARTS OF AN ACTION PLAN

1. Something **YOU** want or decide to do.
2. Achievable
3. Action-specific (not losing weight, but replacing snacks with fruit; losing weight is the result of actions).
4. Answer the question:
 - What? (specific action)
 - How much? (time, distance, amount)
 - When? (time of the day, which days)
 - How often (number of days in the week)
5. Confidence level of 7 or more (1-10: *How sure am I that I will complete the ENTIRE action plan?*)



Kongsted et al., 2021

Self-Management Model with 5 A's (Glasgow, et al, 2002; Whitlock, et al, 2002)





5A-model ter ondersteuning van het zelfmanagement in het algemeen

Stap binnen het 5A-model	Toelichting
Achterhalen	Inventariseer wat de wensen, behoeften, voorkeuren en beperkingen (denk aan fysieke en mentale capaciteit, lage gezondheidsvaardigheden) van de patiënt zijn om te kunnen inschatten wat nodig is om aandoening, onderliggend mechanisme en consequenties van de aandoening verder te verhelderen.
Adviseren	Educatie is een interactief proces tussen patiënt en therapeut met als doel de gedachten of het gedrag van de patiënt in relatie tot gezondheid in positief opzicht te veranderen.
Afspreken	Afhankelijk van wat de patiënt belangrijk vindt, kunnen specifieke doelen worden gesteld die voor de patiënt relevant zijn in het kader van het ondersteunen van het zelfmanagement. Tijdcontingent werken met monitoring en feedback speelt hierin een belangrijke rol.
Assisteren	Instructie, oefenen en/of demonstratie van specifieke handelingen, taken of activiteiten die moeilijk zijn voor de patiënt binnen zijn dagelijkse context. Werkzame factoren om eigen regie en zelfredzaamheid te bevorderen zijn: samen beslissen, behandelopties bespreken, succeservaringen (eigen effectiviteit) delen en werken in de authentieke omgeving van de patiënt.
Arrangeren	Vergroten van sociale en maatschappelijke steun. Deze steun kan ook ingezet worden wanneer communicatie met de patiënt moeizaam verloopt. Hierbij houdt de therapeut rekening met het kennisniveau, het bewustzijn en de motivatie van de patiënt.

AANVULLENDE TOOLS

Zelfmanagementweb

Wilt u aangeven hoe het met u gaat op het gebied van:

Uw antwoord kunt u aangeven door aan te kruisen:

- 1 = goed
- 2 = niet goed, maar ook niet slecht
- 3 = niet goed



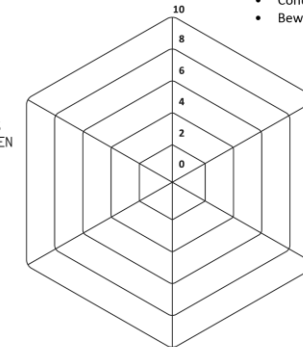
Positieve gezondheid



- Zorgen voor jezelf
- Je grenzen kennen
- Kennis van gezondheid
- Omgaan met tijd
- Omgaan met geld
- Kunnen werken
- Hulp kunnen vragen



- Sociale contacten
- Serius genomen worden
- Samen leuke dingen doen
- Steun van anderen
- Erbij horen
- Zinnvolle dingen doen
- Interesse in de maatschappij



- Je gezond voelen
- Fitheid
- Geen klachten en pijn
- Slapen
- Eten
- Seksualiteit
- Conditie
- Bewegen



- Onthouden
- Concentreren
- Communiceren
- Vrolijk zijn
- Jezelf accepteren
- Omgaan met verandering
- Gevoel van controle

- Genieten
- Gelukkig zijn
- Lekker in je vel zitten
- Balans
- Je veilig voelen
- Intimiteit
- Hoe je woont
- Rondkomen met je geld

