



Faculty of Medicine

University of Dhaka

**ATTITUDES AND BELIEFS ABOUT LOW BACK PAIN AMONG PATIENTS
ATTENDING OUTPATIENT PHYSIOTHERAPY DEPARTMENT AT CRP**

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We the undersigned certify that we have carefully read and recommended to the Faculty of Medicine, University of Dhaka, for acceptance of this dissertation entitled

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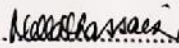
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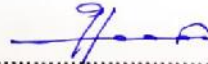
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Declaration

I declare that the work presented here is my own. All sources used have been cited appropriately. Any mistake and inaccuracies are my own. I also declare that for any publication, presentation or dissemination of information of the study. I would be bound to take written consent from Department of Physiotherapy, Bangladesh Health Profession Institute (BHPI).

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CONTENTS

	Page No
Acknowledgement	i
Abbreviations	ii
List of Tables	iii
List of Figures	iv
Abstract	v
CHAPTER-I: INTRODUCTION	1-7
1.1 Background	1-3
1.2 Rationale	4
1.3 Research Question	5
1.4 Objectives	5
1.5 Operational definition	6
1.6 List of variables	7
CHAPTER-II: LITERATURE REVIEW	8-18
CHAPTER-III: METHODOLOGY	19-23
3.1 Study Design	19
3.2 Study Site	20
3.3 Study population	20
3.4 Sampling technique	20

3.5 Sample size	20
3.6 Study period	21
3.7 Inclusion criteria	21
3.8 Exclusion criteria	21
3.9 Materials of data collection	22
3.10 Data collection procedure	22
3.11 Data management and analysis	23
3.12 Ethical consideration	23
CHAPTER-IV: RESULTS	24-36
CHAPTER-V: DISCUSSION	37-40
CHAPTER-VI: CONCLUSION AND RECOMENDATION	41-42
6.1 Conclusion	41
6.2 Recommendation	42
REFERENCES	43-52
APPENDIX	53-7

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Abbreviations

Back-PAQ: Back pain Attitude Questionnaire

BHPI: Bangladesh Health Professions Institute.

CRP: Centre for the Rehabilitation of the Paralysed.

IASP: International Association for the Study of Pain

IRB: Institutional Review Board

LBP: Low Back Pain.

MRI: Magnetic Resonance Imaging

NCBI: National Center for Biotechnology Information

NIMH: National Institute of Mental Health

PT: Physiotherapist

WHO: World Health Organization

List of Figures

	Page No:
Figure-1: Marital status	26
Figure-2: Co-morbid disease	26
Figure-3: Smoking habit	28
Figure-4: Education level of the participants	31
Figure-5: Family type of the participants	32

List of Tables

	Page No:
Table -1: Age and gender of the participants	24
Table -2: Occupation of the participants	25
Table -3: Idea about the cause of LBP & source of information	27-28
Table -4: Living area, number family member & pain duration	29
Table -5: MRI & X-ray of lumbar spine and time difference and monthly income	30
Table -6: Back-PAQ related information	32-36

ABSTRACT

Purpose: The purpose of the study was to know the attitudes and beliefs about low back pain among participants. *Objective:* To determine the male & female ratio, age groups, occupations, income level, and educational level, X-ray and MRI of the spine of people suffering from LBP, to find out the lifestyle related information of people suffered with LBP, to find out the information marital status , number of family member ,family type ,smoking of patients suffering from LBP, to find out the co-morbid disease of people who suffered with LBP, to find out the information about duration of low back pain and cause of the pain. To find out the information about patients awareness about the cause of low back pain and source of information about that. To get information about imaging diagnosis of the cause; Lifting, carrying that responsible for future LBP. *Methodology:* cross sectional study was conducted using Back pain attitude questionnaire (Back-PAQ) to collect data from 111 participants data entry was done by using SPSS version 22 software. *Result:* patients hold a negative attitude toward low back pain, yet hold positive beliefs recovering from back pain. The participants' age ranged from 15-75 years and low back pain has a highest prevalence in housewives. *Conclusion:* participants think that they need to protect their back from injury, due to this belief there may be loss of confidence while using the back, this may decrease the prognosis rate. But a clear guideline about the safe level of activity may provide patients confidence about using the back and recovery.

Key words: Low back pain, belief, attitude.

1.1-Background

Humans are dwelling longer, on usual, however the fitness-associated quality of life has no longer kept pace with better durability, results in increase of morbidity. Low back pain affecting more and more people in terms of incidence and disability (Hurwitz et al., 2018).

Spinal problems, particularly low back pain, have an effect on many human beings and shows a bad effect on work ability and on the general health of an person. Coupled with increasing health-care expenses, low back pain regularly effects in a huge impairment of bodily and mental fitness, and a decline within the overall performance of social duties which includes work and own family (Manchikanti et al., 2014).

The effects of LBP are a long way-attaining and related to improved absence from work, loss of productiveness and corresponding growth in financial charges. Every elements including age, sex and smoking habit had been mentioned in affiliation with LBP. Work-associated elements related to LBP are physical and psychosocial in beginning (Ghaffari et al., 2006).

Low back pain (LBP) is a not unusual health trouble globally (Hoy et al., 2012), it's been mentioned as a global health issue, affecting people physically, socio-economically and psychologically (Hoy et al., 2012). Despite the fact that maximum epidemiological research on the prevalence of LBP have been performed in developed countries (Ghaffari et al., 2006).

There is no significant variation between the prevalence of LBP in developed and developing countries (Louw, 2007). According to World Health Organization In developed nations, the lifetime occurrence is between 60% and 70% (WHO, 2004). In Africa alone, it levels between 28% and 74% and is most probably to elevating globally within the following couple of years (Hoy et al., 2012).

LBP is not too unusual, complicated and hard to control health issue. In acute LBP preliminary conservative therapy can be useful, however chronic LBP still regularly

results in costly invasive intervention. Low back pain is often a benign condition that has a tendency to resolve fast (Janneke et al., 2009). LBP is attached with chronic or recurrent disability purpose absence from work and results in high costs for society (Macario & Pergolizzi, 2006).

Maximum people will suffer from back pain sometime of their life (Darlow, 2004). Those who do no longer searching for clinical interest do not differ significantly from people who do are looking for care in terms of the frequency or depth of low back pain experienced. Even though the percentage of health-care sources used for low back pain is huge, few persons with the trouble are trying to find health care (Balagué et al., 2012).

While a person suffers from continual pain and disability, there are exceptional methods of coming near the trouble. One technique is to attention at the affected person's surroundings and possibilities for overt behavior adjustments (McCracken, 2004).

Persons with continual LBP maintain numerous beliefs about their pain which might be primarily based on previous learning and social impact, which include health care provision. The degree to which the sufferers trust that they're disabled through their pain is a effective element within the quantity in their functional impairment (Tavafian et al., 2004).

Psychosocial elements play an important role within the improvement of again pain and disability, in addition to subsequent recovery (Delitto et al., 2012). Low self belief within the ability to function in spite of pain (ache self-efficacy), negative expectation of recovery, avoidance of work or hobby because of fear of pain and damage (fear avoidance), bad thoughts about the reasons or effects of lower back pain (catastrophisation), mental distress and reliance on passive coping techniques have all been found to be independently related to negative results which includes late return to work, pastime trouble, and pain endurance (Darlow B., 2016).

Many psychosocial factors look like inter-related and overlapping, as an example, beliefs about the motive of lower back pain and the expected results may make a contribution to pain-associated emotional distress. The relative strengths of associated relation among

those elements and affected person results vary throughout research, but key constructs look like self-efficacy, worry, expectation, and mental misery (Campbell, 2013).

These may be conceptualized as because of, or contributing to, the risk related to again pain. Mental factors play an important function within the improvement of low back pain (LBP) and the development to continual pain and disability (Darlow et al., 2015).

Psychosocial elements are related throughout all levels of back pain (Melloh, 2013). Those do no longer simply affect back pain associated behavior and recuperation, but additionally form the perceptual experience of pain itself. Neuro-physiological studies has established the have an effect on of central nervous system tactics on pain belief (Tracey, 2007). Context (pain beliefs, experience, expectation), cognition (appraisal, interest, vigilance), and temper (depression, anxiety) adjust the pain experienced for a given nociceptive enter or stage of tissue stimulation (Darlow et al., 2015).

Psychosocial elements related to negative restoration have additionally been determined in people who do no longer have lower back pain and those may also elevate the chance that a person will develop back pain (Linton et al., 2000).

This study is going to explain about attitude and belief about low back pain among patients.

1.2 Rationale:

Low back pain is a general condition of a major health problem comprising of worldwide. It is ultimately affecting almost everyone in life, men and women equally. LBP is a self-limiting condition and affects the vast majority of population. LBP is the most common musculoskeletal condition in Bangladesh. LBP has become now a major medical, social and economic problem. Moreover a large part of population has lack of physical fitness, didn't do regular physical exercise, and lack of normal posture and leading a sedentary life are most common healthcare seeking behavior for back pain in Bangladesh.

Most of the people experienced low back pain in any time of life span, non-specific LBP is the most common musculoskeletal problem in Bangladesh. Low level of education, particularly lack of knowledge regarding back pain is another fact of poor health care seeking. As LBP is associated with belief and attitude towards LBP, it is important to know about their opinion. Research of this subject will help to find out attitudes and beliefs about LBP among patients. It will help the practitioner to have ideas about how patients think about LBP, if patients cherish a negative idea that they will never get cure from back pain or if the patient have doubt about the treatment of LBP, then the patient can help the patients to understand whatever they are thinking about LBP are not correct. Physiotherapists can motivate the patient towards treatment and that will help the patients getting better, thus it also will help in a better treatment.

There will be information about the causes of LBP, duration of pain due to LBP, relation between psychological causes and LBP, imaging of lower back. So physiotherapist can provide better treatment as well as essential advice to the patients. As a health professional it improves our knowledge. Research makes the profession strongest. So there is no alternative option to do research as a professional to develop the profession.

1.3 Research question:

What are the attitudes and beliefs about low back pain among participants?

1.4 Objectives:

1.4.1 General objective:

To determine the attitudes and beliefs about low back pain among participants.

1.4.2 Specific objectives:

1. To find out socio demographic information of the participants.
2. To find out smoking habit of participants, suffered with LBP;
3. To find out the co-morbid disease of participants suffered with LBP;
4. To find out the information about duration of low back pain.
5. To find out the information about participants awareness about the cause of low back pain and source of information about that.
6. To get information about imaging of lower back.

