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**Perception of individual with low back pain towards
prognosis: an exploratory qualitative study**

Submitted by:

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Bachelor of Science in Physiotherapy

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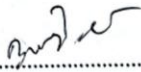
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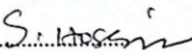
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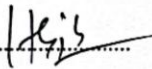
We the undersigned certify that we have carefully read and recommended to the Faculty of Medicine, University of Dhaka, for acceptance of this thesis entitled, "**Perception of individuals with low back pain towards prognosis- an explorative qualitative study**" Submitted by **Romana Jaman Riya**, for the partial fulfillment of the requirements for the degree of Bachelor of Science in Physiotherapy (BSc. PT).


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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 mistakes or 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 the Supervisor & Department of Physiotherapy of Bangladesh Health Professions Institute (BHPI).

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Acronyms

BMI	Body Mass Index
CBT	Cognitive-Behavioural Therapy
DALYs	Disability-Adjusted Life-Years
IVDs	Intervertebral Discs
LBP	Low Back Pain
MSD	Musculoskeletal Disorder
YLDs	Years Lived with Disability

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Abstract

Background: Low back pain (LBP) is one of the most common health issues worldwide, leading to significant disability, emotional distress, and economic burden. While much research has focused on the clinical aspects of LBP, there is limited exploration of how individuals perceive their prognosis, which plays a critical role in their recovery process. **Objectives:** The purpose of the study is to explore the perceptions of prognosis of individuals with LBP; how they define prognosis; their perception of how prognosis impacts the course of their recovery. **Methodology:** An exploratory qualitative approach was adopted. Ten participants diagnosed with LBP were selected through purposive sampling. Data were collected through semi-structured interviews and analysed using thematic analysis to identify recurring themes in participants' narratives. **Results:** The study revealed that participants' perceptions of prognosis were influenced by their personal experiences with pain and their functional limitations. A positive prognosis was linked to pain relief and the return to daily functional activities, while a negative prognosis was associated with persistent pain and limited mobility. Furthermore, participants emphasized the importance of clear communication with healthcare providers, as it shaped their expectations and recovery journey. **Discussion:** The findings suggest that prognosis, as understood by patients, plays a significant role in their approach to rehabilitation and recovery. Patients who perceived their prognosis in a positive light were more likely to engage in therapy and adopt proactive coping strategies. Conversely, those with negative prognostic perceptions showed reluctance to engage in physical activities and rehabilitation. The study highlights the need for personalized, clear communication between healthcare providers and patients to enhance recovery outcomes.

Keywords: Low back pain, prognosis, patient perception, beliefs.

Word count: 11,943

1.1 Background

Low back pain is a common health issue worldwide, but notably, prevention and treatment of low back pain (LBP) is a major public health concern (Ghosh et al., 2015). It has been widely recognized as the leading cause of disability, affecting work performance and general psychosomatic health and is associated with substantial economic and societal burden (Gold et al., 2020). The low back or the lumbar area of a human body serves as structural support, movements and protection of body tissues, when there happens an injury such as muscle sprains or strains due to certain diseases or due to poor body mechanics for sudden movements, subjects experience mild and severe pain which can last from few days to few years which is known as low back pain (Rahman, Tasnim and Hossain,2024). The lumbar spine consists of five vertebrae (L1–L5) and the complex anatomy of the lumbar spine is a combination of these strong vertebrae, linked by joint capsules, ligaments, tendons, and muscles, with extensive innervation so the spine is designed to be strong, since it has to protect the spinal cord and spinal nerve roots at the same time, it is highly flexible, providing for mobility in many different planes and basically, low back pain (LBP) is the pain localized between the 12th rib and the inferior gluteal folds, with or without leg pain (Allegri et al., 2016). LBP symptoms can derive from many potential anatomic sources, such as nerve roots, muscle, fascial structures, bones, joints, intervertebral discs (IVDs), and organs within the abdominal cavity moreover, symptoms can also spawn from aberrant neurological pain processing causing neuropathic LBP as well the diagnostic evaluation of patients with LBP can be very challenging and requires complex clinical decision-making (Allegri et al., 2016). If patients reported the presence of pain for,3 months or the presence of pain for 3 months but experienced pain less than half the days in the past 6 months so patients have either acute LBP or chronic LB and low-back pain can develop suddenly or gradually, with or without connection to an initiating event (Massé-Alarie et al., 2022). Most people will suffer from low back pain (LBP) at least once in their life, and many of them will experience more than one period of LBP (Hall et al.,2021). The pain may subside and disappear for a while and then recur or reappear a few months or years later, Low back pain (LBP) is reported to run a recurrent course in the majority

of patients and this means that following an episode of low back pain it is likely that a patient will have further episodes of pain causing suffering for the patient and time loss from work (Goubert et al.,2017).

Low back pain is an extremely common symptom and experienced by people of all ages (Gu et al.,2024.). In 2015, the global point prevalence of activity-limiting low back was 7.3%, implying that 540 million people were affected at any one point in time and LBP is now also the number one cause of disability globally (Gu et al., 2024). At least once in their lives, eighty percent of the world's population has experienced low back pain, making it the most common medical condition in the world (Das et al., 2024). According to the findings of the Global Burden of Disease 2010 study, low back pain (LBP) is estimated to be placed sixth in terms of the total burden of disease but first in terms of the disability it causes (Ali et al., 2020). It is a major health problem with two third of adults suffering from LBP at some time in their lives and almost 12% to 44% have LBP at any particular time (Rahman, Tasnim and Hossain,2024). LBP is a relatively common condition in children in addition, A 2011 Danish study found a prevalence of 28% to 48% in school-aged children, with increasing incidence in older adolescents and there is evidence that 12% to 26% of children and adolescents experience low back pain although most cases of low back pain occur in persons between the ages of 25 and 60 years, peaking at about 40years (Achar and Yamanaka,2020).

The term prognosis refers to the likelihood of future health outcomes in people with a given disease or health condition or with particular characteristics such as age, sex, or genetic profile and patients and healthcare providers may be interested in prognosis for several reasons, so prognostic studies may have a variety of purposes, including establishing typical prognosis in a broad population, establishing the effect of patients' characteristics on prognosis, and developing a prognostic model considerations in determining the trustworthiness of estimates of prognosis arising from these types of studies differ (Iorio et al.,2015). Granted, the literal meaning of the word prognosis is "foreknowledge," or "knowledge before," which appears to limit the term to predictions of the future however, the prefix "pro" in this context, as the passage makes clear, refers not to chronology, but to the order of knowing in other words, the physician possesses knowledge pertaining to the patient beyond what is immediately apparent or directly disclosed because the patient's health is seen as a trajectory, with past, present, and

future linked, the physician, knowing aspects of one, can discern aspects of the others thus, the physician has foreknowledge, or “knowledge before,” in his or her explanatory abilities pertaining to the past, present, and future circumstances of the patient’s health (Thomas, Cooney and Fried 2019). Classically, prognosis is defined as a forecast or prediction when medically, prognosis may be defined as the prospect of recovering from injury or disease, or a prediction or forecast of the course and outcome of a medical condition as such, prognosis may vary according to injury, disease, age, sex, race and treatment. Prognostic reasoning is the critical thinking required for prognostication (Chiffi and Zanotti, 2017). Prognostic reasoning can be challenging due to uncertainty associated with prognosis, and the strong and logical critical reasoning skills it requires (Chiffi and Zanotti, 2017). One reasoning strategy that physiotherapists may use to determine prognosis is predictive reasoning (Jones, 2019). The evidence to support the ability of physiotherapists to accurately determine prognosis is conflicting (Cook et al., 2015; Henriksen, Mukriyani and Juhl, 2021; Kelly, Ritchie and Sterling, 2019). Indeed, physiotherapists may currently hold different understandings of prognosis (Mullen et al., 2024). In physiotherapy, prognosis is one hypothesis category that is recommended for both clinicians and patients to consider in the management of MSDs (Mullen et al., 2025). Whilst it has previously been demonstrated that individuals with MSDs view receiving a prognosis as important, there is a lack of understanding regarding how individuals perceive and give meaning to prognosis (Bhana et al., 2015). This may impact upon patient-centered care and completeness of care by contributing to a disconnect between the outcome expectations of individuals with LBP and physiotherapists therefore, it is important to explore the perspectives of prognosis for individuals with LBP, to enable physiotherapists to better understand their views when delivering prognostic information and education. This may help to strengthen the patient-therapeutic alliance and improve health literacy, both of which can impact outcomes associated with LBP (Moore et al., 2020).

1.2 Justification of the Study

Low back pain (LBP) is a pervasive and disabling condition affecting individuals globally and across socioeconomic strata, with significant implications on daily functioning, mental health, and economic productivity. Despite the high prevalence and burden of LBP, existing research has predominantly focused on clinical, biomechanical, and epidemiological aspects, often overlooking the subjective experiences and perceptions of those living with the condition. This creates a gap in understanding how individuals interpret their prognosis—an essential element in shaping recovery expectations, treatment engagement, and long-term outcomes. Understanding patients' perceptions of prognosis is crucial in the context of physiotherapy and rehabilitation. Prognostic beliefs influence health behaviors, adherence to treatment, and psychological resilience. A mismatch between patients' expectations and clinical communication can hinder recovery and foster chronicity. However, in Bangladesh and similar low-resource contexts, there is a lack of qualitative evidence capturing these nuanced patient perspectives. Most care models still emphasize biomedical narratives and underutilize patient-centered approaches that address psychosocial and cultural dimensions of health. This study is particularly justified as it explores an under-researched but clinically significant topic through an exploratory qualitative lens, capturing the lived experiences, beliefs, and emotional journeys of individuals with LBP. By focusing on patients undergoing physiotherapy in a renowned rehabilitation center, the study contributes valuable insights into how treatment experiences and provider communication shape prognostic understanding. It also informs healthcare providers—especially physiotherapists—on how to better align therapeutic communication, goal setting, and intervention strategies with patients' subjective experiences and expectations. Ultimately, the findings can inform clinical education, guide patient-centered communication strategies, and support policy initiatives aimed at improving rehabilitation outcomes for individuals with LBP. Given the growing emphasis on personalized care and the biopsychosocial model in global health, this study aligns with international priorities and addresses a critical local need in Bangladesh's physiotherapy landscape.

1.3 Research Aim

The aim of this study is to explore the perceptions, beliefs, and interpretations of individuals living with low back pain regarding their prognosis.

1.4 Study objectives

1.4.1 General objective

To explore the perceptions of individuals with low back pain (LBP) regarding their prognosis.

