

RUTGERS Engaging Self-Management With A Low Back Pain Electronic Application School of Nursing Ria Lam, MSN, APN-C, COHN-S, Irina Benenson, DNP, FNP-C, Tracy Vitale, DNP, RNC-OB, C-EFM, NE-BC

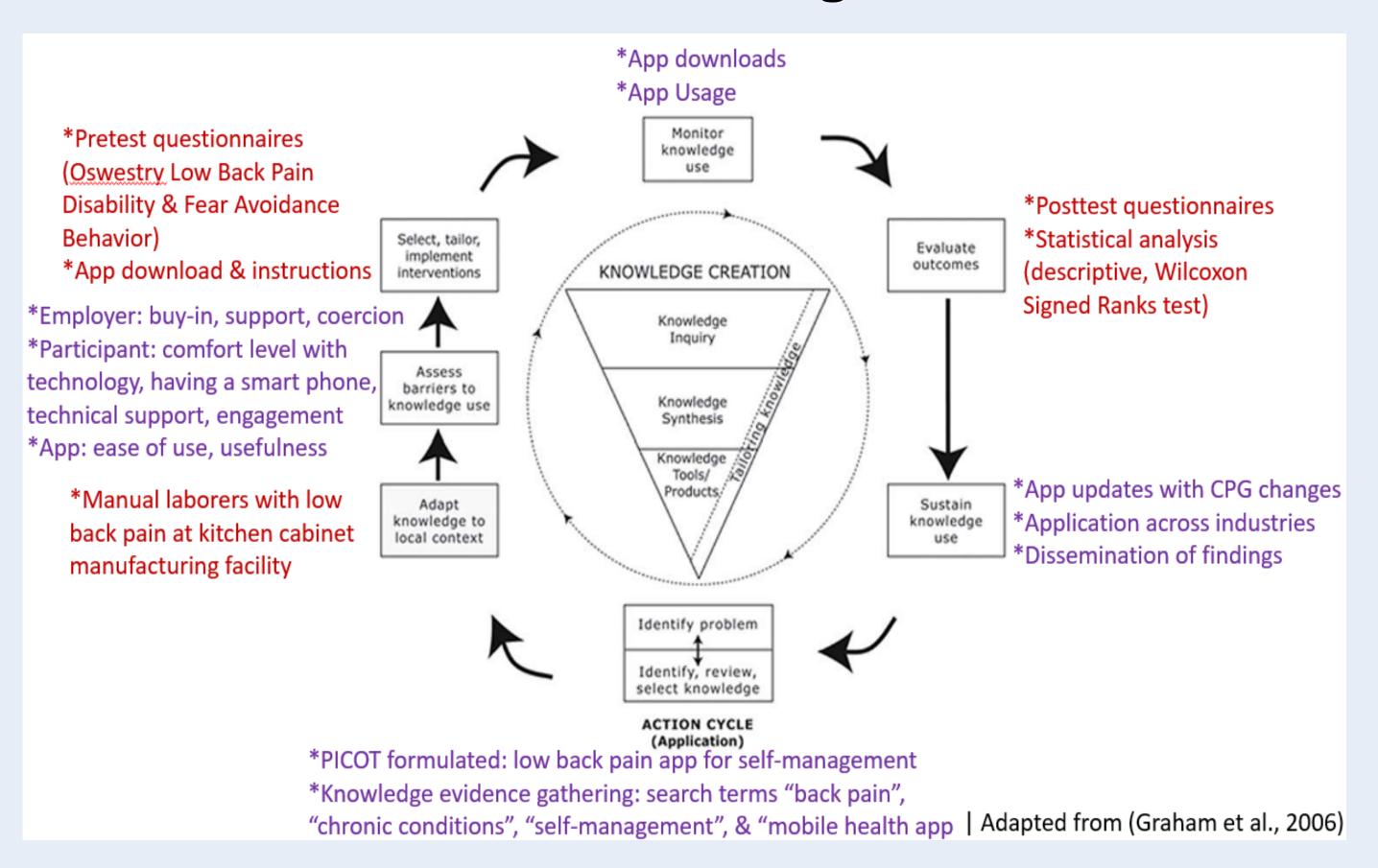
Introduction

- Low back pain (LBP) national costs \$635 billion per year ¹
- Loss of 149 million days-of-work/year ²
- Persistent LBP fear-avoidance behaviors, ability to return to work, home life, and earning potential ³
- IOM- education plus self-management (SM)¹
- Educational interventions promote SM, reduces physical disability 4,5,6