1.5 Operational definition:

Attitude: An enduring organization of motivational, emotional, perceptual and cognitive process with respect to some aspect of the individual's world (Haines et al., 2012).

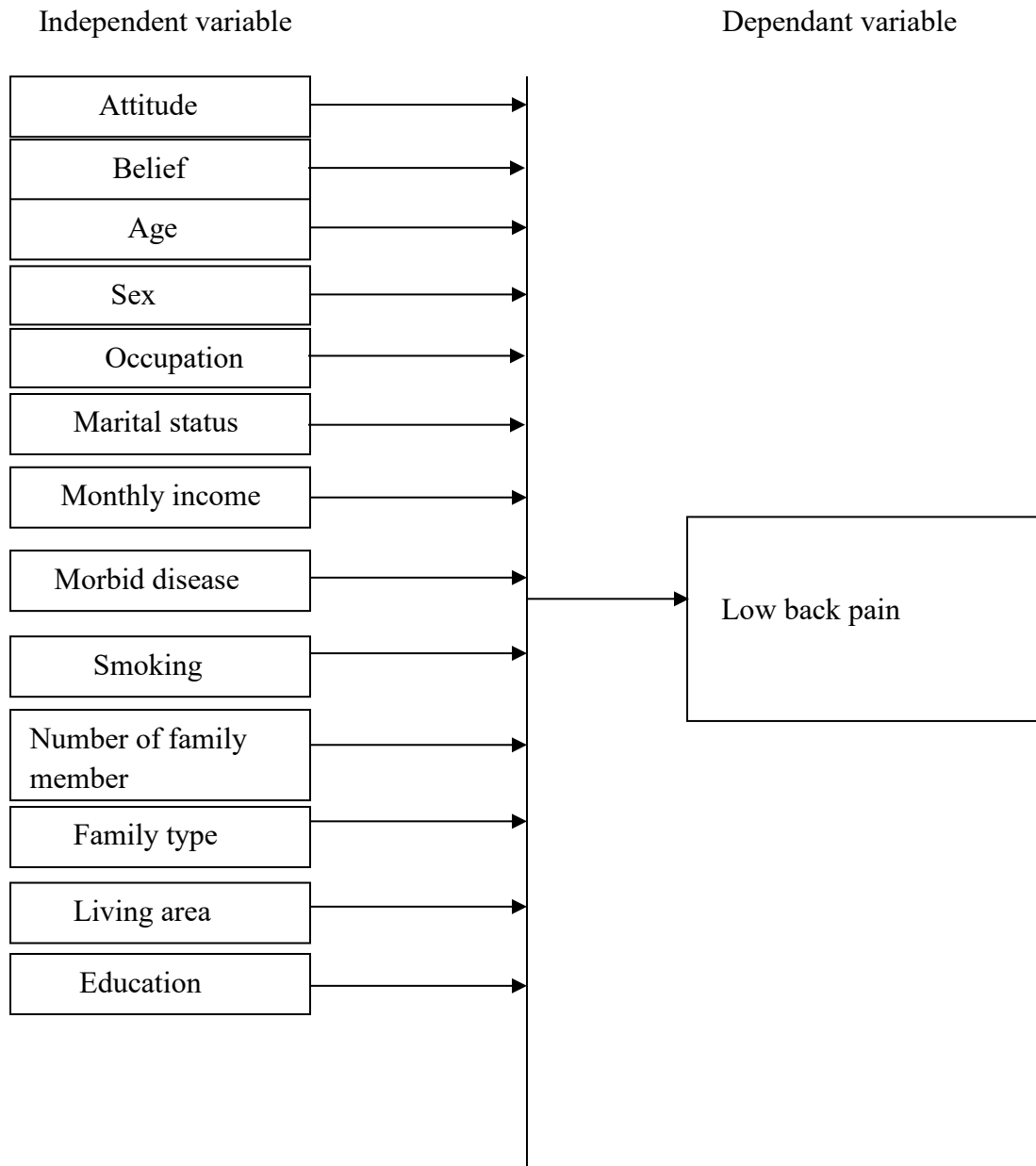
Belief: An enduring organization of perceptions and cognitions about some aspects of the individual's world (Haines et al., 2012).

Co-Morbid disease: Any distinct additional clinical entity that has existed or occurs during the patient's clinical course (Mucsi et al., 2008).

Prevalence: Prevalence is the proportion of a population who have a specific characteristic in a given time period (NIMH, 2019).

Low back pain: Low back pain is defined as pain and discomfort, localized below the costal margin and above the inferior gluteal folds, with or without leg pain (NCBI, 2019).

1.6 Lists of variables:



Low back pain (LBP) is a leading worldwide health problem which has a strong number of occurrence rate and it has nature to repeat and it can become chronic. Though maximum patients get rid of low back pain with a very short time treatment, but 80% patients claimed of recurrence of LBP and 10%–40% patients reported to have longer period or chronic LBP. This long term LBP becomes a burden for the society (Balagué, 2012).

Generally LBP is explained as pain and a feeling of uneasiness under costal margin and over the gluteal region of the back, leg pain can be present or not, different nerves give supply to the back and to the leg and can cause referred pain and pulmonary, urogenic, or gynecologic system problems may excite the similar spinal cord segment sensory nerves which causes referral of pain (Burton et al., 2004).

According to “International Association for the Study of Pain” pain is an displeasing sensory and emotional feeling which is connected with dangerous harm to the tissue explained as the tissue harm (IASP, 2012). LBP is not explained as a disorder and not a criteria or symptoms of any type of referred pain which can change the pain duration and it is a model of reaction to stimulation exterior and interior situation (Ehrlich, 2003).

Low back pain is known as a worldwide health problem (Vos et al., 2012). Low back pain (LBP) is a major and rising issue in Western countries, and cause of absence in work because of back pain is socially and economically costly (Maniadakis & Gray, 2000).

LBP also called lumbago or lumbosacral pain that locates below the 12th rib and above the gluteal folds (Sikiru & Hanif, 2010). The European guidelines for management of acute nonspecific back pain in primary care said that LBP is a pain that is uncomfortable and which is felt below the lower than costal margin and upper to the inferior gluteal folds leg pain may present or not (Kuritzky & Samraj, 2012).

Low back pain is an indescribable pain at lumber or sacral area of the back. There are two type of Low back pain such as a frequent type of long term pain, almost about 20%

of the world's population with exquisite outcomes to the useful capability of the affected people (Vieira & Garcia, 2018).

Pain is a subjective and personal experience, chronic pain creates organic modifications, emotional, cognitive and additionally behavioral changes (Urquhart et al., 2013). A large number of patients seek physical therapy for low back pain as a non surgical management (Hill et al., 2011)

Low back pain is a common condition which is mostly seen (Walker, 2002). A large number of patients stop taking treatments within 3 months and 10 % of them develop recurrence of LBP (Cassidy et al., 1998). LBP is one of the biggest causes of disability and loss of time at workplace in western world (Clabber et al., 2000).

The cause of this elevating problem are much debated, but the clear statement is that LBP, in particular when it exists, it is a difficult disease driven by a lot of factors across a broad bio psychosocial range (Bener et al., 2013). At this point, while there is proof that bodily burden of work are related with LBP, they only account for a modest proportion of LBP in the workers (Nolan et al 2018).

A European study found that one in five adults in Europe suffer from pain, with over 40% of chronic pain patients claimed that their pain affects daily work such as lifting and carrying to doing exercises and sleeping and a study in Australia found that was 17% men and 20% of women suffer from chronic pain in Australia (Allcock, 2007) .

Arab population has a strong connection between anxiety and depression with low back pain (Bener et al., 2013).

In India 75% of all the population suffer from low back pain (Pagare et al., 2015). The lifetime prevalence of acute LBP between 60% to 90% and 30% of them develop a long term LBP (Ladeira, 2011). LBP can impair functional status of a person. It can occur a significant socioeconomic reaction and can hamper the occupational work of a (Khadilkar et al., 2005).

The treatment of low back pain is very expensive for the patients (Licciardone, 2004). Low back pain is a very common cause of disability in a modern society, where different

studies have claimed different about incidence of LBP in general population and occupational settings (Sikiru, 2010).

Standard Physiotherapy classified LBP in two type, as a structural or mechanical problem and uses various manual techniques to solve the problems (Main et al., 2011).

LBP has mechanism which is of two types: one is tissue injury (nociceptive) and nervous system-injury pain (neuropathic pain) in later which can cause pathological change in function of the nerves. In addition, neurogenic pain large number of occurrence in third of patients with LBP (Bennett, 2005).

Classification of low back pain- Category 1: According to duration of pain LBP is classified as- acute pain is that pain that remains more than 6 weeks, sub acute pain is that pain that remains up to 6 to 12 weeks and chronic pain is that pain that lasts more than 3 months (Kuritzky & Samraj, 2012).

Category 2: according to nature of pain - Mechanical pain that means that the problem is anatomical or functional, more than an inflammatory disease, malignancy, neoplasm, or vital organ diseases manifestation (John & Licciardone, 2004).

Pain which has a relation with movement and which is increased in coughing and decreased after taking rest ,can be explained as disc herniation or which can happen due to fracture to the back. Pathological pain has a constant character and severity is much and no change occur within the severity or with activity (Ebenezer, 2003).

Causes of LBP is classified as- according to origin of pain mechanical and non mechanical. Due to problem of anatomical and functional condition mechanical pain occurs, not due to any internal disease condition (Licciardone, 2004). The occurrence of LBP is 15-20% every year and female are more susceptible to LBP than male (Malmivaara et al., 1995).

The cause of symptoms and disability that occurs due to low back pain (LBP) are caused by an inter relation of various patho physiological and biological variables (Pincus et al., 2002). When compared to individuals without symptoms, patients with chronic LBP have

had reductions in the cross sectional area and force giving ability of lumbar muscles, decreased walking speed, and decreased lumbar range of motion (Kader, 2000).

However, recent research has cautioned that during many times, bio behavioral factors explain a bigger part of the variance in an affected person's clinical images than do calculation of physical disability. Consequently, it's very important to achieve measures of bio behavioral factors throughout clinical exam (Obaidi, 2002).

Evidence showed that patients who suffered from chronic low back pain tend to have depression, anxiety and anguish that increase the pain level and disability (Al-Obaidi et al., 2005). Beliefs are characteristics that one learn from society and environment surrounding them; belief is each person's own thought relating to its own reality, of the other people and of the area, which meddle with the attitude (Pagano et al., 2004).