1.4.2 Specific objectives

To

- understand how individuals with LBP define and interpret the concept of prognosis.
- explore how patients' perceptions of prognosis influence their expectations for recovery.
- explore the role of pain intensity and functional ability in shaping patients' views of prognosis

1.6 Operational definition

1.6.1 Low Back Pain (LBP)

Pain or discomfort located between the lower rib margins and the gluteal folds, with or without referred leg pain is known as LBP. Low back pain, typically defined as pain below the costal margin and above the inferior gluteal folds, with or without leg pain, is worldwide the most prevalent and most disabling of the conditions that are considered to benefit from rehabilitation (Cieza et al.,2020). According to Chiarotto and Koes (2022) Low back pain is increasingly understood to be a long-lasting condition with a variable course rather than isolated, unrelated episodes. For this study, participants are adults aged 18 years or older who are currently experiencing LBP of any duration (Moser and Korstjens,2018)

1.6.2 Perceptions

In common terminology, perception is defined by Longman Dictionary of Contemporary English as “a) the way you think about something and your idea of what it is like; b) the way that you notice things with your senses of sight, hearing etc.; c) the natural ability to understand or notice things quickly (Qiong, 2017). The beliefs, attitudes, and thoughts that individuals with low back pain (LBP) have regarding their recovery or future health outcomes. These perceptions will be measured through thematic analysis of participants’ narratives during qualitative interviews.

1.6.3 Prognosis

The expected course or outcome of low back pain, including recovery expectations, disability, recurrence, or chronicity. Patient prognosis the likelihood of future outcomes in patients with a given disease or health condition. patient prognosis is influenced by more than disease diagnosis and diagnosis-driven treatment. The science of prognosis is concerned with improving the precision, accuracy, and usefulness of measures of likely future outcomes (Croft et al.,2015). Croft et al. (2015) propose that prognosis can now provide the framework in which clinicians and researchers organize evidence and information to support decisions about management, this extends calls for a risk-centred approach to many syndromes and chronic conditions and parallels proposals that public health should be organized around achievable outcomes rather than disease categories.

Low back pain (LBP) is a common musculoskeletal disorder affecting individuals globally and is a leading cause of disability and it is defined as pain localized between the lower rib margins and the buttock creases, which may be associated with muscle stiffness, neurological symptoms, or referred pain (Hartvigsen et al., 2018). LBP can be classified based on duration and underlying cause, with acute LBP lasting less than six weeks, sub-acute persisting between six to twelve weeks, and chronic. LBP extending beyond twelve weeks additionally, it can be categorized as specific, where an identifiable pathology such as fractures, infections, or tumors is present, or non-specific, which accounts for approximately 85% of cases and lacks a clear underlying cause (Fatoye et al., 2019).

The prevalence of LBP varies widely worldwide, depending on demographic, occupational, and healthcare-related factors and globally, the lifetime prevalence of LBP ranges between 11% and 84%, while the one-year prevalence is estimated between 0.8% and 82.5% (Fatoye et al., 2019). High-income countries tend to report a higher prevalence (approximately 30%) compared to low- and middle-income countries (LMICs), where it is estimated at around 18% so the burden of LBP is increasing with age and is a major cause of disability among working-age populations (Fatoye et al., 2019).

In Bangladesh, the prevalence of LBP is significant, with estimates ranging from 18.6% to 60.8% across different populations (Sany et al., 2022). Among medical students, the 12-month prevalence of LBP is 63.3%, with a point prevalence of 25.6%, primarily attributed to sedentary lifestyles, prolonged sitting, poor ergonomics, and inadequate physical activity (Sany et al., 2022). In Bangladesh, the prevalence rates for low back pain that has lasted for at least one day during the previous six months, chronic pain, intense pain, and seeking medical care for LBP were found to be 63.04%, 38.60%, 13.76%, and 18.89%, respectively, among the female garments workers (Das et al., 2024). In addition, the prevalence rates for LBP that has lasted for at least one day within the previous six months were found to be 63.04% (Chen & Zhuo, 2023). Furthermore, physiotherapists in Bangladesh also report a high prevalence of LBP,

highlighting the significant impact of the condition on healthcare professionals themselves (Ali et al., 2022).

According to Kumar and Elavarasi, (2016) the experience of pain was an important consideration for patients and was a major barrier to return to usual activities. Pain in the low back that is not attributed to a recognizable, recognized specific pathology is referred to as non-specific low back pain (Das et al.,2024). Some examples of recognizable specific pathologies include infections, tumors, osteoporosis, lumbar spine fractures, structural deformities, inflammatory disorders, radicular syndromes, and cauda equina syndromes (Das et al.,2024).

The cultural, social, and political context of a person's back pain can have an impact on how they experience their pain, the degree of disability it causes, and how they interact with the healthcare system (Das et al.,2024). Patients who suffer from low back pain, there is a pressing need for economic evaluations of a high quality that compare the use of surgery to that of conservative care (which makes use of a variety of therapeutic alternatives) (Delitto et al., 2021). Lifting and carrying are mechanical variables that presumably do not play a significant pathogenic effect, but a person's genetic makeup is significant (Das et al.,2024). Most clinical practice recommendations for the care of LBP include a history-taking and clinical examination, although there may be limitations on the use of clinical imaging for diagnosis (Ekşi et al., 2020).

Low back pain (LBP), neck pain and other Musculoskeletal Disorders (MSDs) are the leading causes of years lived with disability (YLDs) (Chakrovorty et al.,2023.). LBP ranked highest in terms of disability (YLDs), and sixth in terms of Disability-adjusted life-years (DALYs) in the Global Burden of Disease 2010 Study (Hartvigsen et al.,2018).

According to Nieminen, Pyysalo and Kankaanpää (2021) the prognosis of LBP is greatly influenced by factors not related to the spine and the main findings in their review study, that higher pain intensity, higher body weight, carrying heavy loads at work, difficult working positions, and depression are the most frequently observed prognostic risk factors for LBP moreover, maladaptive behaviour strategies, general anxiety, functional limitation during the episode, smoking, and particularly physical work are also explicitly predictive of chronicity that most frequently observed protective factors were physical exercise and higher blood pressure in general, the

findings about the risk factors of pain chronicity are similar which are the baseline personal factors concerning poorer general health and functional were found to be significant risk factors for chronic pain in their review; conversely, physical well-being and physical exercise were found to protect against chronicity and poor general health and functionality are coherently interrelated to multimorbidity, which is a major risk factor for general pain chronicity in addition, the same nonmodifiable risk factors, such as age and female sex, found in this review are also found to be risk factors for other chronic pain conditions.

Another study provided by Rasmussen-Barr et al. (2017) discuss that the prognosis of LBP is affected by biomechanical, psychological, social and work-related factors so biomechanical factors are suggested to affect the occurrence of a new episode of LBP, whereas psychosocial factors are suggested to influence the persistence of LBP as well there has been an increased focus on work related psychosocial factors in epidemiological studies of LBP and one widely-used measure of work-related psychosocial strain in studies on various disorders is the job strain model, also known as the “demand-control model”; here, high strain is described as a combination of high psychological job demands with low job decision latitude (job control) if job strain (high demands/ low control) is present, physiological reactions, such as muscle tension, are proposed to increase the risk of subsequent periods of LBP however, findings on the association between job strain and LBP vary.

A study conducted by Kamper, Yamato and Williams (2016) revealed the risk factors for back pain in children and adolescents, understanding risk in children holds considerable promise in reducing the overall burden of low back pain and typically follows a recurrent course throughout the lifespan and the risk factor most consistently associated with the onset of back pain is having had a previous episode which given the high prevalence in adolescence, it is likely that a substantial proportion of people experience their first episode during this period; this being the case, it might be that intervention during adolescence offers the only opportunity for true primary prevention moreover, this contention is reinforced by evidence which links back pain in adolescence with back pain in adulthood.

According to Nieminen, Pyysalo and Kankaanpää (2021) LBP-induced disability and functional limitation were significant risk factors according to the findings of this

review. A similar finding represent by Hayden et al.(2019) about functional impairment at baseline was reported in a previous review and the lower levels of functionality might be a continuum of a person's lifestyle and behavioral factors therefore, avoiding bed rest despite the pain seems even more important as well the physical intensity of work, particularly strenuous physical work, carrying heavy loads, and working in difficult working positions, was related to higher chronicity in this review when finding a potential association between a prognostic factor and an outcome, one must not assume that the effect is direct and isolated, so low back pain is a multifactorial and complex condition with the impact of different factors changing over time.

Traeger et al. (2016) have developed and tested the external validity of a prognostic model to identify the risk of chronic LBP in individuals with acute LBP and values for discrimination and calibration fell within a prespecified range of what we subjectively determined to be informative, although the AUC values are modest, they suggest better predictive accuracy for pain outcomes than recently published values based on either clinician judgment or popular tools so the results of our decision curve analysis indicate that, compared to treat all and treat none strategies, their model has the potential to substantially reduce harms associated with undertreating high-risk patients and overtreating low-risk patients with acute LBP. Based on its performance in these cohorts, this five-item prognostic model for patients with acute LBP may be a useful tool for estimating risk of chronic LBP however, other prognostic factors have been more difficult to integrate into causal models and even more difficult to match to appropriate interventions and Low back pain patients are commonly defined as having an acute or chronic condition based on the duration of their symptoms, implicitly referring to course in addition this reflects distinctions that are used in clinical practice and clinical practice guidelines, such as the European Guidelines for treatment of acute or chronic low back pain (Majumder et al., 2022).

The term prognosis refers to the likelihood of future health outcomes in people with a given disease or health condition or with particular characteristics such as age, sex, or genetic profile. Patients and healthcare providers may be interested in prognosis for several reasons, so prognostic studies may have a variety of purposes, including establishing typical prognosis in a broad population, establishing the effect of patients' characteristics on prognosis, and developing a prognostic model and Considerations in determining the trustworthiness of estimates of prognosis arising from these types of

studies differ so prognosis of a typical patient from a broadly defined population; we will consider prognostic studies assessing risk factors and clinical prediction guides in subsequent, knowing the likely course of their disease may help patients to come to terms with, and plan for, the future moreover knowledge of the risk of adverse outcomes or the likelihood of spontaneous resolution of symptoms is critical in predicting the likely effect of treatment and planning diagnostic investigations; If the probability of facing an adverse outcome is very low or the spontaneous remission of the disease is high (“good prognosis”), the possible absolute benefits of treatment will inevitably be low and serious adverse effects related to treatment or invasive diagnostic tests, even if rare, will loom large in any decision, if instead the probability of an adverse outcome is high (“bad prognosis”), the impact of new diagnostic information or of effective treatment may be large and patients may be ready to accept higher risks of diagnostic investigation and treatment related adverse effects (Iorio et al.,2015). A new area for prognosis research is to more explicitly define and test the real complexity of low back pain prognostic pathways or processes (e.g., using structural equation modelling) these studies may apply knowledge from confirmatory independent associations and incorporate other knowledge from the field to better understand causal relationships so these studies start with an explicit theoretical framework that includes the prognostic construct of interest, variables that are thought to influence or modify the effect of that factor, variables that are thought to be intermediate or a mediator in the pathway towards the outcome, potential confounding variables and the outcome of interest (Traeger et al.,2016).