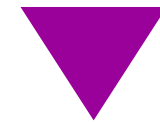


Ik mis iets dat voor mij belangrijk is: _____



40

YEARS



2.5

YEARS





Physical Therapist



**Self-management
Master Trainer**



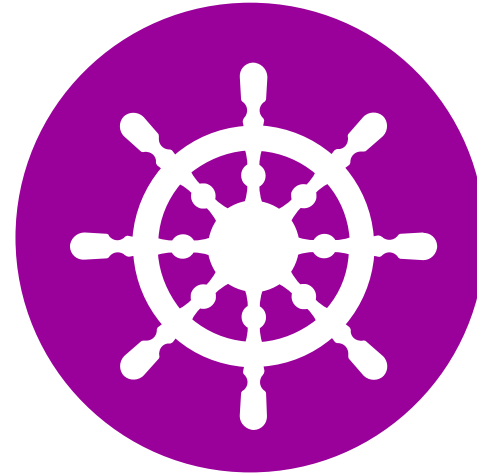
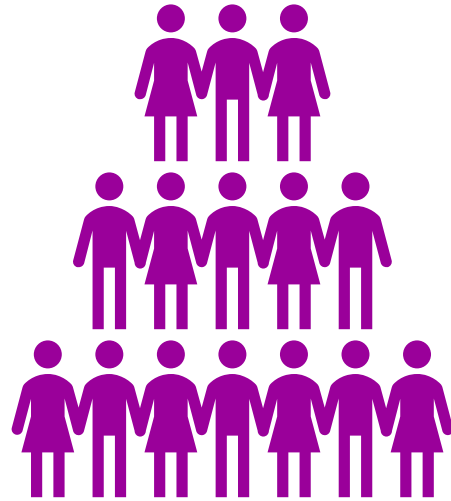
**PhD Research
Self-management**





Person
living with persistent pain



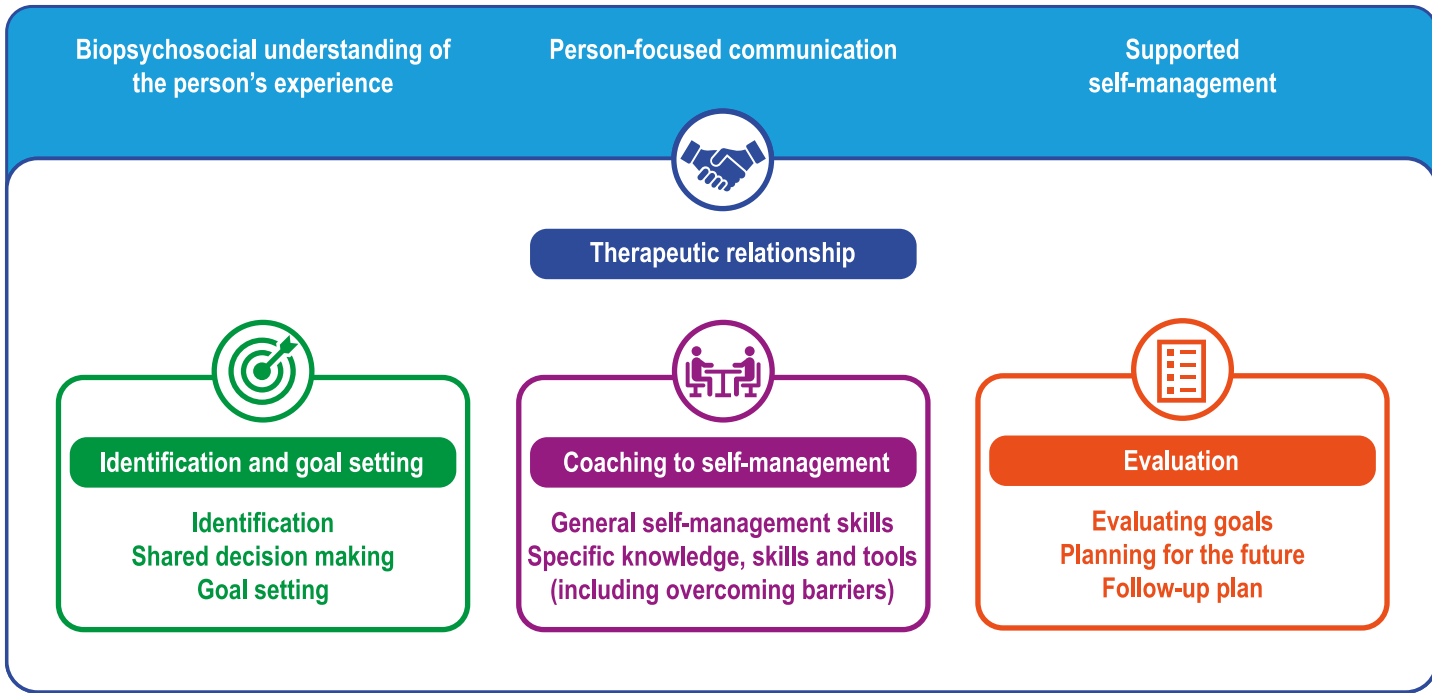


Support

**Better
equipped**

**Active
management**

**Participation
in society**



DANK VOOR UW AANDACHT!

**X @NathanHutting
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