Emotion is also associated with pain behavior and pain intensity, help seeking. Emotions exacerbate pain represents negative attitudes and reflects that pain is damaging and uncontrollable, study showed that after pain education information, patients are more likely to belief that pain is influenced by emotional states. Disability attitudes were associated with self reported pain behavior (Vanhaudenhuyse et al., 2018).

Patients' beliefs and emotional and behavioral reactions are always considered important and various clinical studies gave opinion about psychosocial factor as a dangerous risk factor for low back pain management for the alteration of short term pain to long term pain and disability (Main et al., 2011).

Also a poor importance to psychosocial factors while prescribing standardized physiotherapy practice divert the patient's concentration to pain, treatment receiving, and outcomes of treatment, and psychological stressors (e.g. anxiety, depression, somatization) can make the patient susceptible to increase of LBP (Bener et al., 2013).

Since beliefs are assumption of a person and are acquired, they can be changed (Salvetti et al., 2012) various researches said that there is no huge difference in man and women in chronic low back pain, but the occurrence rate was higher in women (Quiton et al., 2007).

Pain-related beliefs influences physical disability of a patient who have suffered from pain for a long period. Believing about stimulators of pain may increase the pain, and specially, value determinants of threat, have an effect on an person's adaptation reactions. Beliefs are related prominently with physical disability and depression in patients while starting a multidisciplinary team management of pain (Turner et al., 2001).

Research said that patients think that the pain they suffer is natural in origin, there may be a cause for believing in natural originated pain might be that a thought that psychological factors influences back pain would be identical to saying that their pain is psychological (Tait et al., 1997).

They have a fear in mind that natural and psychological explanations are opposite to one another by that is treated by their doctor, also if they informed that they are depressed, the natural pain would be neglected and doubted, but if their doctor assume the inconsistency about the truth of their pain would be influenced (Allcock et al.,2007).

Pain is less disabling than pain-associated fear (Crombez et al., 1999). Since fear influences avoidance behaviors (Vlaeyen et al., 2000). A few people can make sense of their LBP if they have a proper explanation (Pfungsten et al., 2001), correlated with techniques that have strong control over them, facilitating a return to valued activities, may inform a negative emotional responses such as pain-related fear, pain anxiety, and unhappy mood (Wetherell et al., 2011). 50% LBP patients comes with increased fear (Ostelo et al., 2007).

It is thought that fear of increase of pain is more associated to after-effects of physical activities than to immediate and short-lasting pain increases. Indeed, patients sometimes tell that they avoid physical activities to prevent the start of back pain again. Secondly, patient may avoid physical activities as they think there will be any harm or new injury to the back due to physical activity, the fear of pain may primarily concern the fear of being inability to adopt with the pain increases (Fritz, 2001).

Pain catastrophizing was in upper level in assuming pain-related fear than biomedical status and pain severity. Pain free volunteers with an excessive frequency of catastrophic considering pain have become extra fearful while threatened with the possibility of

incidence of excessive pain. Fear -avoidance beliefs may also specially be the case whilst the original acute pain trouble resulted from unexpected stressful damage (Quartana, 2009).

Low back pain (LBP) that has a relation to high pain-related fear it makes a person eligible to complete anything or any work (Vlaeyen et al., 2016). Low back pain (LBP) is a normally seen in a situation that causes great sufferings to a person and makes a person unable to do any work. This high fear group maximum time shows variety in various interacts with factors in which there is cognitive (Bunzli et al., 2016), emotional, behavioral lifestyle, social and pain increasing or stimulating factors are included (O'Sullivan et al., 2014).

Therefore, knowledge about how to make a change to the factors that relate to fear and decreasing disability over the direction of an intervention might also offer essential perception into procedures concerned in behavioral trade in human beings with high tiers of pain-associated fear. (Brodal, 2017).

Consequently, the long term pain syndromes may start a phage of the depression, tension and anxiety, with reflects in the patients' ability, as well as some sort of beliefs. Somehow, the beliefs about dysfunction can additionally influence to the start of the problems (Kerns et al., 2011).

In 3 Norwegian countries research showed that people who have a experience of previous back pain had more believe in the 2 utterances that back pain recovers best by itself (52.2%) and in most cases back pain recovers by itself in a couple of weeks (32.5%) than who have current pain experience (Warner et al., 2005).

Person who have LBP have a stronger beliefs that their pain is natural in origin and less psychological pain in origin beliefs than the person who does not have LBP. Addressing patients' beliefs about pain, cognitions, and related behaviors is a important consideration in management of pain, specially in chronic pain. These factors had a relation between the level of activity interference (Turner et al., 2001), the quantity of pain nature (Jensen et al., 1999), the level of sharpness of pain experienced (Vowle et al., 2003) and the phage of depression which is associated with pain (Turner et al., 2000).

Between pain and disability will uphold the usually occurred set of beliefs that physical stress should be avoided to stop further damage (beliefs apparently still detained by many physicians as well as patients). It is becoming obvious that work is not essentially damaging for recovery of back pain (Koleck, 2006).

Attitudes are prepared in affective preparations, especially strong, that replicate the fashion to reply definitely or negatively to something or a few occasion. Each is shaped from personal review (Kerns et al., 2011).

Beliefs and attitudes can change the acceptance, the results and the satisfaction with treatment, also influencing the ability of people to create an energetic and excellent lifestyle, regardless of the pain (Kerns et al., 2011). Various researches have claimed that even in eminently natural images, different psychological components have a relation in describing in pain complaint (Pagano et al., 2004).

Ascertaining the attitudes and beliefs patients may hold regarding their pain could facilitate the management of their pain. The continuous fostering of negative attitudes and beliefs among patients living with LBP may hinder the achievement of the desired treatment outcome. This implies that changing attitudes and beliefs through education regarding the source and contributing factors to patients' pain could speed up recovery and enhance earlier return to functional activities (Tarimo et al., 2017).

Attitudes and beliefs play in the development of disability in patients with LBP. Population beliefs are lagging behind medical evidence and guideline advice (Bowey & Morris, 2011).

Attitudes towards pain, and beliefs that are about pain have been tinted as related to the revival process and come back to work. Attitude that is positive towards recovery has also been measured valuable in rehabilitation (Schultz et al., 2004).

The thought that attitudes and beliefs may influence behaviors is old but their control on LBP recovery has so far not been particularly investigated. Therefore person who suppose that movement may do more damage to their bothersome lower back are

expected to approve a rule of rest and increased absence; immobility for LBP mending is not in general a proper policy (Ostelo et al., 2003).

Patients who have a high level of expectations for fast recovery of pain they show more improvement in recovery from pain (Myers et al., 2008). It is often thought that patients' opinion to the choice of therapy may have a greater partiality of benefit of a therapeutic advantage. However there has been research to some extent, particularly in depression, no compatible therapeutic benefit has been resulting in giving a choice to patients about their therapy (Glombiewski et al., 2015).

It is assumed that the choice given to determine the treatment to patients and the number of support that patients getting while making an informed decisions play a vital role in determining the impact of the choice is made (Geisser et al., 2004).

The attempt patients make due to pain or the worry due to pain can make one more disable than the pain itself. Usually protective behaviors are those that are removal of the noxious stimulus, expressions that are not verbal that give stimulation of future injury and verbal utterances. A few of them can occur without wish, present as reflexes, while other symptoms are more on purpose. But, there's amassing proof that it is not only pain, but the pain means the level of depth to which persons get engaged in these protective behaviors (Vlaeyen et al., 2012).

The reaction of a person suffering from acute pain has been assumed to fall along a variety of two limits; disagreement or avoidance. Where on this variety an individual person will fall is decided by his or her fear of pain (McCracken et al., 2004).

Disagreement is usually measured to be an adaptive reaction, in which the person thinks pain as an annoyance and has powerful stimulus to back to normal levels of activity. This reaction is seen as slowly leading to a decrease in fear and a come back to normal movement (Leeuw et al., 2007). Avoidance is a poorly adaptive reaction causing the patient to avoid a number of activities that are expected to cause an elevation in pain and misery (Fritz et al., 2001).

Acceptance is rising as a potentially precious concept in current theories of how patients respond and become accustomed to chronic pain. Acceptance of chronic pain was more thriving in getting idea about pain, depression, disability, pain related anxiety, and patient's physical and occupational performance than were events of coping (McCracken et al., 2004).

Come back to work is recommended while getting better from LBP. It's been advised that people with negative beliefs about occupational activity who've formerly taken extra than 2 weeks absence need to be classed as high risk cases for chronic pain (Barbosa et al., 2018).

Occupational problems can also be crucial; outcomes from business surveys have indicated that the occurrence of LBP is associated with negative job satisfaction and mental pressure. A success identity of those elements predictive of longer-time period absence will then necessitate disentangling the psychosocial factors of work from attitudes and beliefs about ache, LBP and disability (Van et al., 2004).

Attempts to discover the incapacity issue seem justified, now not withstanding a need for endured work directed towards management and prevention of the clinical syndromes. Identity of irrelevant attitudes and ideals that foster a reluctance closer to early go back to work is probably to be a prerequisite for powerful interventions to limit the incapacity associated with LBP. Workers with a more negative psychosocial profile tended to have longer absence due to LBP (Bishop, 2007).

Recognition of pain is related to elevation of pain tolerance and pain healing time. Additionally recognition is related to better emotional, social and physical functioning amongst persons with long term pain (Wetherell, 2011).

In Australia an examination confirmed that the majority did now not are seeking take care of their acute pain. One clarification is that self restricting nature of non chronic LBP obviates the want for care. The choice to seek care as an alternative to be pushed by way of the extent of ache and incapacity , worry ,gender ,marital status and whether the purpose changed into a coincidence at domestic. The truth that excessive degree of pain and disability equate with high stages of care searching for might not be a wonder.

Women are trying to find care for LBP than men, adult women are trying to find extra care typically (Louw et al. 2007).

Men and women who never married are much less probable to seek care. This will be due to extra self reliance and a existence experience of looking after themselves or probably a partner encouraging care seeking. If the authentic reason of low back pain is accident at home, the issue is less probable to seek care. This will be due to the pain being non compensable (Walker et al., 2004).

When pain becomes persistent patient may modify their previously held cultural, beliefs and attitudes towards pain to form views that are more consistent with their persistent pain experience. Better sense of control over pain is associated with an impression of improvement and a decreased pain perception. Emotions affect pain and are associated with psychological dysfunction, as well as with facial expression of pain and pain extent (Vanhaudenhuyse et al., 2018).