The perception of individuals with LBP regarding their prognosis is shaped by multiple factors, including biological, psychosocial, and healthcare-related influences and gender differences play a role, with studies indicating that women are more likely to experience LBP than men (Sany et al., 2022). In the Global Burden of Disease study, low back pain (LBP) is ranked highest in terms of years lived with disability, with one in ten people experiencing LBP at any point in time worldwide and approximately 90% of LBP cases have no identifiable pathoanatomical cause, and are called ‘non-specific LBP’ (Maher, Underwood, and Buchbinder, 2017).

Despite the high prevalence of LBP globally, recommended treatments have only modest effects and a large range of diagnostic and therapeutic interventions are frequently applied, despite evidence that they are of low value (Foster, Anema et

al.,2018). Although many people with LBP do not seek medical care, LBP is still one of the most common reasons for general practice or physician visits worldwide, with a pooled prevalence of care-seeking of 58% accurately, identifying individuals with a good or unfavourable prognosis amongst patients presenting with LBP is an important goal in current back pain research and being able to predict prognosis of LBP patients based on pre-treatment assessment of patient characteristics may lead to more realistic expectations of recovery as well as to more effective and efficient use of treatment modalities in the prevention of chronicity (Miller et al., 2017). Mullen et al. (2024) in their studies revealed that the concept of prognosis appears to be mired in the biomedical model of health so the value of prognosis in the management of MSDs appears to be under recognized at both an entry-level education and research level and this is despite this same value being recognized at a patient and healthcare system level moreover the consideration of prognosis within clinical practice can enhance outcomes for both individuals with a MSD and the healthcare system despite this, physiotherapists appear to not have a wholistic perception of prognosis and instead may focus on the biomedical aspects of prognosis however, physiotherapists cannot be expected to implement prognostic skills into their practice and reap these benefits if they are yet to fully understand prognosis as a concept therefore, a greater emphasis on the teaching and research of prognosis and prognostic reasoning should be given without this, the reliance on traditional models of health, including the biomedical and tissue healing models, will continue in the meantime, physiotherapists should consider that prognosis is not simply the timeframe to recovery instead, prognosis refers to the risk of future health outcomes specifically, in regards to MSDs, prognosis refers to the likely outcomes associated with pain, tissue health, and function. Each can impact the overall prognosis, have a prognosis of their own, and can occur simultaneously.

Lim et al., (2019) addressed aspects of patients perceived health information needs related to LBP within these studies, two major areas of patient-identified needs emerged: health information content-related needs; and needs related to information delivery and participants sought information about to the cause of LBP, underlying pathology and prognosis, with a consistent desire for a legitimate diagnosis and participants also wanted personalised information about self-management strategies, including the available support services, related to both healthcare and occupational issues. Underlying much of patients' needs for health information about LBP was the

strong need to obtain a ‘definitive diagnosis’, which underscored the perceived need for imaging for a diagnosis (Ali and May,2017).

A definitive diagnosis was perceived by many to justify, reassure and legitimise their LBP symptoms, and many were frustrated with the generic ‘age-related wear and tear’ explanations (Lim et al.,2019). However, this is contradictory to current evidence-based LBP management that strongly advises against routine back imaging in the absence of red flags, with imaging considered to be low-value healthcare and a potential driver for unhelpful beliefs (Rosenberg et al., 2015). This finding highlights the clear mismatch between patients perceived health information needs and clinicians’ knowledge in LBP management however, a trial examining the effect of reminders for clinicians committing to not image patients with uncomplicated low back pain following these guidelines failed to show any sustained decrease in clinicians’ routine LBP imaging orders and this was interpreted as indicating the significant role of patient factors (eg, needs and preferences) in explaining this mismatch despite patients’ strong desire for imaging to reach an accurate diagnosis to relieve anxiety about diagnosis, when performed, imaging was not associated with any psychological benefits(Kullgren et al., 2018).

Theoretically, individuals’ perceptions of not belonging and of poor social relationships might affect their responses to LBP and how they cope with. Body mass index (BMI) is significant prognostic factor, as overweight individuals are twice as likely to develop LBP compared to those with normal weight (Sany, Tanjim and Hossain, 2022). Nieminen, Pyysalo and Kankaanpää (2021) provide strong evidence that cognitive factors, such as attitudes, cognitive style and fear-avoidance beliefs, are related to the development of pain and disability in patients with back pain. Maladaptive behaviours, such as perceived risk of persistence, pain catastrophizing, somatization and coping by ignoring pain, were found to be risk factors in a to studied conduct by (Mehling et al.,2015). Low tolerance of pain was a significant risk factor in this review and the low pain threshold is a complex concept and combines both genetic and psychological aspects moreover in a study of pain thresholds in patients with chronic pain, there was a correlation between lower pain threshold and depressive tendency and hypochondriac concerns, Cognitive-behavioural therapy (CBT) has been identified as an effective intervention for chronic LBP; however, its utilization remains limited in Bangladesh

(Ali et al., 2022). Healthcare system factors also play a crucial role in shaping perceptions and treatment outcomes.

A study by Ali et al. (2022) found that 97.8% of physiotherapists in Bangladesh rely on imaging, such as X-rays and MRIs, for LBP diagnosis, often leading to unnecessary medical procedures furthermore, treatment approaches vary, with many physiotherapists still using non-recommended interventions, such as shortwave diathermy and traction, which lack evidence of effectiveness and the continued use of outdated treatment methods and an over-reliance on diagnostic imaging contribute to patient misperceptions regarding their prognosis, potentially reinforcing chronicity and dependence on medical interventions so the findings from the reviewed studies highlight the need for evidence-based approaches to managing LBP, particularly in Bangladesh, where a high prevalence and ineffective treatment strategies are prevalent. Addressing modifiable risk factors such as poor ergonomics, sedentary behaviours, and psychological barriers to recovery can improve patient outcomes additionally, incorporating CBT and exercise-based interventions, while discouraging the use of non-recommended treatments, could lead to better prognosis perceptions among individuals with LBP moreover future research should focus on understanding patient beliefs about recovery and developing targeted interventions that align with international best practices in LBP management (Traeger et al.,2016).

According to Henschke et al. (2008) individuals with a LBP considered prognosis an important concept to discuss and understand. the most obvious use of prognostic information is to provide patient specific estimates of prognosis to individual patients in primary care and the prognostic factors they identified are readily assessed in primary care that treatment should be targeted towards factors that have an adverse effect on recovery. According to Mullen et al. (2025) prognosis is an important consideration of physiotherapists as part of their clinical reasoning processes in the management of LBP and prognosis is associated with a high degree of uncertainty, and therefore requires strong and logical clinical reasoning skills moreover prognostic reasoning forces physiotherapists to consider factors beyond tissue healing timeframes.

Mullen et al. (2024) state the concept of prognosis appears to be mired in the biomedical model of health and the value of prognosis in the management of LBP appears to be under recognised at both an entry-level education and research level as well this is

despite this same value being recognised at a patient and healthcare system level and the consideration of prognosis within clinical practice can enhance outcomes for both individuals with a LBP and the healthcare system concept therefore, a greater emphasis on the teaching and research of prognosis and prognostic reasoning should be given.

3.1 Study Design

This study implemented an exploratory phenomenological approach to explore and understand the perceptions of participants (Teherani et al., 2015). A phenomenological approach was chosen as it allows for the rich description of complex phenomena through the exploration of an individual's lived experience (Neubauer, Witkop and Varpio, 2019). In this case how patients perceive the concept of prognosis specifically, descriptive phenomenological approach was chosen as it has been successfully implemented within healthcare research and enables the identification of themes by better understanding the experiences of individuals (Sugden and King, 2021). A qualitative study design was chosen as it is a holistic approach that heavily relies on accurate reporting in a natural environment without any control or restrictions imposed by the investigator. Moreover, qualitative approaches generally focus on specific individuals' perspectives regarding a certain topic which expresses the problems usually faced by individuals that discloses the broader aspect of the problem. In this research the objective of individual interview was to explore how they define prognosis; their perception of how prognosis impacts the course of their recovery. This exploratory qualitative study aims to investigate the perception of individuals with low back pain (LBP) towards their prognosis. A qualitative research approach was chosen to capture the depth and complexity of participants' experiences and beliefs regarding their condition. Participants were purposively selected from physiotherapy and rehabilitation centers where they were undergoing or had previously completed treatment. Ethical approval for the study was obtained from the relevant institutional ethics

3.2 Participants

Participants were recruited from musculoskeletal department of Tertiary level rehabilitation centre (musculoskeletal unit of the Centre for the Rehabilitation of the Paralyzed (CRP), Savar, Dhaka-1343. CRP is a renewed rehabilitation centre in Bangladesh). Patients were purposively selected from hospital data base and invited over phone to participate in the study. Data were collected from 19th February 2025 to 20th March 2025. A purposive sampling strategy was used to select individuals who

met the following inclusion criteria- aged 18–65 years, have a primary complaint of a LBP for which they were currently receiving treatment from a physiotherapist (Moser & Korstjens, 2018). Participants will be excluded if they take physiotherapy less than 7 days, neurological disorders, or cognitive impairments affecting communication were excluded from the study (Nayak, Mohapatra and Panda, 2019), Individuals who express unwillingness to participate in the study or who are unable to commit to the interview schedule, as their lack of engagement could compromise data quality and validity are excluded. Interested participants were invited to visit site of interview. A written consent or consent paper was read aloud depending on the level of literacy of the participants for obtaining formal permission. Recruitment continued until data saturation was achieved, determined by no new themes emerging in consecutive interviews (Hennink, Kaiser and Marconi,2017). Ten participants were enrolled, reflecting recommendations for qualitative sample sizes (Mullen et al.,2023).

3.3 Procedure

To conduct the study data was collected through using different types of data collection tools. The organized materials that were used for data collection were-mobile recorder, pen, pencil, clipboard, consent form, questionnaire. A semi-structured face-to-face interview with 10 participants in a mutually agreed quiet room. This data collection method generates in-depth information and provides flexibility. The interviewer used a written guideline with interview questionnaires. The interview guide was developed based on existing literature and expert input and focused on the following themes:(understanding of LBP and its prognosis, expectations regarding treatment outcomes), open-ended questions were used to allow participants to express themselves freely and provide detailed narratives about their experiences. The interview response was recorded on the electronic device with consent. Interviewers clarified the questions if requested or observed the issues of clarity. Data was collected in between 19th January 2025 to 20th Feb 2025. Each data was collected carefully and confidentiality is maintained. Each participant provided particular-time to collect data. Each questionnaire took approximately 10-15 minutes to complete.