Aims and Objectives

- Aim 1: to resume normal activities promptly, decrease physical disability, increase functional activities
- Aim 2: to decrease illness behavior and catastrophizing
- Objectives:
 - Create a LBP mobile application
 - Evaluate the impact of the application on physical disability and avoidance beliefs
 - Oswestry Low Back Pain Disability Index (ODI) Questionnaire
 - Fear Avoidance Beliefs Questionnaire (FABQ)

Theoretical Model – Knowledge to Action Model



Methodology

Design: pilot project, quasi-experimental pretestposttest design

Setting: kitchen cabinetry manufacturing company

Population: adult manual workers with non-specific back pain

Inclusion criteria: reading and writing in English, mobile device with internet access

Exclusion criteria: past spinal surgery, current numbness or tingling in the legs, or radiation of pain down the legs, or pain unrelieved by rest, comorbid cardiovascular conditions

Intervention:

- Four-week intervention period
- De-novo developed electronic mobile application
- App includes educational modules, external links to exercise protocols, additional resources
- App was tested prior to the study intervention

Outcomes

- Oswestry Disability Index (ODI)- measures physical disability and functional activities, total index scores 0-100, the higher score the more physical disability
- Fear-Avoidance Beliefs Questionnaire (FABQ)measures fear of pain and consequent avoidance of physical activity, scores from 0 to 66, the higher the score the higher the degree of fear avoidance beliefs

Analysis

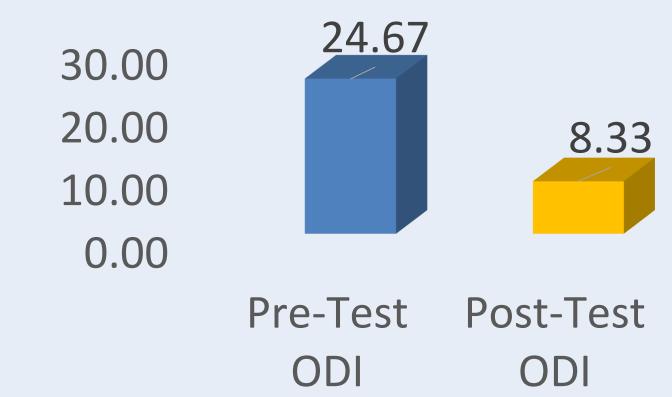
- Descriptive statistic for demographic data
- Wilcoxon Signed-Rank Test to compare ODI and FABQ scores pre and post intervention
- SPSS statistical package was used for analysis
- De-identified data was entered for analysis

Results

- Sample Characteristics (N = 6)
 - Age: 29 yo (M = 29, SD = 4.0, range: 23-34)
 - Years in role: 3 years (M = 3.1, SD = 2.0)
 - Years with LBP: 5 years (M = 4.9, SD = 2.2)
 - Gender: all Male (n = 6)
 - Comfort with App: All Very Comfortable (n = 6)

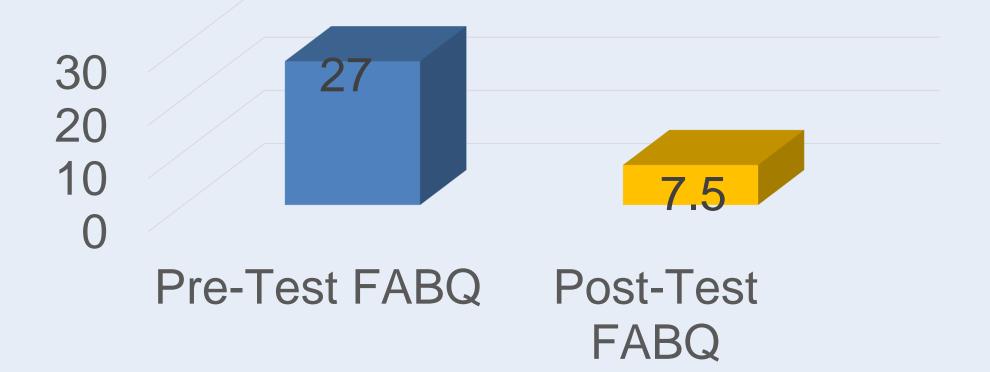
ODI

 Non-Significant DECREASE in ODI scoredecrease in physical disability (Z = -1.826, p = 0.068)



FABQ

 Significant DECREASE in the FABQ scoredecrease in perceptions of physical activities & work as a cause of their pain (Z = -2.207, p = 0.027)



Implications

- Clinical Practice- integration of self-management applications into treatment plans
- Institutional policies integration of self-management applications into institutional policies
- Education- providers education on the usefulness of electronic applications to support self-management
- Research a need to determine whether electronic applications reduce healthcare cost and length and degree of physical dysfunction and improve quality of life

Conclusions

 Self-management educational LBP app decreases fearavoidance behaviors

References List & Contact Information

Handouts provided