Many patients with LBP are not adequately knowledgeable about LBP and hold negative attitudes and beliefs regarding their LBP. Patients believed that their LBP would eventually prevent them from working and that it would remain for the rest of their lives, the majority of patients believed that movements and physical activity could cause more harm to their LBP, resulting in avoiding certain activities (Tarimo, 2017).

Most of the times, LBP can be managed by staying active and educating people about anatomy and physiology of pain. Surgery is generally not considered until conservative measures have failed. Also, surgery carries higher risk and also chances of failure and failed back syndrome also exist. Surgery for LBP is therefore reserved for those with high severity or associated complications (Pagare et al., 2015).

Biological, psychological and social factors, particularly an individual's belief system play an important role in the persistence of pain and the development of disability in low back pain. Irrational beliefs about back pain can lead to re-injury, reduction in activity, function and subsequently disability (O'Sullivan et al., 2005).

The present population based survey was therefore, done to found out the prevalence of low back pain among the general population and to found out the beliefs regarding low back pain among them. Wrong beliefs have been found to be strongly associated with and implicated for maintenance or development of disability due to low back pain. People still believe that for a slip disc (also known as a herniated or ruptured disc), surgery is a must. This holds completely wrong as 90% of all herniated discs heal without surgery (O'Sullivan et al., 2005).

Another common myth which was found to be prevalent in Indian population was that radiographs and newer imaging tests (computed tomography) and magnetic resonance imaging can always identify the cause of pain and that everyone with back pain should have a spine radiograph. This shows misconception among the general population regarding use of investigative procedures for low back pain (Pagare et al., 2015).

Preventive steps of LBP, employers generally use physical usage training for their staff. This training frequently teaches individual's the way of lifting as lifting the main way of loading the back bone and is usually site as provoking in those with LBP. Though, the evidence that lifting is a debatable risk factor for LBP. Increasing back loading has been related with LBP, yet there is proof of underlying connection between lifting and LBP (Waddell & Burton , 2001).

3.1 Study design

The study was done by using quantitative method explore attitude and belief about back pain patient in CRP. This research setting in which the study was carried out including research methods used in the study, study design, study population, sampling method, instrumentation and data collection etc.

Cross-sectional study was used to find out the quantitative information of different variable of this study. A cross sectional study is the simplest variety of descriptive or observational epidemiological study that can be conducted representative samples of a population .The aim of this design is to describe the relationship between disease and other factors of interest as they exist in specified population at a time, without regard for what may have preceded or predicated the health status found at the time of study. These studies gather information about the prevalence of health related states and condition, but they cannot distinguish between newly occurring and long established condition.

Data were collected once from the participants to reveal the relationship and other variables of interest. Therefore cross sectional studies provide a snapshot of the frequency of a disease or other health related characteristics in a population at a given point in time. In this study, data were collected once from all participants of this study at CRP to have a snap shot regarding their belief and attitude about back pain. Reason behind selecting this design is, it is a cost effective and not time consuming method. Moreover, it captures data in a specific point in time, contains multiple variables.

3.2 Study site

Researcher was chosen musculoskeletal Department of CRP, Saver as a venue so that the researcher could obtain an appropriate sample with back pain. The researcher thought that it is the most suitable place because there has the availability of the desired sample.

3.3 Study population

All the low back pain patient attended in CRP musculoskeletal unit is considered as the study population.

3.4 Sampling technique

The study was conducted by using convenience sampling method because it is easier to get subjects according to the criteria concerned with the study purpose through the convenience sampling procedure.

3.5 Sample size:

$$n = \left\{ \frac{z \left(1 - \frac{\alpha}{2}\right)}{d} \right\}^2 \times pq$$

$$Z \left(1 - \frac{\alpha}{2}\right) = 1.96$$

$$d = 0.05$$

$$p = 0.42 \text{ (Prevalence = 42\%)}$$

$$q = 1 - p$$

$$= 1 - 0.42$$

$$= 0.58$$

According to this equation sample size was 374, but only 111 was taken.

3.6 Study period

All the data was collected and completed by the researcher herself. The time period was from June 1, 2019 to September 30, 2019.

3.7 Inclusion criteria

- Patient suffering from non-specific LBP.
- LBP at any duration.
- Suffering at any age.
- Both male and female patient.

3.8 Exclusion criteria

- Patient suffering from any pathological diseases.
- Any severe fracture or existing red flags of spinal pain.
- Patients suffering from any systemic disease that affects the spine.

3.9 Materials of Data Collection

Paper, pen, board. Data was collected by using Back Pain Attitude Questionnaire. The Back Pain Attitudes Questionnaire (Back-PAQ) was developed in the Department of Primary Health Care and General Practice at the University of Otago. In this research the researcher used 34-item Back-PAQ. The Back-PAQ uses a 5-point Likert scale. Each scale point is labeled with a descriptive title. The scale ranges from False to True (intermediate labels: Possibly False, Unsure, Possibly True). The True response option normally represents beliefs that are unhelpful for recovery from back pain. Scores closer to 1 indicate helpful beliefs, and scores closer to 5 indicate unhelpful beliefs, with 3 being unsure (Darlow et al., 2012). Information were collected by a face to face interview and after taking permission.

3.10 Data collection procedure

During data collection, the data collectors received consent from all of them. They also provide the information sheet to the participant prior to survey or the interview. The interview was taken place patients attended at CRP musculoskeletal unit. For the survey, each participant required 10 to 15 minutes. Interview duration varied because, the respondent who received various types of health care services required more time to respond. On the other hand, the respondent who seeks limited range of health care services; she/he had more not applicable options that led to skip the next question and reduced the interviewing duration.

3.11 Data management and analysis

Data were managed through data entry, and analysis was performed by using the Statistical Package for social science (SPSS) version 22. The presentation of data was organized in SPSS and in Microsoft Office Word. All data were inputted within the variables of SPSS. The SPSS was used to calculate all statistical data. Data were analyzed through descriptive statistical analysis and it was presented by using tables, figures, bar and pie charts.

3.12 Ethical Consideration

A research proposal was submitted to local ethical review committee of Bangladesh Health Professions Institute (BHPI) for being approval. At first was applying for official permission for the study from the head of the Physiotherapy Department of CRP. Then the head of the Physiotherapy Department of CRP permitted to collect data at musculoskeletal department of CRP, Savar. The ethical consideration was making sure by an informed consent letter to the participant.

Then she submitted her thesis proposal, Bangla and English version of information sheet, consent form and data collection tool such as survey form and semi structured questions to Institutional Review Board (IRB). The researcher also ensured that CRP will not be harmed by this study. It was informed that there would be no risk or direct benefit to participate in the study. Information that was provided by participants will be confidential only the researcher and the supervisor (research team) have access to them.

Total participants were 111. All of them were suffering from non specific low back pain.

Age and gender: Mean of age 44, median 45, mode 35 and standard deviation 14.85.

Table-1: Age and gender of the participants

Variable	Frequency (n=111)	Percentage (%)
Age group		
15-30 years	25	22.5
31-45 years	35	31.5
45-60years	35	31.5
61-75years	16	14.4
Gender		
Male	63	56.8
Female	48	43.2

Table-2: Occupation of the participants

Variable	Frequency (n=111)	Percentage (%)
Occupation		
Farmer	6	5.4
Day laborer	4	3.6
Service holder	16	14.4
Garments worker	3	2.7
Driver	2	1.8
Businessman	10	9
Housewife	40	36.0
Student	7	6.3
Teacher	2	1.8
Retired person	13	11.7
Jobless	2	1.8
Immigrant	3	2.7
Doctor	1	0.9
Lawyer	1	0.9
Goldsmith	1	0.9

Marital status:

82.9% of them were married, 10.8% were unmarried, 6.3 % were widowed.

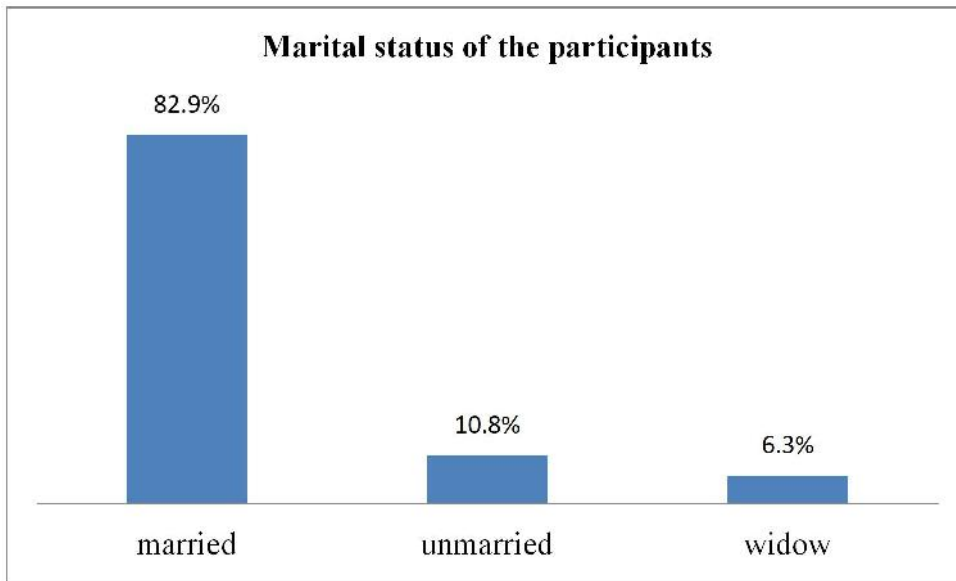


Fig-1: Marital status of the participants

Co-morbid disease:

34.2% have co-morbid disease, 65.8% do not have any co-morbid disease.