During the face-to-face interview, the respondent completes a socio-demographic part of the questionnaire, which is formulated in accordance with the Bangladeshi context. Modified and additional words were used to make the questions more understandable

for the respondent. The main section of the interview (A guide for the interviewer) was formulated by the researchers based on existing literature and expert input, comprising open-ended questions designed to explore participants' beliefs and attitudes towards LBP prognosis. Two pilot interviews were conducted before finalizing the questioning guidelines. Following the pilot, questions were modified and rearranged. The interview session aimed to explore the participant's perception towards prognosis.

The interview begins with a simple question, for example, "Duration of LBP" "Have you been formally diagnosis with a specific condition related to LBP?" Then, they continued with key questions, for example, "How are you doing now?" "How did you learn about CRP?" Questions are also asked for clarification, for example. "Has your physiotherapist told you anything about your LBP?". If there was any connection from the preceding interview, the interviewer asked questions for the succeeding interview, for example. "How would you compare your condition before and after physiotherapy?" At the end of the conversion, participants also asked, "Do you want to give any other opinion about your LBP or current condition?"

3.4 Data analysis

The data was analyzed by thematic analysis. Thematic analysis as an independent qualitative descriptive approach is mainly described as "a method for identifying, analyzing and reporting patterns (themes) within data" (Skjott Linneberg and Korsgaard,2019). It has also been introduced as a qualitative descriptive method that provides core skills to researchers for conducting many other forms of qualitative analysis. This method was chosen for its structured approach in identifying patterns, themes, and relationships within qualitative data. The data analysis process involved several systematic stages to ensure rigor and accuracy. All interviews were transcribed verbatim by the primary investigator and then reviewed for accuracy. The transcripts were read multiple times to ensure familiarity with the data and to gain an in-depth understanding of the participant responses. To maintain accuracy in translation, all transcripts were first recorded in Bangla and then translated into English.

The smallest meaningful units of text were identified from the responses and segmented into distinct analytical units. Break down the data into smaller segments (words, phrases, sentences) for generate initial codes. A coding scheme was developed to categorize these units systematically. The coding framework was created iteratively,

ensuring that all relevant data were captured. Codes were assigned to the identified units based on their meanings and patterns.

All responses to each interview question were analyzed separately to maintain consistency in coding. Codes were refined over time to reflect the actual meanings expressed by participants, ensuring that their perceptions were accurately captured. The coding process was revisited multiple times to ensure reliability and prevent inconsistencies in interpretation. From the coded data, key themes and patterns were analyzed to develop conclusions regarding participants' perceptions of low back pain prognosis and making strong theme and sub-theme. The findings provided insights into their expectations, concerns, and beliefs regarding recovery and management. Thematic table will be use for this research.

3.5 Ethical consideration

The research proposal was submitted to the Institutional Review Board (IRB) of Bangladesh Health Professions Institute (BHPI) and approval was obtained from the Bangladesh Medical and Research Council (BMRC). The study adhered to the ethical guidelines of the World Health Organization (WHO). Following approval, further permission was obtained from the musculoskeletal department of CRP to carry out the study. Before participation, each participant was given a consent form outlining the study's title, objectives, confidentiality, and anonymity policies. Participants were informed that they could withdraw at any time without any repercussions. The researcher assured them that their participation would not be harmful and would not impact their personal or professional lives.

All collected information was securely stored, and participants' personal identities were kept confidential by using pseudonyms or social numbers instead of real names. Only the principal investigator had access to the data, and all raw data were destroyed after the completion of the study. Additionally, all computer files containing data were permanently deleted.

Participants were verbally informed that their information would be published but without revealing their names or addresses. Interview notes and recordings were kept confidential and were not shared with others. Before participating, each individual signed a written consent form, with a responsible physiotherapist signing as a witness alongside the researcher's signature.

The researcher ensured that there would be no direct benefits for the participants, but the knowledge gained from the study could potentially benefit others in the future. Ethical norms and values were strictly followed, and no ethical issues arose despite the inclusion of personal and sensitive questions. Participants were explicitly informed of their right to withdraw consent and discontinue participation at any stage without prejudice.

The researcher systematically processed the data through coding, categorization, and thematic analysis to ful-fill the objectives of the study. The aim of this explorative study was to understand the perception of individuals with low back pain towards their prognosis. Participants shared their personal experiences, expectations, and interpretations regarding their condition and recovery journey. Through careful analysis of these narratives, key themes were identified that reflect how individuals conceptualize prognosis in the context of pain, functionality, and treatment experiences. This chapter presents the findings aligned with the research objectives, supported and illustrated by direct quotations from participants. The descriptions of the themes are according to the answer of the participants.

Socio-demographic information at a glance:

4.1 Social-demographic information

Table-1: Socio-demographic information of the participant

Characteristics	Frequency(n)	Percentage%
Age		
20-35	4	40%
35-50	3	30%
50-65	3	30%
Gender		
Male	5	50%
Female	5	50%
Residential area		
Urban	7	70%
Rural	3	30%

4.1.1 Age range of the participants

The socio-demographic profile of the participants in this study included individuals across a broad adult age range. Among the ten participants, four individuals (40%) were between the ages of 20 to 35, representing the younger adult group. Three participants (30%) fell within the 35 to 50 age range, while the remaining three participants (30%) were aged between 50 to 65. This distribution ensured a diverse representation of perspectives, capturing variations in how individuals at different stages of adulthood perceive prognosis in the context of low back pain.

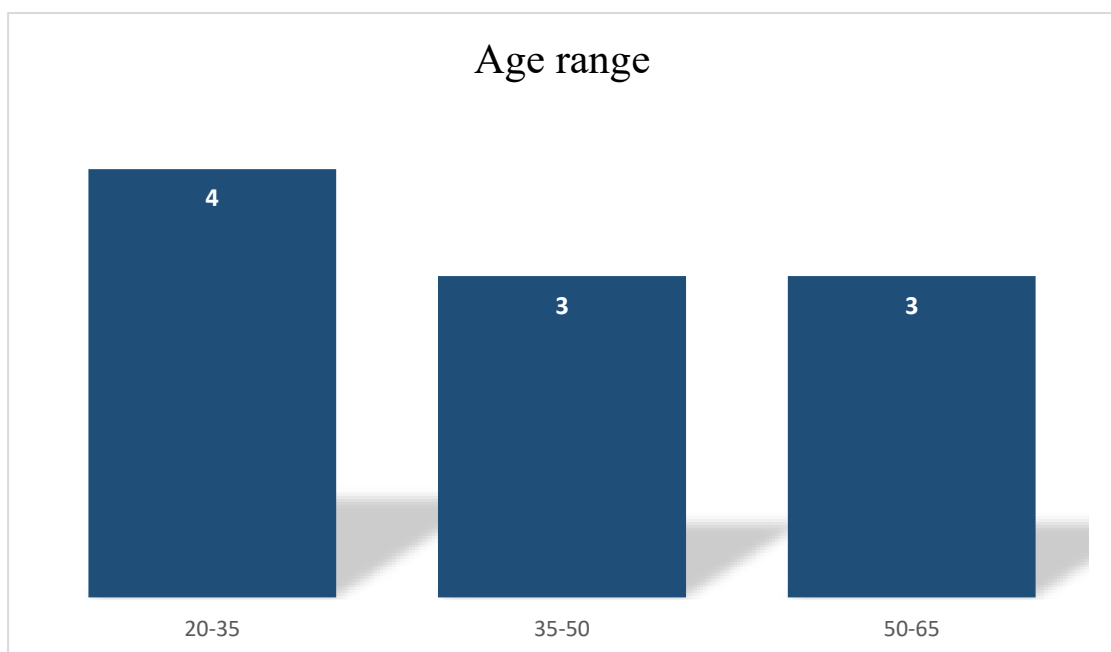


Figure-1: Age of the participants

4.1.2 Gender of the participants

The study included a total of ten participants with an equal gender distribution: 5 males (50%) and 5 females (50%). This balanced representation ensured that perspectives from both genders were equally considered in exploring the perception of prognosis among individuals with low back pain.

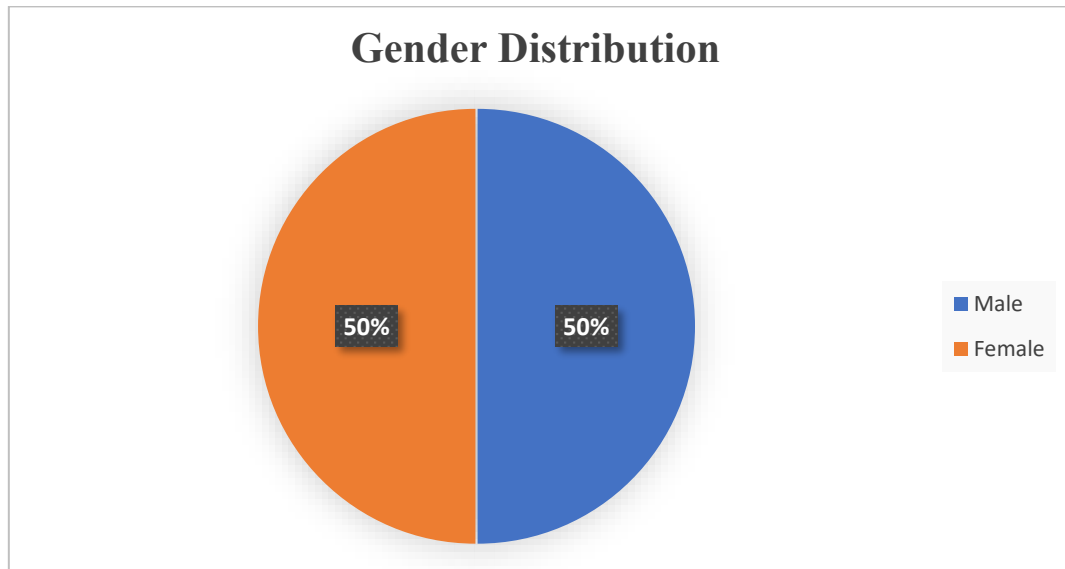


Figure-2: Gender of the Participants

4.1.3 Residential Area of the Participants

The residential background of the participants showed that the majority resided in urban areas. Specifically, 7 participants (70%) were from urban settings, while 3 participants (30%) lived in rural areas. This distribution reflects a predominantly urban sample, with insights also gathered from rural perspectives to ensure variability in lived experiences and perceptions related to prognosis in low back pain.

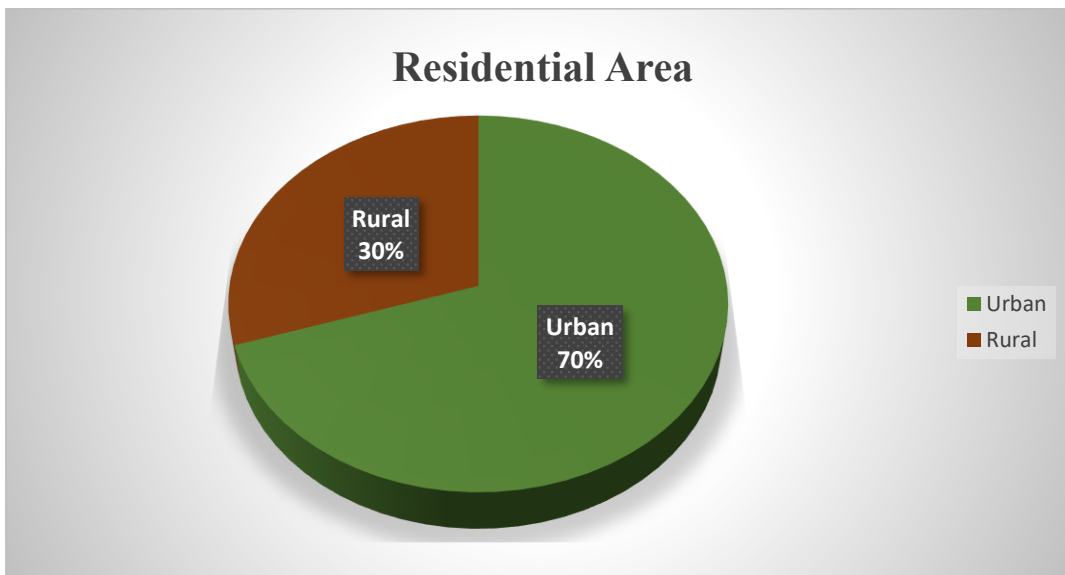


Figure-3: Residential Area of the Participants

4.1.4 Occupation of the Participants

The occupational background of the participants revealed a range of roles, with the majority being engaged in household responsibilities. Specifically, 5 participants (50%) were housewives, 2 participants (20%) were farmers, 1 participant (10%) was a teacher, and 2 participants (20%) were involved in other occupations. This variety provided diverse insights into how occupational roles may influence the perception of prognosis in individuals with low back pain.

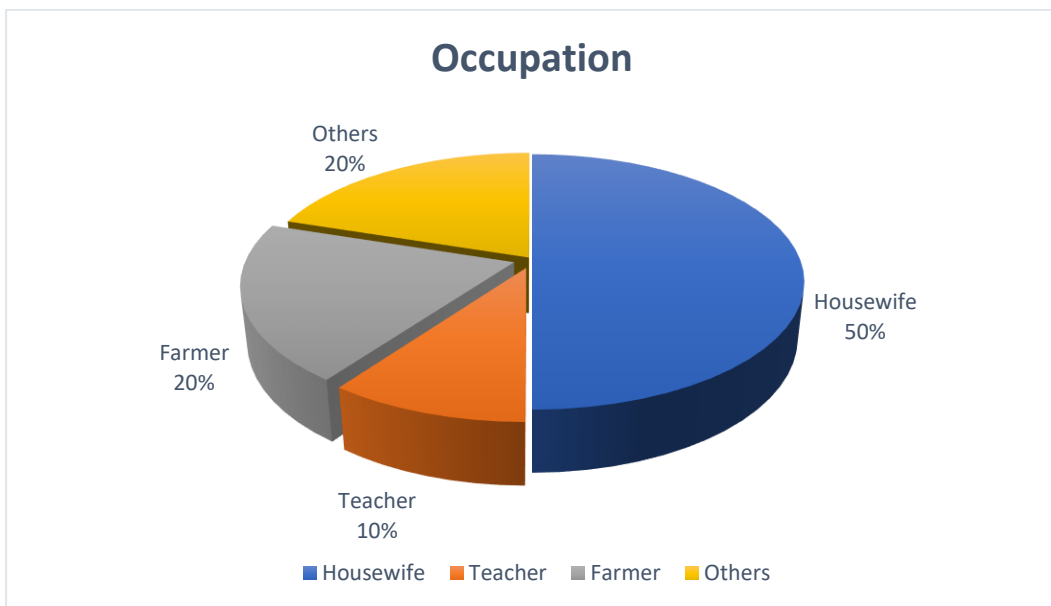


Figure-4: Occupation of the Participants

4.1.5 Duration of LBP

The duration of low back pain (LBP) among participants varied, reflecting different stages of their pain experience. 4 participants (40%) reported experiencing LBP for less than 3 months, while 2 participants (20%) had been dealing with it for 3 to 6 months. 3 participants (30%) experienced pain for 6 to 12 months, and 1 participant (10%) had been living with LBP for more than 12 months. This variation allowed for a comprehensive understanding of how prognosis perceptions may differ based on the chronicity of pain.

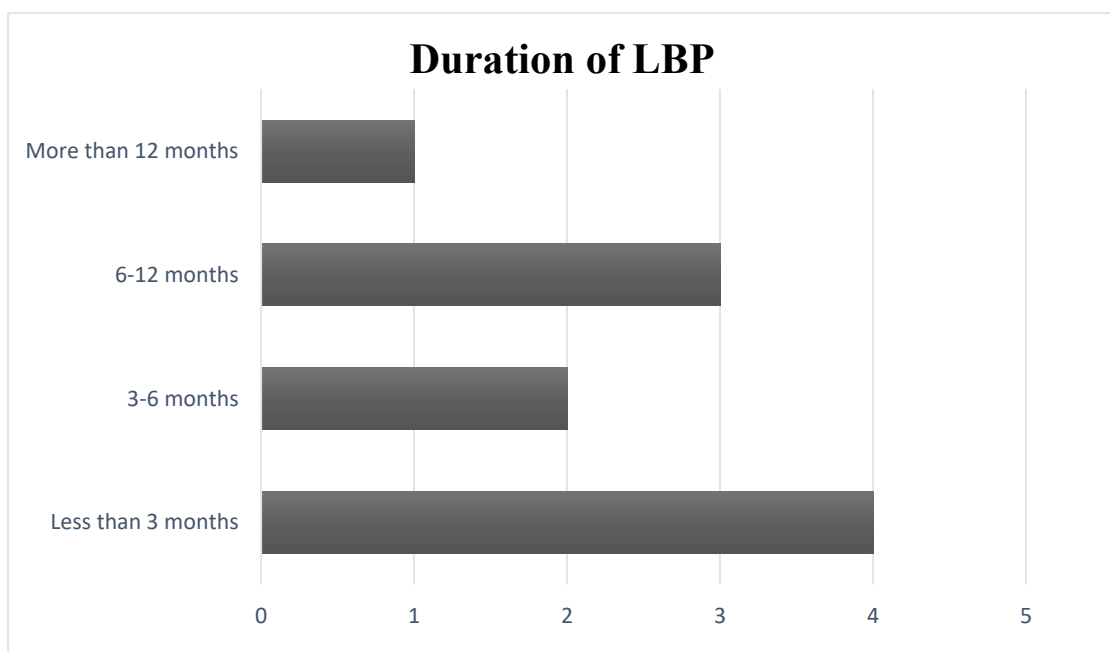


Figure-5: Duration of LBP

4.1.6 Undergoing Therapy

The participants in the study were at different stages of undergoing therapy for low back pain. 4 participants (40%) had been undergoing therapy for 1–2 weeks, another 4 participants (40%) for 2–4 weeks, and the remaining 2 participants (20%) had been in therapy for 4–8 weeks. This range highlights the varying lengths of exposure to physiotherapy among participants, which may influence their perceptions of prognosis and recovery.

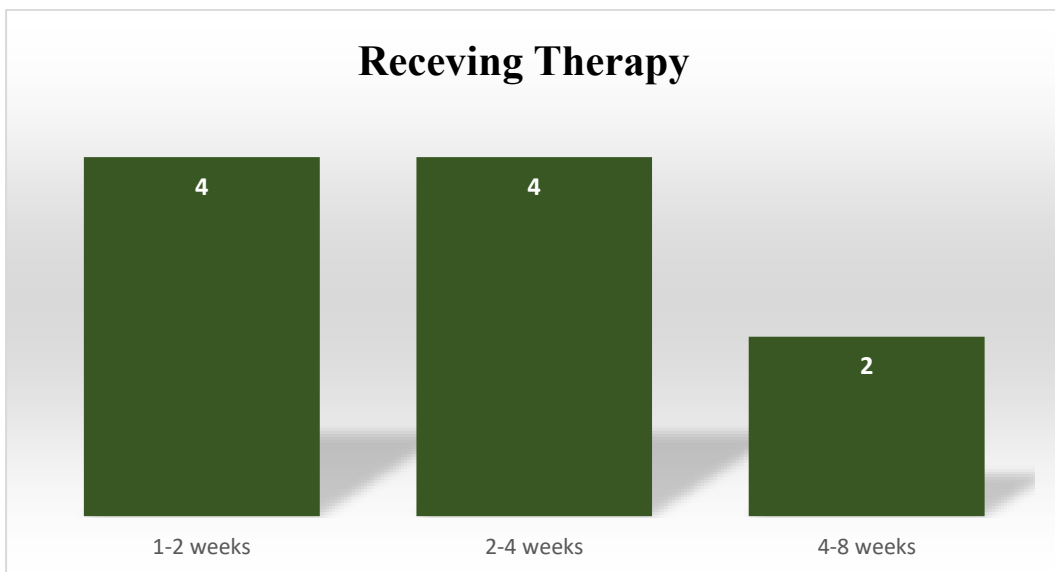


Figure- 6: Undergoing Therapy

4.2 Summary of the Themes that Emerged from Data Analysis

Theme-1: Perceived Meaning of Prognosis shapes recovery expectations of individuals with low back pain.