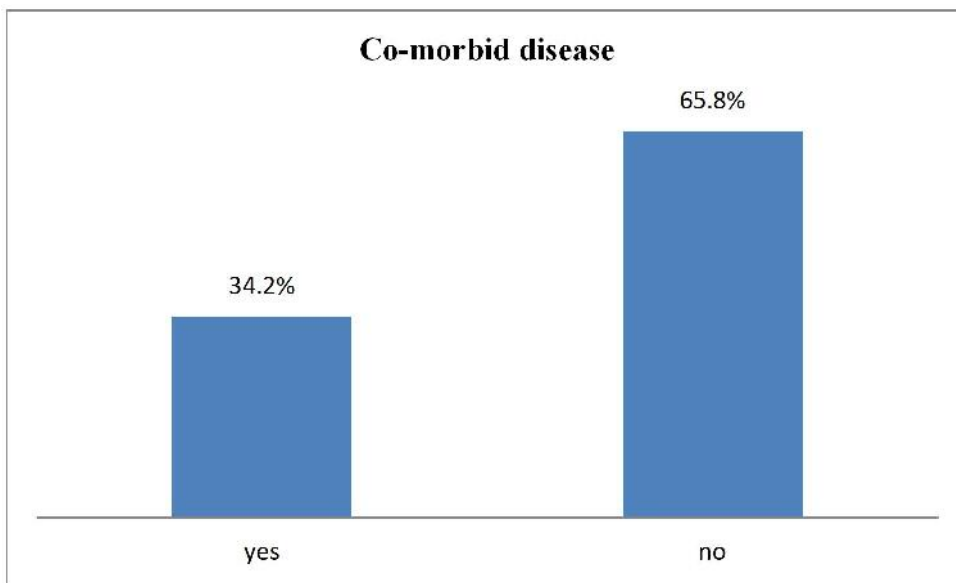


Fig-2: Co-morbid disease of the participants

Patients' idea about what causing their low back pain and form where they learned the information.

Table -3: Idea about cause of low back pain and source of information

Variable	Frequency (n=111)	Percentage (%)
Patient reported causes of low back pain		
Unknown	24	21.6
Nerve compression	3	2.7
Due to fall	7	6.3
Osteoporosis	12	10.8
Heavy work	6	5.4
Sitting for long time	16	14.4
Arthritis	1	0.9
Disc prolapsed	4	3.6
Accident	4	3.6
Due to cesarian operation	1	0.9
During playing football	1	0.9
Nerve problem	2	1.8
Injury to the back	5	4.5
Fall of heavy object	1	0.9
Slipping on muddy floor	2	1.8
Poor posture	1	0.9
Bone tear	1	0.9
Coming out of bone	2	1.8
Bone displacement	4	3.6
Sudden strain	5	4.5
Increased space between bones	1	0.9
Disc problem	1	0.9
Muscle spasm	1	0.9
Working bending forward	1	0.9

Due to pressure in the back	2	1.8
Aging	1	0.9
Deformed bone	1	0.9
Narrowing of joint space	1	0.9
Source of information		
Therapist	7	6.3
Doctor	55	49.5
Self	24	21.6
Not known	25	22.5

Smoking habit:

7.2% were smoker and 92.8% were non-smoker.

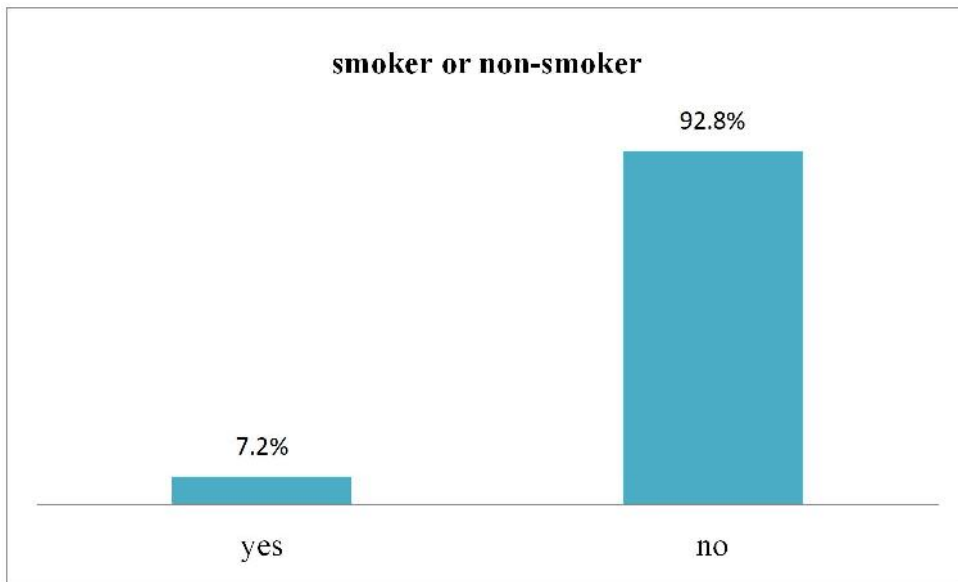


Fig-3: Percentage of smoker or non-smoker among participants

Patients area of living number of their family member and Duration of LBP of the participants

Table-4: Living area, number of family members and duration of LBP

Variable	Frequency(n=111)	Percentage (%)
Living area		
Village	42	37.8
City	35	31.5
Suburb	34	30.6
Number of family member		
2-4	63	56.8
5-7	39	35.1
8-10	5	4.5
12-15	4	3.6
Duration of pain(month)		
1-40	79	71.2
41-80	13	11.7
81-120	11	9.9
121-180	5	4.5
181-420	3	2.7

Frequency and percentage of participants who performed X-ray and MRI of lumbar spine, done after how many days of back pain and monthly income of the participants. Mean of monthly income 14249.57 Taka.

Table-5: X-ray and MRI of lumbar spine and pain duration

Variable	Frequency (n=111)	Percentage (%)
MRI of lumbar spine		
Yes	81	73.0
No	30	27.0
X-ray of lumbar spine		
Yes	98	88.3
No	13	11.7
Imaging done after days of back pain		
0 days	12	10.8
3-30 days	32	28.8
31-90 days	15	13.5
91-270 days	20	18
271-730 days	22	19.8
731-1460 days	4	3.6
1461-5500 days	6	5.4
Monthly income		
0-5000 Taka	52	46.8
5100-15000 Taka	18	16.2
15100-25000 Taka	24	21.6
25100-40000 Taka	9	8.1
40100-100000 Taka	8	7.2

Education: 18.9% of them had no formal education,14.4% studied at the primary level,25.2% secondary level,13.5% higher secondary,15.3% were graduate;12.6% completed post graduation.

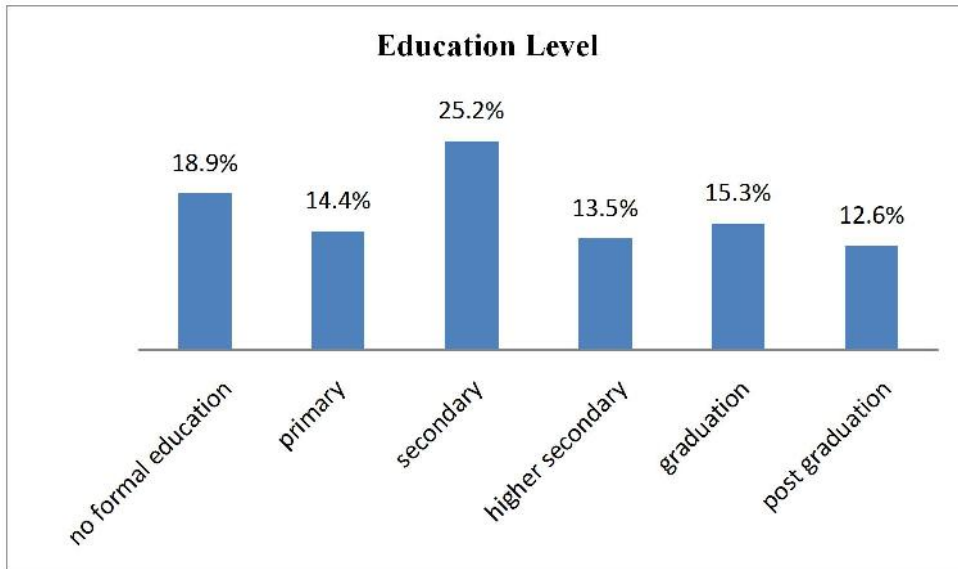


Fig-4: Education level of the participants

Family type:

Family type of the participants were nuclear family percentage were 78.4% and joint family 21.6%.

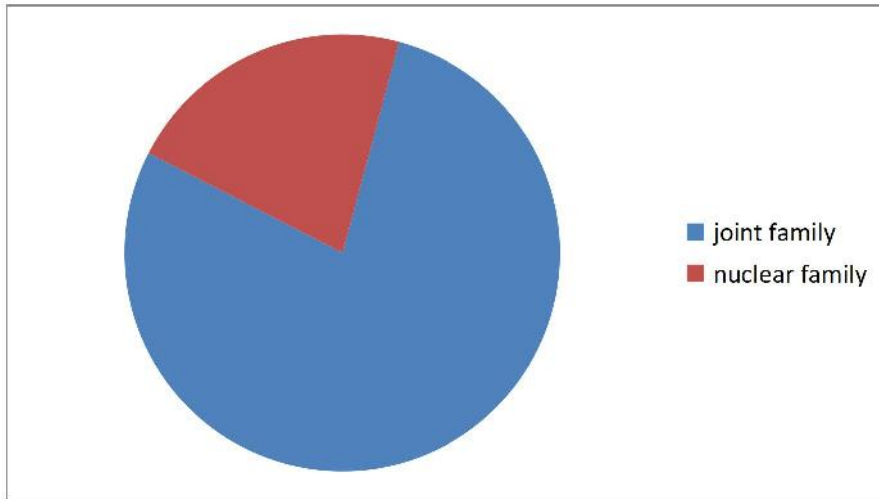


Fig-5: Family type of the participants

Table-6: Participants' response on Back pain attitude questionnaire:

True and possibly true; false and possibly false were combined to ease interpretation, Mean score was 3.65.