Table-2: Perceived meaning of prognosis

Coding	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	Total
Prognosis is understood as a combination of outcomes related to pain relief, and restoration of functional ability	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
Positive Prognosis Perceived When Pain Decreases and Functional Ability Returns	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	9
Poor Prognosis Perceived When Pain Persists and Daily Function Remains Limited	✓	✓	-	-	-	✓	✓	-	-	-	4
Perceptions Influenced by Doctors, Therapists, and Self opinion	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10

All the participants understood prognosis as a combination of pain relief and restored functional ability, rather than a single factor. For most (9 out of 10), a positive prognosis was linked to noticeable reductions in pain alongside the regained ability to carry out essential activities such as walking, cooking, bathing, or praying independently. These functional improvements gave participants a sense of progress and hope. Conversely, four participants who continued to experience persistent pain and functional limitations described their prognosis in negative terms, expressing frustration and a sense of discouragement. Their inability to resume normal routines shaped a more pessimistic view of recovery. Importantly, all ten participants emphasized that their understanding of prognosis was not formed in isolation. Conversations with physiotherapists and doctors played a crucial role in shaping their beliefs, offering reassurance, practical advice, and goal-oriented guidance. In addition, participants' personal reflections and lived experiences helped them develop more realistic expectations about the course of their recovery, often balancing hope with acceptance.

Theme-2: Pain intensity shapes prognostic outlook of individuals with low back pain

Table-3: Pain intensity shapes prognostic outlook

Coding	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	Total
Pain as a Limiting Factor in Function and Hope	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
Emotional and Psychological Impact of Chronic Pain	✓	✓	✓	-	✓	✓	✓	-	✓	✓	8
Adapting to the Idea of Lifelong Pain Management	✓	✓	-	-	✓	-	✓	-	✓	-	5

All participants believed that pain intensity played a central role in shaping their expectations about recovery. All ten participants described pain as a major barrier that directly limited their ability to function and reduced their hope for improvement. Eight participants reflected on the emotional and psychological toll of chronic pain, expressing feelings such as frustration, fear, sadness, and loss of control over their bodies. These emotional responses often led to uncertainty and negative perceptions of their prognosis. Additionally, five participants shared that they had begun to accept the possibility of living with some degree of pain long-term. Rather than focusing on complete elimination of pain, they shifted their expectations toward managing it and adapting their lifestyle accordingly. This shift reflects a growing awareness among participants that recovery may not mean full relief but instead learning to live meaningfully despite persistent symptoms.

Theme-3: Ability to perform daily activities shapes perceived prognosis among individuals with low back pain

Table-4: Ability to perform daily activities shapes perceived prognosis

Coding	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	Total
Defining Recovery Through the Ability to Perform Basic Tasks	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	9
Therapy Success Evaluated by Return to Routine	✓	-	✓	✓	✓	✓	✓	✓	-	✓	8

Nine participants expressed that their perception of recovery was closely tied to their ability to resume basic daily activities. They consistently defined recovery not in medical or diagnostic terms, but by their capacity to perform everyday tasks such as walking, cooking, bathing, going to the bathroom independently, or attending prayers. These functional milestones served as personal benchmarks for progress and were seen as more meaningful than clinical improvements alone. Majority (8 out of 10) participants evaluated the success of therapy based on their return to routine life. They viewed physiotherapy as effective when it allowed them to regain control over their day-to-day responsibilities and move toward independent living. This shared focus on functionality highlights how daily performance is central to how individuals with low back pain interpret their prognosis and measure their recovery journey.

Theme-4: Perceiving Pain Relief and Functional Recovery as Interconnected but Not Always Simultaneous

Table-5: Perceiving Pain Relief and Functional Recovery as Interconnected but Not Always Simultaneous

Coding	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	Total
Functional Progress Despite Ongoing Pain	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
Awareness That Recovery May Involve Uneven Progress in Pain and Function	✓	✓	✓	-	✓	-	✓	-	✓	-	6

All ten participants reported making functional progress during their recovery journey, even while some degree of pain persisted. They commonly shared experiences of being able to walk, cook, or perform daily tasks despite ongoing discomfort, highlighting that pain relief and improved function do not always occur at the same pace. Six participants explicitly demonstrated an awareness that recovery may involve uneven progress across different aspects—while physical mobility may return, pain might linger, or vice versa. This recognition shaped a more flexible and realistic understanding of prognosis. Rather than expecting complete symptom resolution, participants focused on regaining independence and coping with remaining symptoms. This theme underscores that individuals with low back pain often perceive functional recovery and pain relief as interconnected goals, but they do not necessarily expect them to improve simultaneously.

Theme-5: Perception of participants towards the treatment

Table-6: Perception of participants towards the treatment

Coding	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	Total
Trust and Satisfaction with the Therapeutic Relationship	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	9
Home-Based Activities and Education Seen as Empowering	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
Frustration with Delayed or Misguided Early Treatments	✓	✓	✓	-	-	✓	-	✓	✓	-	6
Mixed feelings in early stages of therapy	-	-	-	✓	✓	-	✓	-	-	✓	4

Nine participants expressed trust and satisfaction with their therapeutic relationship, often highlighting the role of attentive, empathetic, and communicative physiotherapists in shaping their recovery experience. They appreciated being listened to, receiving clear explanations, and having their treatment plans tailored to individual needs. Similarly, all participants found home-based activities—such as exercises, posture advice, and lifestyle modifications—empowering, as these gave them a sense of control over their condition beyond clinical sessions. However, six participants shared frustration with delayed or inappropriate early treatments, including ineffective medications, late referrals, or recommendations for unnecessary surgery. These experiences often led to prolonged suffering before finding effective care at CRP. Additionally, four participants reported mixed feelings during the early stages of therapy, expressing doubts about its effectiveness when improvements were not

immediate. Over time, these concerns diminished as their condition improved, but the initial uncertainty highlighted the emotional and psychological vulnerability experienced at the beginning of treatment.

Theme-6: Physiotherapy Expectations Framed by Lived Experiences and the Desire for a Pain-Free Life

Table -7: Physiotherapy Expectations Framed by Lived Experiences and the Desire for a Pain-Free Life

Coding	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	Total
Desire for a Return to a Pain-Free or Manageable Life	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
Balancing Realism with Optimism	✓	✓	✓	-	-	✓	✓	-	✓	-	6
Quality of Life as a Benchmark of Successful Recovery	✓	✓	✓	-	-	✓	✓	-	✓	-	6

All ten participants expressed a strong desire to return to a pain-free or manageable state, reflecting a core expectation from physiotherapy. Many described past suffering and disruption in daily life, and viewed the therapy as a pathway to regaining comfort and independence. Six participants shared a balanced outlook, acknowledging that while complete pain elimination may not be realistic, even partial improvement would significantly enhance their well-being. This balance between optimism and realism was shaped by their lived experiences and prior treatment outcomes. Additionally, six participants identified quality of life—such as being able to sleep well, walk without help, cook, or pray—as the true benchmark of successful recovery. Their expectations extended beyond clinical recovery to the ability to live meaningfully and independently. Together, these insights show that participants’ expectations were deeply shaped by personal experiences, and their hope from physiotherapy was centred on regaining both comfort and control over everyday life.

This qualitative study explored how individuals living with low back pain perceive their prognosis in the context of their daily lives and treatment experiences. Through in-depth qualitative interviews, six major themes were identified. The findings highlight that participants do not define prognosis in strictly medical terms but rather view it as a combination of pain reduction, functional recovery, and the ability to return to meaningful daily activities.

Theme-1: Perceived meaning of prognosis shapes recovery expectations of individuals with low back pain.

Prognosis is understood as a combination of outcomes related to pain relief, and restoration of functional ability.

According to transcript, all the participants in this study consistently defined prognosis as a multifaceted concept, incorporating both pain relief and the regain functional ability. Their understanding went beyond a simple medical diagnosis to include how well they were able to perform daily tasks and experience relief from pain.

One participant said-

"Before therapy, I was bedridden and couldn't even sit up, let alone walk or use the bathroom on my own. After starting the physiotherapy sessions, I could sit, walk, and even cook again. The pain has reduced a lot, and I can move around without feeling like I'm being held back. I believe my recovery is linked to both the relief of pain and being able to do things like before. As the pain decreased, I could get back to doing my daily tasks. That's how I know I'm getting better."(P1)

Another participant experiences the similar situation, starting with-

"When I first came here, my lower back pain was so severe that I couldn't even walk properly or stand up straight. Now, after a few sessions, the pain in my back has gone down, and I can walk more easily. But the pain in my chest still bothers me sometimes. For me, recovery is about being able to move and do the things I need to, even if the pain isn't completely gone. As long as I can function better, I know things are improving." (P2)

As outlined in a study by Mullen et al. (2023), individuals with musculoskeletal disorders (MSDs) often perceive prognosis as a combination of factors related to pain, tissue health, and functional ability. In their study, participants expressed that a good prognosis was not solely about pain relief, but also about being able to regain function and engage in activities that were once limited due to their condition.

This approach reflects a biopsychosocial model of understanding recovery, where physical health, functionality, and psychological aspects such as hope and emotional recovery are all interconnected. The need for healthcare providers, particularly physiotherapists, to communicate prognosis in terms of both pain relief and functional recovery is critical in managing expectations and encouraging patient engagement in the therapeutic process (Gardner et al., 2020).

Positive Prognosis Perceived When Pain Decreases and Functional Ability Return

This theme illustrates how a positive prognosis is typically linked to improvements in both pain relief and the restoration of functional ability. In this study, the majority of participants (90%, 9 out of 10) believe that a reduction in pain, coupled with the return of functional capabilities, were the key factors they used to define their recovery.

For example, one participant shared,

"Before therapy, I could hardly do anything, I was bedridden and needed help even for basic tasks. But now, after the therapy, I can sit, stand, walk, and even cook. Though I'm not able to climb stairs without support, I feel a huge improvement in my ability to do daily tasks and manage pain. This progress gives me hope that things will get better."(P1)

Similarly, another reflected,

"I can do most of my daily activities now, like going to the bathroom, climbing stairs, and doing housework, which I couldn't do before. Though the pain hasn't completely gone, it's a lot less, and I'm able to function better. This improvement in my pain and mobility makes me hopeful for further recovery."(P3)

According to Mullen et al. (2023), improvements in both functional ability and pain relief are critical components in determining a positive prognosis in individuals with musculoskeletal disorders, which aligns with participants' experiences in this study.

The integration of both factors is essential for setting realistic recovery goals and fostering hope in the therapeutic process.

Poor Prognosis Perceived When Pain Persists and Daily Function Remains Limited

In this study, a "poor prognosis" was predominantly perceived by 4 out of 10 participants when pain persisted or when they continued to experience significant limitations in daily functions. Several participants indicated that ongoing pain interfered with not only their physical abilities but also their emotional and psychological well-being.