	False (%)	Unsure (%)	True (%)
1. Your back is one of the strongest parts of your body	2.7	0	97.3
2. Your back is well designed for the way you use it in daily life	41.4	1.8	56.7
3. Bending your back is good for it	83.8	4.5	11.7
4. Sitting is bad for your back	25.2	4.5	70.3
5. Lifting without bending your knees is not safe for your back	9.0	5.4	85.6
6. It is easy to injure your back	10.8	1.8	87.4
7. It is important to have strong muscles to support your back.	3.6	3.6	92.8
8. Good posture is important to protect your back	2.7	0.9	96.4
9. If you overuse your back, it will wear out	18	4.5	77.5
10. If an activity or movement causes back pain, you should avoid it in the future	14.4	4.5	81.1

11. You could injure your back if you are not careful	5.4	3.6	91
12. You can injure your back and only become aware of the injury some time later	18.9	11.7	66.4
13. Back pain means that you have injured your back	55	0.9	44.1
14. A twinge in your back can be the first sign of a serious injury	45.9	19.8	34.2
15. Thoughts and feelings can influence the intensity of back pain	61.3	2.7	36
16. Stress in your life (financial, work, relationship) can make back pain worse	56.8	2.7	40.5
17. When you have back pain, you can do things which increase your pain without harming the back	55.9	3.6	40.5
18. Having back pain makes it difficult to enjoy life	4.5	0.9	94.6
19. It is worse to have pain in your back than your arms or legs	3.6	0.9	95.5

20. It is hard to understand what back pain is like if you have never had it	1.8	0.9	97.3
21. If your back hurts, you should take it easy until the pain goes away	59.5	0.9	39.6
22. If you ignore back pain, you may cause damage to your back	0.9	0	99.1
23. It is important to see a health professional when you have back pain	0.9	0	98.2
24. To effectively treat back pain, you need to know exactly what is wrong	0.9	4.5	94.6
25. If you have back pain you should avoid exercise	84.7	3.6	11.7
26. When you have back pain the risks of vigorous exercise outweigh the benefits	29.7	8.1	62.2
27. If you have back pain you should try to stay active	26.1	3.9	70.3
28. Most back pain settles quickly, at least enough to get on with normal activities	50.4	15.3	34.2

29. Worrying about your back can delay recovery from back pain	22.5	5.4	72.1
30. Focusing on things other than the back helps you to recover from back pain	45.9	2.7	51.3
31. Expecting your back pain to get better helps you to recover from back pain	30.6	0.9	68.5
32. Once you have had back pain there is always a weakness There is a high chance that an episode of back pain will not resolve	7.2	2.7	90.1
33. There is a high chance that an episode of back pain will not resolve	83.8	1.8	14.4
34. Once you have a back problem, there is not a lot you can do about it	87.4	0.9	11.7

The aim of the research was to find out attitudes and beliefs about low back pain among low back pain patients attending at outpatient service of Physiotherapy department of CRP. Total participant were 111.

Prevalence of low back pain among male were 56.8% and female prevalence were 43.2%. In a study in Canada (Gross et al., 2006) where 50.4% were male participant and female participants were 49.6%, it shows that male suffered more than female from low back pain.

22.5% of the patient age range 15-30 years , 31.5% of the patient 31-45years old, of the patient were from age range 45-60 years,14.4 % of the patient were 61-75 years old .In a study in Malawi (Tarimo & Diener , 2017) where 45-54 year age range were the highest range who have back pain, the range was 30%,in this study the highest percentage is 31.5% age range is 45-60 & 61-75 years suffered low back pain most.

Married persons seems to have more low back pain ,82.9% of patients are married,6.3% are unmarried and 5.4% are widowed.

Gupta said that 83% of non working housewives have low back pain. Women are by born are prone to low back pain due to anatomical structures and biological changes such as pregnancy, use of contraceptive pills and estrogen while in menopausal period. These causes change in hormone which causes laxity in the muscles and ligament of lower back, that results in dysfunctions of spine (Gupta & Nandini, 2015).

5.4 % participant were farmer,3.6% were day laborer , 14.4 % were service holder, 2.7% were garments worker,1.8% were driver,9% of them were businessman, 6.3% were student,1.8% teacher,2.7% were immigrant,1.8% participants were jobless, 0.9% doctor,0.9% lawyer,0.9% goldsmith .In this study 36% of patients were housewives, which is the highest percentage among all occupation . Housewives are more prone to have low back pain. By this study it is ensured that housewives are more vulnerable for LBP.

Education level have a impact on belief about low back pain, a study in France secondary level of education among low back pain patients were 19.5%,1.4% have no formal education,49.1% have higher secondary,30.1% have graduate level. Lower education level has a poor outcome in low back pain (Poiraudau et al. 2005). In this study 25.2% are at secondary level, which is higher among all other levels. 18.9% of them had no formal education, 14.4% studied at the primary level, 13.5% higher secondary, 15.3% were graduate; 12.6% completed post graduation

In this study more than half of the participants live in village who are affected by low back pain. 68.4% participants live in village, 31.5% live in the city.78.4% percent patient came from nuclear family,2.6% from nuclear family.34.2% of participants have morbid disease,65.8% participants have no morbid disease, morbid diseases include diabetes mellitus, hypertension, asthma, heart disease.

Maximum patient have pain duration for (1-40) months, 71.2%;11.7% have (41-80) months of pain duration, 9.9% have pain duration (81-20) months; 4.5% have 121-180 months of pain duration; 2.7% have 180-420 months of pain duration. 56.8% of patients have (2-4) person of family members, 35.1% have (5-7) number of family members, 4.5% have (8-10) number of family members,3.6% have (12-15) number of family members.

A study showed that 26.3% of low back pain patients smoke (Strine et al., 2007). In this study 7.2% were smoker and 92.8% were non-smoker. A database showed that pain intensity and lower functional status among LBP patients who smoke is more than who does not smoke (Manchikant et al., 2017).

According to a study 18% of patients have MRI and 32.2% of patients have x-ray (Ivanova et al., 2011). In this study 73% have done MRI of lumbar spine and 88.3% have done x-ray of lumbar spine.10.8% didn't have any imaging. Maximum patient have done it in between 3-30 days ,the percentage is 28.8%.

63% of patient's monthly income in between 5000-15000 Tk. Others patient's monthly income in between 15000-25000 Tk is 21.6%; 7.2% earns in between 40100-100000 Tk.

In this study 21.6% patient didn't know their cause of pain, Nerve compression 2.7%, Due to fall 6.3%, osteoporosis 10.8%, due to heavy work 5.4%, sitting for long time 14.4%, Arthritis 0.9%, Disc prolapsed 3.6%, Accident 3.6%, Due to caesarian operation 0.9%, During playing football 0.9%, nerve problem 1.8 %, Injury to the back 4.5%, Fall of heavy object 0.9%, 1.8% slipping on muddy floor, Poor posture 0.9%, Bone tear 0.9%, Coming out of bone 1.8%, Bone displacement 3.6%, Sudden strain 4.5%, Increased space between bones 0.9%, Disc problem 0.9% Muscle spasm 0.9%, Working bending forward 0.9%, Due to pressure in the back 1.8%, Aging 0.9%, Deformed bone 0.9%, Narrowing of joint space 0.9% . All of these are thought of the patients, these are not medical findings.

6.3% of patients learned about the cause from therapists, 49.5% from doctors, 21.6% have learned by themselves, 22.5% do not know any cause of their LBP.

The amount of participants who stated that back is one of the strongest parts of body is 97.3% which is almost similar to the study in New Zealand 76% (Darlow et al., 2014). Where maximum patient said back as a strongest part, again 87.4% said that easy to injure back, which is contradictory belief, this does not enable patient to use back confidently. 44.1% of participants think that back pain means injury to the back and 99.1% think if ignore back pain it could cause harm to the back ,36% think thoughts and feelings will influence back pain , a study in Belgium (Goubert et al., 2004) showed 64% .40.5% think that stress in life can influence back pain severity.72.1% think that worrying can delay the recovery from LBP, 51.3% think that focusing on things other than the back helps you to recover from back pain, thinking all these together it gives a idea that patients have a belief that non physical factors have effect on pain severity and recovery, but the back pain means there is a injury and the back should be protected.

70.3% of participants think that they should stay active if they have back pain which is almost similar to the study in New Zealand (80%) & higher than the study in Canada (56%). 59.5% think that they should not take it easy if back pain occurs where 39.6% participants agree with this, in a Norwegian study showed 26% true about this (Ihlebaek, 2003). 62.2% participants think that vigorous activity can outweigh the benefit of exercise and only 11.7% think exercise should be avoided during back pain, the study in

New Zealand also shows minority (25%). This gives a positive view that patients have accepted to be active.

34% patients think that back pain settles quickly, a study in UK showed that 44% (Klüber et al., 2000). Only 7.2% participants did not believe that once a back pain means there is always a weakness, in an Australian study the percentage was 22% (Buchbinder, 2005).

3.65 was the mean score of the study which is almost similar to the study done in New Zealand, which is 3.39 (Darlow et al., 2014). As this was greater than 3, it demonstrated that unhelpful beliefs were on average more prevalent than helpful beliefs (scores closer to 1 indicate helpful beliefs, and scores closer to 5 indicate unhelpful beliefs, with 3 being unsure).

Limitation of the study:

The first limitation was the sample size, it was 111. Another limitation was time. The period was very limited to conduct the research project on this topic. As the study period short so the adequate number of sample could not collect for the study. The area was only CRP. In my study I couldn't differentiate between patients taking initial treatment and patients who have already taken treatment few sessions.

6.1 Conclusion:

Low back pain is a very common condition now-a-days. A large number of people look forward to recovery of LBP. Causes of back pain were nerve compression ,due to fall, osteoporosis, heavy work, unknown, sitting for long time, arthritis, disc prolapsed, accident, due to caesarian operation, during playing football, nerve problem, injury to the back, fall of heavy object, slipping on muddy floor ,Poor posture, bone tear, coming out of bone, bone displacement, sudden strain, increased space between bones, disc problem, muscle spasm, working bending forward, due to pressure in the back, aging, deformed bone ,narrowing of joint space.

This study shows that patients have a negative attitude and belief about low back pain. But participants think about their back that back is the strongest part of the body and back is properly designed for the daily use and lifting can be harmful for their back, again think that their back can be easily get injured ,which is contradictory and can be less helpful recovering from LBP. Still maximum people belief about looking after their back that good posture is important for back and muscle strength is important for supporting back. Middle aged people more suffer from low back pain, housewives suffer the most. Lower level of education may have a impact on low back pain.

Generally about LBP people think that back pain means injury to the back and stress can influence pain and thoughts and feeling have a impact on pain, this belief cannot help recovering from back pain. Most people think that being aware of the cause of back pain is important to recovery from LBP, still there is a significant number of participants didn't have any idea about the cause of their low back pain.

Worrying can delay recovery from back pain, people have a belief that, expectation about recovery from back pain will help from recovery of back pain. There is also a positive belief that back pain will resolve anyhow.

As mean score from the study indicates that patients have negative attitudes and beliefs recovering from low back pain. It can be said that patients hold a negative attitude and belief toward low back pain. Enough steps should be taken to erase this negative attitudes and believes for the sake of the patients. However the findings of the research will be helpful for practitioner in treatment of LBP patients.

6.2 Recommendation:

The aim of the research is to find out attitudes and beliefs about low back pain among patients attending outpatient physiotherapy department at CRP. There was some limitation during this study. In further research more sample is recommended and adequate time to find out more information. The area of the study was only CRP, I recommend that sample for other areas should be taken for better results and information.

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APPENDIX

অনুমতিপত্র

আসসালামুআলাইকুম / নমস্কার,

আমি সালেহা ফজল, আমি এই গবেষণা প্রকল্পটি বাংলাদেশ হেলথ প্রফেশন ইনস্টিটিউট (বিএইচপিআই) এ পরিচালনা করছি যা আমার ৪র্থ বর্ষ বিএসসি ইন ফিজিওথেরাপি কোর্সের অধিভুক্ত। আমার গবেষণার নাম হলো “সিআরপিতে আগত আউটপেশেন্ট রোগীদের মধ্যে কোমর ব্যাথার প্রতিমনোভাব ও বিশ্বাস”। আমি এখন আপনাকে কিছু ব্যক্তিগত এবং কোমর ব্যাথার প্রতি মনোভাব ও বিশ্বাস সম্পর্কে আনুষঙ্গিক প্রশ্ন করতে চাই। এতে আনুমানিক ১০-১৫ মিনিট সময় নিবো।

আমি আপনাকে অবগত করছি যে, এটা আমার অধ্যয়নের অংশ এবং যা অন্য কোন উদ্দেশ্যে ব্যবহৃত হবেনা। এই গবেষণায় আপনার অংশগ্রহন বর্তমান জীবনে কোন প্রভাব ফেলবেনা। আপনি যেসব তথ্য প্রদান করবেন তার গোপনীয়তা বজায় থাকবে।

এই অধ্যয়নে আপনার অংশগ্রহন স্বেচ্ছ প্রণোদিত এবং আপনি যেকোন সময় এই অধ্যয়ন থেকে কোন নেতিবাচক ফলাফল ছাড়াই নিজেকে প্রত্যাহার করতে পারেন।

এই অধ্যয়নে অংশগ্রহণকারী হিসাবে যদি আপনার কোন প্রশ্ন থাকে তাহলে আপনি আমাকে অথবা আমার সুপারভাইজার, ফিরোজ আহমেদ মোমিন, এসোসিয়েট প্রফেসর, ডিপার্টমেন্ট অব রিহ্যাবিলিটেশন সায়েন্স, কোর্স কো-অর্ডিনেটর, এম এস সি ইন ফিজিওথেরাপি প্রোগ্রাম বিএইচপিআই, সিআরপি, সাভার, ঢাকা-১৩৪৩ তে যোগাযোগ করতে পারেন।

সাক্ষাৎকার শুরু করার আগে কি আপনার কোন প্রশ্ন আছে?

সুতরাং, আমি আপনার অনুমতিতে এই সাক্ষাৎকার শুরু করতে পারি?

হ্যাঁ..... না.....

১। অংশগ্রহনকারীর স্বাক্ষর..... তারিখ.....

২। উপাত্ত সংগ্রহকারীর স্বাক্ষর..... তারিখ.....

কোডনং:

শিরোনামঃসিআরপি তে আগত বহিরাগত রোগীদের মধ্যে কোমরব্যথার প্রতি মনোভাব ও বিশ্বাস

আর্থ-সামাজিক তথ্যাবলীঃ

১.১. বয়সঃ বছর

১.২. লিঙ্গঃ

১=পুরুষ

২=মহিলা

১.৩. পেশাঃ

১=কৃষক ২=দিনমজুর ৩=চাকরিজীবী ৪=গার্মেন্টসকর্মী

৫=গাড়িচালক ৬=রিকশাচালক ৭=ব্যবসায়ী ৮=গৃহিনী ৯=ছাত্র ১০=শিক্ষক

১১=অবসরপ্রাপ্ত ১২=বেকার ১৩=প্রবাসী ১৪=.....

১.৪. বৈবাহিক অবস্থাঃ

১=বিবাহিত

২=অবিবাহিত

৩=বিধবা / বিপত্নীক

১.৫. পরিবারের সদস্যসংখ্যাঃ..... জন

১.৬. পরিবারের ধরণঃ

১=একক পরিবার

২=যৌথ পরিবার

১.৭. বসবাসের এলাকাঃ

১=গ্রাম ২=শহর ৩=উপশহর

১.৮. ধর্মঃ

১=মুসলিম ২=হিন্দু ৩=খ্রিস্টান ৪=বৌদ্ধ

১.৯. শিক্ষাগত যোগ্যতাঃ

১=প্রাতিষ্ঠানিকশিক্ষানেই ৪=উচ্চমাধ্যমিক

২=প্রাথমিক ৫=স্নাতক

৩=মাধ্যমিক ৬=স্নাতকোত্তর

১.১০. মাসিক আয়ঃ

১.১১. অন্য কোন অসুখ আছে কিনা?

১। ডায়াবেটিস ২। উচ্চরক্তচাপ ৩। শ্বাসকষ্ট ৪। হৃদরোগ ৫=.....

১.১২. ধূমপায়ী কি না - ১= হ্যা ২=না

১.১৩. কতদিন ধরে ব্যাথায় ভুগছেন?

১.১৪. কি কারণে ব্যথা হচ্ছে বলে আপনি মনে করেন?

১.১৫. যদি জানেন, কিভাবে জানলেন?

১.১৬. এক্স-রে বা এম আর আই করিয়েছিলেন কিনা?

১.১৭. করালে কোমর ব্যাথার কতদিন পর করিয়েছেন?

**Back Pain Attitude Questionnaire (ব্যাকপেইন এটিটিউড
কোয়েশচনেয়ার)**

সকল প্রশ্নের উত্তর দিন

সঠিক উত্তরে (✓) দিন উত্তর ভুল হলে (✓) দিয়ে সঠিক উত্তরে (✓) দিন

এই প্রশ্নগুলো আপনার কোমর সম্বন্ধে:-

দয়া করে উত্তরগুলো এভাবে দিন	ভুল	ভুলহতে পারে	বুঝতে পারছি না	ঠিকহতে পারে	ঠিক
১। কোমর শরীরের অত্যন্ত শক্তিশালী অংশ					
২। প্রতিদিনের কাজের জন্য কোমর উপযুক্তভাবে তৈরি					
৩। সামনে ঝাঁকা কোমরের জন্য ভালো					
৪। বসে থাকা কোমরের জন্য খারাপ					
৫। হাঁটু ভাঁজ না করে নিচ থেকে কোন কিছু তোলা কোমরের জন্য ক্ষতিকর					
৬। কোমরে সহজে আঘাত পাওয়া যায়					

এই প্রশ্নগুলো আপনার কোমরের যত্ন নেয়া সম্বন্ধে:-

দয়া করে উত্তরগুলো এভাবে দিন	ভুল	ভুল হতে পারে	বুঝতে পারছি না	ঠিক হতে পারে	ঠিক
৭।কোমরে শক্তিশালী মাংসপেশী থাকা গুরুত্বপূর্ণ					
৮।সঠিক চালচলন নিরাপদ কোমরের জন্য গুরুত্বপূর্ণ					
৯।কোমর অতিরিক্ত ব্যবহার করলে তা বিকল হয়ে যেতে পারে					
১০।যে কাজে বা চলাচলে কোমর ব্যাথা বাড়ে সে কাজ এড়িয়ে চলা উচিত					
১১।অসতর্কতায় কোমর সহজেই আঘাতপ্রাপ্ত হয়					
১২।কোমরে আঘাত পাবার সাথে সাথে টের পাওয়া যায় না,সময় বাড়ার সাথে সাথে তা ভালোমত টের পাওয়া যায়					

এই প্রশ্নগুলো আপনার কোমর ব্যাথা সম্বন্ধেঃ-

দয়া করে উত্তরগুলো এভাবে দিন	ভুল	ভুল হতে পারে	বুঝতে পারছি না	ঠিক হতে পারে	ঠিক
১৩। কোমর ব্যাথা মানেই আপনি কোমরে আঘাত পেয়েছেন					
১৪। টনটনে ব্যাথা কোমরে মারাত্মক আঘাতের প্রথম লক্ষণ					
১৫। দুশ্চিন্তা আপনার কোমর ব্যাথা বাড়িয়ে দিতে পারে					
১৬। আপনার জীবনের মানসিকচাপগুলো (অর্থনৈতিক, চাকরি, বৈবাহিক জীবন) কোমর ব্যাথা বাড়িয়ে দিতে পারে					
১৭। কোমর ব্যাথা হলে আপনি এমন কাজ করতে পারবেন, যা করলে ব্যাথা বাড়বে কিন্তু কোমরের ক্ষতি হবে না					
১৮। কোমর ব্যাথার জন্য আপনার জীবন যাপন কঠিন হয়ে পড়েছে					
১৯। হাত-পা ব্যাথার চেয়ে কোমর ব্যাথা খারাপ					
২০। কোমর ব্যাথা কেমন, কখনো না হলে বুঝা যায় না					

এই প্রশ্নগুলো কোমর ব্যথা হলে আপনার কি করণীয় তার সম্বন্ধে:-

দয়া করে উত্তরগুলো এভাবে দিন	ভুল	ভুল হতে পারে	বুঝতে পারছি না	ঠিক হতে পারে	ঠিক
২১।কোমর ব্যথা হলে সুস্থ না হওয়া পর্যন্ত তা মেনে নেয়া উচিৎ					
২২।কোমর ব্যথাকে অবহেলা করলে আপনি কোমরের ক্ষতি করবেন					
২৩।কোমর ব্যথা হলে ডাক্তারের সরণাপন্ন হওয়া উচিৎ					
২৪।কোমর ব্যথার ভালো চিকিৎসার জন্য আপনার কোমরের মূল সমস্যা সম্পর্কে জানতে হবে					
২৫।কোমর ব্যথা হলে ব্যায়াম এড়িয়ে চলা উচিৎ					
২৬।কোমর ব্যথা হলে,অতিরিক্ত ব্যায়াম করলে লাভের চেয়ে ক্ষতি বেশি হবে					
২৭।কোমর ব্যথা হলে আপনার কাজকর্ম করে যাবার চেষ্টা করা উচিৎ					

এই প্রশ্নগুলো কোমরব্যথা সুস্থ হয়ে যাবার সম্বন্ধে:-

দয়া করে উত্তরগুলো এভাবে দিন	ভুল	ভুলহতে পারে	বুঝতে পারছি না	ঠিকহতে পারে	ঠিক
২৮।বেশিরভাগ কোমরব্যথা এত দ্রুত অতটুকু কমে যায় যে,আপনি ততটুকু ব্যথা নিয়ে নিয়মিত কাজকর্ম করতে পারবেন					
২৯।কোমর ব্যথা নিয়ে দুশ্চিন্তা করলে তা ভালো না হয়ে বরং খারাপ হবে					
৩০।কোমর ব্যথার প্রতি মনোযোগ না দিয়ে অন্য কাজে মনোযোগ দিলে আপনি দ্রুত সুস্থ হয়ে উঠবেন					
৩১।কোমর ব্যথা ভালো হয়ে যাবে এই আশা করলে আপনি দ্রুত সুস্থ হয়ে উঠবেন					
৩২।একবার কোমর ব্যথা হওয়া মানে আপনার কোমরে কোন না কোন সমস্যা আছে					
৩৩।একবার কোমর ব্যথা হলে তা ভালোহবার সম্ভাবনা কম					
৩৪।একবার কোমর ব্যথা হলে আপনার খুব বেশি কিছু করার নেই					

Informed consent

Code no:-

Assalamualikum, I am Saleha Fazal, 4th year student of B. Sc in Physiotherapy at Bangladesh Health Professions Institute (BHPI) under faculty of Medicine in University of Dhaka. To obtain my Bachelor degree, I shall have to conduct a thesis and it is a part of my study.