One participant shared:

"Even after trying physiotherapy for weeks, I still feel the pain in my back, and it's hard to do my regular activities like walking or carrying groceries. It's just disappointing because I thought I'd feel better by now."(P3)

Another expressed:

"I can't even bend down to tie my shoes without feeling pain. The constant pain is discouraging, and it makes me think that my recovery might never happen as I had hoped."(P7)

The findings align with previous studies that have shown pain persistence and function limitations are closely associated with a poor prognosis. Participants who experienced persistent pain often reported a decreased capacity to engage in normal activities, which was perceived as a sign of poor recovery. This is consistent with literature suggesting that ongoing pain significantly affects both the prognosis and psychological outlook of individuals with low back pain (Mullen et al.,2023; Caneiro et al., 2021).

Perceptions Influenced by Doctors, Therapists, and Self opinion

In this study, all 10 participants shared that their perceptions of prognosis were significantly influenced by their interactions with healthcare providers (doctors and therapists) as well as their personal reflections. Many participants highlighted how the advice and support they received from doctors and physiotherapists shaped their understanding of their recovery process and influenced their expectations.

One participant mentioned-

“When I first saw the doctor, I was told it would take a long time for my back to fully heal, but I was given exercises and pain management tips that helped me manage the situation. The physiotherapist gave me hope by showing me exercises that could improve my flexibility and strength. I took it as a challenge and worked on it every day.” (P1)

Another participant similarly said

“The doctors told me that I should expect to live with some pain for the rest of my life, but that physiotherapy would help me manage it. The physiotherapist was very encouraging and gave me a lot of exercises that made a difference in my daily life. My own assessment of how much I could do without pain also helped me stay realistic about my recovery.” (P5)

Mullen et al. (2023) found that perceptions of prognosis among individuals with musculoskeletal disorders are heavily influenced by both the medical advice they receive and their personal assessments of their symptoms.

Theme-2: Pain intensity shapes prognostic outlook of individuals with low back pain

Pain as a Limiting Factor in Function and Hope

In this study, all 10 participants expressed that pain significantly restricted their ability to perform everyday activities and had a profound impact on their sense of hope and emotional well-being.

One participant shared

“I couldn't even get out of bed on my own. My back would lock up, and I had to rely on others just to move. At that point, I really started to lose hope. I felt like my body had betrayed me.” (P2)

Other participant described,

“Before the pain started, I was very active. I used to play with my grandchildren, go shopping, do house chores. But now, I can't even stand for long without feeling like I'll collapse. It's frustrating and makes me feel useless.” (P6)

These narratives are consistent with findings from Mullen et al. (2023), who noted that individuals with musculoskeletal disorders often experience a loss of functional ability that directly influences their perception of prognosis.

The study emphasized that pain, especially when persistent and poorly understood, can negatively affect an individual's confidence in recovery and reduce engagement in therapy.

Furthermore, findings indicate that pain impacts on prognosis by limiting an individual's function, emotional distress and participation in exercise and rehabilitation due to beliefs of pain causing damage, which is well recognized (Caneiro, Bunzli and O'Sullivan, 2021).

Emotional and Psychological Impact of Chronic Pain

In this study, 9 out of 10 participants revealed that chronic low back pain had a deep emotional and psychological impact on their lives. Participants shared feelings of fear, anxiety, frustration, helplessness, and even depression resulting from prolonged pain and functional loss.

One participant mentioned-

“Sometimes the pain is so intense, I just sit and cry. I feel like no one understands what I’m going through. It’s not just physical—it’s emotional. I’m scared it will never end.” (P4)

Another participant expressed-

“It’s not only about the pain in my back. It’s about waking up every day wondering if today I’ll be able to get through my chores or if I’ll end up stuck in bed again. It’s draining, and I’ve started to feel isolated because I avoid social events.” (P8)

These reflections are in line with findings from Mullen et al. (2023), who reported that receiving a prognosis can have both positive and negative psychological effects. While clear communication and empathy from physiotherapists can give hope and motivate patients, a lack of clarity or unmet expectations can worsen psychological outcomes.

The study emphasized that physiotherapists must be aware of the emotional toll of chronic pain and integrate psychological support and realistic yet compassionate communication into their practice. As Martinez-Calderon et al. (2018) noted, chronic musculoskeletal pain often has significant psychological repercussions, making it critical to address both mind and body in patient care.

Adapting to the Idea of Lifelong Pain Management

In this study, 5 participants recognized and accepted that managing their low back pain might be a long-term or even lifelong process. This realization often came after repeated pain episodes, incomplete recoveries, or learning from healthcare professionals that chronic pain could persist despite treatment.

One participant shared-

“At one point, I realized this isn’t going away completely. So, I told myself, ‘You have to deal with this smartly.’ Now, I do the exercises daily and avoid heavy lifting. It’s like learning to live with a condition, not fight it every day.” (P3)

Another participant mentioned-

“I keep my medications nearby, I do my stretches in the morning and evening, and I stopped trying to ‘push through’ the pain. My doctor told me it’s about management, not elimination. I’ve made peace with that.” (P7)

These accounts align with Mullen et al. (2023), who found that participants often develop a better sense of control and resilience once they accept the nature of chronic musculoskeletal conditions. The study highlighted that patient education, ongoing dialogue with physiotherapists, and setting realistic expectations can empower individuals to engage in long-term management strategies.

As supported by Cook and Décary (2020), viewing prognosis as a multifactorial, evolving process—rather than a fixed recovery timeline—can promote higher value care and better outcomes for chronic pain patients.

Theme-3: Ability to perform daily activities shapes perceived prognosis among individuals with low back pain

Defining Recovery Through the Ability to Perform Basic Tasks

In this study, all participants shared that they defined their recovery through the ability to perform basic daily tasks. For these participants, recovery was not simply the absence of pain but rather the ability to regain the functionality needed to carry out routine activities such as walking, household chores, and self-care.

One participant mentioned—

“When I first started physiotherapy, I couldn’t even stand up without feeling pain. Now, I can do basic things like washing dishes or walking around the house without too much trouble. That’s when I realized I’m on the right path to recovery.” (P3)

Another participant similarly said—

“Before my back pain started, I was very active. But now, being able to carry groceries again or walk for 30 minutes without feeling stuck is huge for me. I’m not pain-free, but I’m back to doing what I need to do.” (P6)

These responses are consistent with findings from Mullen et al. (2023), which emphasize that individuals with LBP often view recovery not solely as the absence of pain but as the return to essential functions and daily activities. Participants who felt that they could perform basic tasks such as household chores or walking without assistance were more likely to define themselves as “recovered,” even in the presence of ongoing pain.

Therapy Success Evaluated by Return to Routine

In this study, 80% of participants (8 out of 10) evaluated the success of their therapy based on their ability to return to their normal routine activities. For these participants, therapy was deemed successful if they could resume daily tasks like walking, working, household chores, or socializing with family and friends, all without experiencing debilitating pain

One participant shared—

"Before therapy, I couldn't sit through a full class. I couldn't even stand for long periods or walk properly. Now, after therapy, I'm able to do most of my daily tasks like walking without support, climbing stairs, and working again. The improvement has been significant." (P4)

Another participant noted—

"Before therapy, I couldn't even walk short distances. After a few weeks of therapy, I'm now able to do my work, even drive my rickshaw for short distances. It's not 100%, but the improvement has made my life manageable again." (P7)

These reflections align with Mullen et al. (2023), who highlighted that patients with musculoskeletal disorders often evaluate therapy success based on their ability to return to normal daily routines rather than achieving complete pain relief.

This view emphasizes the functional aspects of recovery, where returning to work or household duties is often seen as the most important indicator of therapeutic success.

Theme-4: Perceiving pain relief and functional recovery as interconnected but not always simultaneous

Functional Progress Despite Ongoing Pain

In this study, all 10 participants shared that their functional recovery was evident even though they continued to experience ongoing pain. Participants acknowledged that while pain was still a part of their lives, the ability to perform basic tasks like walking, standing, and carrying out household chores was a clear marker of improvement.

One participant mentioned—

“While I still experience some pain, I can now stand and walk without much difficulty, which I couldn’t do earlier. So, even though I am still in pain, I am able to do more than before.” (P1)

Another participant similarly said—

“I still feel some discomfort after standing for a long period, but I am able to do most of my daily tasks now. So, it’s not perfect, but I’m able to live more independently.” (P4)

As highlighted by Mullen et al. (2023), a tailored approach that integrates pain management with functional goals is essential for improving quality of life in individuals with low back pain.

According to research by Lentz et al. (2020), personalized care plans not only reduce pain but also improve functional outcomes, allowing individuals to engage more effectively in daily activities. This supports the idea that functional progress is possible even when pain remains a constant challenge.

Awareness That Recovery May Involve Uneven Progress in Pain and Function

In this study, 6 participants shared that they recognized the uneven nature of recovery, where pain and function did not progress simultaneously. Reported that while they experienced improvements in their ability to perform daily tasks, pain would persist or fluctuate. This awareness of uneven progress shaped their expectations and understanding of recovery.

One participant mentioned—

“I can now do more around the house and even go for short walks, but the pain still comes and goes. It’s frustrating, but I’ve come to realize that getting better doesn’t always mean the pain will be gone completely.” (P2)

Another participant said—

“Even though I can do more now, like lifting light groceries and working at my desk, the pain still creeps up every evening. I’ve accepted that it’s a slow process, and I just have to take it one step at a time.” (P8)

These reflections align with findings from Mullen et al. (2023), who noted that many individuals with musculoskeletal disorders experience gradual improvements in function, but pain often persists or fluctuates during the recovery process. This underscores the importance of setting realistic expectations for recovery, where functional progress is valued alongside the ongoing management of pain.

Research by Artus et al. (2017) further emphasizes that recovery is often non-linear, with patients experiencing periods of both improvement and regression. It is essential that healthcare providers support patients in understanding this process, as acknowledging these fluctuations can enhance patient resilience and long-term recovery outcomes.

Theme-5: Perception of participants towards the treatment

Trust and Satisfaction with the Therapeutic Relationship

In this study, all participants expressed strong trust and satisfaction with the therapeutic relationship they had developed with their healthcare providers. For these participants, the trust they placed in their doctors and physiotherapists played a crucial role in their treatment experience and overall recovery

For example, one participant mentioned,

"The physiotherapist took the time to explain everything, and I felt really listened to. Knowing that they genuinely cared about my recovery helped me trust the process and stay committed." (P1)

Similarly, another shared,

Another participant echoed similar sentiments, saying,

"The trust I have in my therapist has made all the difference. Knowing that they care about my well-being motivates me to stay committed to the treatment plan." (P6)

Research by Ahern et al. (2020) highlights that trust in healthcare providers directly correlates with better treatment adherence and greater patient satisfaction.

Home-Based Activities and Education Seen as Empowering

A large majority of individuals felt that being given specific home exercises and educational resources allowed them to take control of their recovery and make informed decisions about their care.