My thesis title is, “Attitudes and beliefs about low back pain among patients attending outpatient physiotherapy department at CRP”. To fulfill my research project, I need to collect data. So, you can become a respected participant of my research and I would like to request you as a subject of my study. I would like to know about some personal and other related information. This will take approximately 10-15 minutes.

I would like to inform you that this is a purely academic study and will not be used for any other purpose. Your participation in the research will have no impact on your present or future treatment. I assure that all data will be kept confidential. Your participation will be voluntary. You have the right to withdraw consent and discontinue participation at any time of the experiment.

If you have any query about the study or your right as a percipient, you may contact with me or my supervisor, Firoz Ahmed Mamin, Associate Professor, Department of Rehabilitation Science, Course Coordinator, M.Sc. in Physiotherapy Program, BHPI, CRP, Savar.

Signature of the interviewee.....
Date.....

Name of the interviewee.....

Signature of the researcher.....
Date.....

Name of the researcher.....

Address:

Village:

Post office:

Police station:

District:

Phone no:

Code no:

Title: Attitudes and beliefs about low back pain among patients attending outpatient physiotherapy department at CRP

Socio-demographic informations:

1.1. Age:.....

1.2. Gender:

1= Male 2= Female

1.3. Occupation

1=Farmer 2=Day laborer 3=Service holder 4=Garments worker

5=Driver 6=Rickshaw puller 7=Businessman 8=Housewife

9=Student 10=Teacher 11=Retired 12=Unemployed 13=Immigrant 14=.....

1.4. Marital status:

1= Married 2= Unmarried 3=Widow

1.5. Number of family members:

1.6. Family type:

1=Neuclear family 2=Joint family

1.7. Living area:

1= Village 2= City

1.8. Religion:

1=Islam 2= Hindu 3=Christian 4=Buddhist

1.9. Educational qualifications:

1=No formal education 2=Primary

2=Secondary 4=Higher secondary 5=Graduate 6=Post-graduate

1.10. Monthly income:..... taka

1.11: Any co-morbid disease:

1=Diabetes 2= High blood pressure 3=Asthma 4=Heart disease

1.12.Smoking habits:

1=Yes 2=No

1.13.Duration of pain:.....

1.14.Causes of pain:.....

1.15.Source of information:.....

1.16.X-ray and MRI of lumber spine performed or not.

1.17.If done then after how many days.....

Back Pain Attitude Questionnaire

Please answer all questions. Mark your answers like this (✓). If you make a mistake, do this then tick the correct response.

These questions are about your own back

Please rate each statement as	False	Possibly False	Unsure	Possibly True	True
1. Your back is one of the strongest parts of your body					
2. Your back is well designed for the way you use it in daily life					
3. Bending your back is good for it					
4. Sitting is bad for your back					
5. Lifting without bending the knees is not safe for your back					
6. It is easy to injure your back					

These questions are about looking after your own back

Please rate each statement as	False	Possibly False	Unsure	Possibly True	True
7.It is important to have strong muscles to support your back					
8.Good posture is important to protect your back					
9.If you overuse your back, it will wear out					
10.If an activity or movement causes back pain, you should avoid it in the future					
11.You could injure your back if you are not careful					
12.You can injure your back and only become aware of the injury sometime later					

These questions are about back pain in general

Please rate each statement as	False	Possibly False	Unsure	Possibly True	True
13.Back pain means that you have injured your back					
14.A twinge in your back can be the first sign of a serious injury					
15.Thoughts and feelings can influence the intensity of back pain					
16.Stress in your life (financial, work, relationship) can make back pain worse					
17.When you have back pain, you can do things which increase your pain without harming the back					
18.Having back pain makes it difficult to enjoy life					
19.It is worse to have pain in your back than your arms or legs					
20.It is hard to understand what back pain is like if you have never had it yourself					

These questions are about what you should do if you have back pain

Please rate each statement as	False	Possibly False	Unsure	Possibly True	True
21.If your back hurts, you should take it easy until the pain goes away					
22.If you ignore back pain, you may cause damage to your back					
23.It is important to see a health professional when you have back pain					
24.To effectively treat back pain you need to know exactly what is wrong					
25.If you have back pain you should avoid exercise					
26.When you have back pain the risks of vigorous exercise outweigh the benefits					
27.If you have back pain you should try to stay active					

These questions are about recovering from back pain

Please rate each statement as	False	Possibly False	Unsure	Possibly True	True
28 Most back pain settles quickly, at least enough to get on with normal activities					
29 Worrying about your back can delay recovery from back pain					
30 Focusing on things other than your back helps you to recover from back pain					
31 Expecting your back pain to get better helps you to recover from back pain					
32 Once you have had back pain there is always a weakness					
33 There is a high chance that an episode of back pain will not resolve					
34 Once you have a back problem, there is not a lot you can do about it					

May 23, 2019

Head of the Department,

Department of Physiotherapy,

Centre for the Rehabilitation of the Paralysed (CRP), Chapain, Savar, Dhaka-1343.

Through: Head of the Department, Department of Physiotherapy,
Bangladesh Health Professions Institute (BHPI).

Subject: Seeking permission for data collection

Dear Sir,

With due respect and humble submission to state that, I am Saleha Fazal, student of 4th professional B.Sc. in Physiotherapy at Bangladesh Health Professions Institute (BHPI). In 4th year we have to do a research project and my research project entitled on "Attitudes and beliefs about low back pain among patients attending outpatient Physiotherapy Department in CRP". To conduct this research, I want to collect data from the patient with low back pain who is taking their rehabilitation treatment from CRP. So, I need permission for data collection from CRP. I would like to assure that anything of my study will not be harmful for the participants.

I, therefore, pray and hope that you would be kind enough to grant my application and oblige thereby.

Sincerely Yours,

Saleha Fazal

Saleha Fazal

Student of 4th professional B.Sc. in Physiotherapy

Roll no: 33, Session: 2014-2015

Bangladesh Health Professions Institute (BHPI)

(An academic institute of CRP)

CRP, Chapain, Savar, Dhaka-1343.

Approved

Mohammed Alwar Hossain
Associate Professor & Head
Physiotherapy Dept., CRP
CRP, Chapain, Savar, Dhaka-1343

Recommended

23/05/19
Prof. Md. Obaidul Haque
Head, Department of Physiotherapy
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka-1343

Forwarded

23-05-19

Firoz Ahmed Mamin
Associate Professor
Dept. of Rehabilitation Science
M.Sc. in Physiotherapy Program
BHPI, CRP, Savar, Dhaka-1343

Asking for permission to use Back Pain Attitude Questionnaire



Add label



Rupa salehafazal 7 Aug

to ben.darlow



Dear sir,

I am Saleha Fazal, 4th year student of Physiotherapy Department of Bangladesh Health Professions Institute, Centre for the Rehabilitation of the Paralysed, Bangladesh. With proper veneration and modest submission I would like to draw your kind attention to the following fact that I need to use Back Pain Attitude Questionnaire in my research. I would like to inform you that I have already started my work and the questionnaire is very much useful and appropriate for my thesis and submission of a thesis paper is mandatory in my course. Now I need your permission to use the questionnaire.

Please grant me with your permission use the Back Pain Attitude Questionnaire and let me know your response.


Sincerely yours

Saleha Fazal

Saleha Fazal



Ben Darlow 9 Aug

 to me ▾



Dear Saleha

Thank you for your message. I am pleased to hear that the Back Pain Attitudes Questionnaire (Back-PAQ) has been useful in your research.

You have my permission to use the Back-PAQ. Please cite it's origin in any written work that you produce.

Kind regards

Ben Darlow

[Show quoted text](#)



বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)
(The Academic Institute of CRP)
CRP-Chapain, Savar, Dhaka-1343. Tel: 02-7745464-5, 7741404

Ref: CRP-BHPL/IRB/09/19/1332

Date: 17/09/2019

To
Saleha Fazal
B.Sc. in Physiotherapy
Session: 2014-2015 Student ID: 112140265
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of the thesis proposal “Attitudes and beliefs about low back pain among patients attending outpatient physiotherapy department at CRP” by ethics committee.

Dear Saleha,

Congratulations.

The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above mentioned dissertation, with yourself, as the Principal investigator. The Following documents have been reviewed and approved:

Sr. No.	Name of the Documents
1	Dissertation Proposal
2	Questionnaire (English version)
3	Information sheet & consent form.

The purpose of the study is to determine attitudes and beliefs about low back pain among patients attending outpatient physiotherapy department at CRP. The participants may take 20 to 25 minutes to answer the questionnaire and there is no likelihood of any harm to the participants. Data collectors will receive informed consents from all participants. Any data collected will be kept confidential. The members of the Ethics committee have approved the study to be conducted in the presented form at the meeting held at 10.00 AM on 11th August, 2018 at BHPI.

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working accordance to Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulation.

Best regards,

Muhammad Millat Hossain
Assistant Professor, Dept. of Rehabilitation Science
Member Secretary, Institutional Review Board (IRB)
BHPI, CRP, Savar, Dhaka-1343,