One participant mentioned,

"The exercises I do at home have really helped me feel more in control. Knowing how to manage my pain on my own gives me confidence that I can improve even when I'm not at the clinic." (P1)

Another participant expressed,

"The educational materials I received helped me understand my condition better. I feel empowered knowing that I can make changes to my routine that will support my recovery." (P8)

Home-based activities and education are essential components of low back pain, providing patients with the tools to take an active role in their recovery. As Mullen et al. (2023) emphasize, when patients are educated about their condition and given the resources to manage it at home, they are more likely to engage in self-care and make steady progress.

Frustration with Delayed or Misguided Early Treatments

6 participants expressed frustration with delayed or misguided early treatments, which they felt significantly impacted their recovery process. 60% of individuals noted that receiving inadequate or delayed treatment in the early stages of their low back pain led to longer recovery times and increased uncertainty about their prognosis.

One participant shared,

"I felt let down by the initial treatments. I wasn't given the right guidance early on, and it took much longer to feel any improvement. I only started seeing real progress after I switched to a more tailored approach." (P3)

Another participant echoed similar feelings, stating,

"I spent months with treatments that didn't work for me, which was incredibly frustrating. It wasn't until I found the right therapist that I finally started seeing some positive changes." (P7)

As highlighted by Mullen et al. (2022), when patients do not receive timely and appropriate care, it can lead to prolonged pain, loss of confidence, and a delayed recovery trajectory. Early intervention with the right treatment approach is critical to preventing such setbacks.

Mixed Feelings in Early Stages of Therapy

4 participants acknowledged that while they were optimistic about the potential benefits of treatment, they also faced moments of doubt and frustration when immediate results were not evident.

One participant shared,

"At first, I was hopeful that the therapy would work, but after a few sessions, I felt like I wasn't making much progress. It was hard not to feel discouraged, but I kept going because I knew it might take time." (P2)

Another participant expressed,

"I had moments of doubt. Sometimes the pain didn't seem to improve as fast as I expected, and it left me questioning if the therapy was really helping. But eventually, I realized it was about the long-term process, not just quick fixes." (P5)

Research by Ahern et al. (2020) supports these findings, noting that the initial phases of therapy often involve fluctuating outcomes. It is crucial for healthcare providers to set realistic expectations and encourage patience, as this can help patients navigate the emotional ups and downs of recovery and stay committed to their treatment plan.

Theme-6: Physiotherapy expectations framed by lived experiences and the desire for a pain-free life

Desire for a Return to a Pain-Free or Manageable Life

All participants expressed a strong desire to return to a pain-free or more manageable life, with many emphasizing that their ultimate goal was to regain the ability to perform daily activities without significant discomfort.

One participant shared,

"I just want to go back to living my life without constantly thinking about the pain. It's not about being completely pain-free, but being able to do the things I love without it holding me back." (P4)

Another participant saying,

"The pain is always there, but I just want to reach a point where I can manage it better, so it doesn't interfere with my day-to-day life. That's my goal, to live without it controlling me." (P6)

According to Ahern et al. (2020), patients with chronic musculoskeletal conditions often express a strong desire to reduce pain to a manageable level, which improves their overall quality of life. This goal of managing pain, rather than eliminating it entirely, aligns with a biopsychosocial approach to treatment, which recognizes the complexity of pain and its impact on both physical and emotional well-being.

Balancing Realism with Optimism

A significant (6 out of 10) noted that while they recognized the challenges of managing low back pain, maintaining a hopeful outlook about their progress was essential to staying motivated and engaged in therapy.

One participant shared,

"I know my recovery isn't going to be quick or easy, but I try to stay positive. I focus on the small wins, like being able to walk a little farther or lift a little more. It keeps me going." (P3)

Another participant added,

"It's tough, and I have to be realistic about the fact that I might always have some pain, but I'm optimistic that I can manage it and still have a good quality of life." (P8)

Balancing realism with optimism is crucial for individuals dealing with chronic pain. As Mullen et al. (2022) point out, understanding that recovery is often a gradual and non-linear process helps patients set achievable goals, while maintaining a positive attitude about progress can foster resilience in the face of setbacks.

Quality of Life as a Benchmark of Successful Recovery

6 out of 10 individuals emphasized that being able to resume daily activities, improve their physical and emotional well-being, and regain independence were the most important indicators of progress.

One participant shared,

"I've accepted that I might always have some discomfort, but the real success for me is being able to get back to doing things with my family, going for walks, and enjoying life again." (P2)

Another participant expressed,

"Success for me isn't just about the pain. It's about being able to take care of myself, go to work, and feel like I have a sense of normalcy again." (P6)

Research by Ahern et al. (2020) supports this, noting that quality of life, including the ability to participate in meaningful activities and experience improved mental health, should be prioritized in treatment goals.

6.1 Conclusion

This explorative qualitative study provides important insights into how individuals with low back pain (LBP) perceive their prognosis. Participants commonly linked prognosis to pain, function, and return to daily activities, but their understanding was shaped by personal experiences, healthcare interactions, and psychological factors. Many emphasized the value of clear communication and personalized care in setting realistic expectations and supporting recovery. Frustration with delayed or ineffective early treatments often led to a more uncertain and prolonged recovery. Rather than expecting complete pain relief, most participants aimed to regain independence and manage daily tasks—highlighting a shift toward functional outcomes and quality of life. This reflects a shift from the traditional view of recovery as the complete elimination of symptoms, highlighting the importance of quality of life and functional outcomes in the recovery process. These findings underscore the need for a holistic, patient-centered approach that considers both physical and psychological aspects of recovery. Future research should explore long-term outcomes with larger, more diverse samples to deepen understanding of the pain-function-recovery relationship in LBP.

6.2 Recommendation

Future research should explore the long-term effect of patients prognostic beliefs on actual recovery outcomes over time. While this study provided rich insight into how individuals perceive prognosis during or shortly after physiotherapy, it did not assess how these beliefs evolve or influence long-term adherence, functional improvement, or psychosocial adaptation. A prospective mixed-methods study could track patients with low back pain over several months to assess how their expectations, coping strategies, and experiences with healthcare communication shape recovery trajectories. While this qualitative study has provided valuable insights into how individuals with low back pain perceive their prognosis, future research could benefit from a quantitative cross-sectional approach. A cross-sectional study design would allow researchers to explore associations between prognostic beliefs and measurable clinical variables such as pain intensity, functional disability, therapy adherence, and psychological well-being in a larger and more diverse population. Furthermore, insights from this qualitative study can inform the development of structured survey instruments for the cross-sectional study, ensuring cultural relevance and construct validity. Ultimately, such research could inform tailored patient education, improve prognosis communication strategies, and guide evidence-based physiotherapy practices in Bangladesh and similar low-resource settings

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Appendix-1



বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)

Ref: CRP-BHPI/IRB/12/2024/1027

Date: 15/12/2024

To
Romana Jaman Riya
4th Year B.Sc. in Physiotherapy
Session: 2019-20, Student ID: 112190509
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of the thesis proposal “Perception of Individual with Low Back Pain towards Prognosis: An exploratory qualitative study” by ethics committee.

Dear Romana Jaman Riya,
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 and Md. Waliul Islam, Lecturer, Department of Physiotherapy, BHPI, CRP as your thesis supervisor. The following documents have been reviewed and approved:

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

The purpose of the study is to explore the perceptions of prognosis of individuals with LBP; how they define prognosis; their perception of how prognosis impacts the course of their recovery. The study involves single semi- structured one-on-one interviews to allow for exploration of the patient experience and that may take 20 to 30 minutes to answer the questionnaire and there is no likelihood of any harm to the participants and participation in the study may benefit the participants or other stakeholders. The members of the Ethics committee have approved the study to be conducted in the presented form at the meeting held at 9AM on 15th July, 2024 at BHPI (44th IRB Meeting).

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring during 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
Associate Professor & Course Coordinator, MRS
Member Secretary, Institutional Review Board (IRB)
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Appendix-2

28th December, 2024

Head

Department of Physiotherapy

Centre for the Rehabilitation of the Paralysed (CRP)

Chapain, Savar, Dhaka-1343

Through: Head, Department of Physiotherapy, BHPI.

Subject: Application for seeking permission to collect data for conducting research project.

Sir,

With due respect and humble submission to state that I am Romana Jaman Riya, a student of 4th year B.Sc. in physiotherapy at Bangladesh Health Professions Institute (BHPI). The Ethical committee has approved my research project entitled: "The Perception of Individuals with Low Back Pain towards Prognosis: An Exploratory Qualitative Study" under the supervision of MD. Waliul Islam, Lecturer, Department of Physiotherapy, BHPI. I want to collect data for my research project from the Department of Physiotherapy at CRP. So, I need permission for data collection from the Musculoskeletal Unit of Physiotherapy Department at CRP-Savar, Dhaka-1343. I would like to assure that anything of the study will not be harmful for the participants and the Department itself.

I, therefore pray and hope that you would be kind enough to grant my application and give me permission for data collection and oblige thereby.

Yours faithfully,

Romana Jaman Riya
Romana Jaman Riya

4th Year B.Sc. in Physiotherapy

Class Roll: 20; Session: 2019-20

Bangladesh Health Professions Institute (BHPI)

(An academic Institution of CRP)

CRP-Chapain, Savar, Dhaka-1343.

Forwarded
scdu
Dr. Shazal Kumar Das, PhD
Assistant Professor and Head
Department of Physiotherapy
BHPI, CRP, Savar, Dhaka-1343.

Waliul
Md. Waliul Islam
Lecturer-Physiotherapy
Bangladesh Health Professions
Institute (BHPI)

Approved
Al Hossain
31/12/24

Prof. Dr. Mohammad Anwar Hossain, PhD
Professor Physiotherapy Department BHPI
Senior Consultant & Head
Physiotherapy Department
CRP, Savar, Dhaka-1343

Appendix-3

Information sheet (English)

Research study title: The perception of individuals with low back pain towards prognosis: An exploratory qualitative study

Objective of the study:

1. This study aimed to explore the perceptions of prognosis of individuals with LBP; how they define prognosis; their perception of how prognosis impacts the course of their recovery.
2. To collect the socio-demographic information of the person with LBP.

Participants of the study: Patients with LBP, aged 18 and above.

Data collection procedure: If you participate in this study, you will be asked to some personal and other related information for the study by using a questionnaire. This will take approximately 10-15 minutes of your time.

Benefits of participations: Participants will have the opportunity to reflect on, share and more aware of their thoughts and feelings about their low back pain. Additionally, your participation and better statements are likely to help us find the answer to the research questions and in future study it may benefitted to the researcher.

Risks of participations: We do not foresee any risk or discomfort from your participation in the study.

Economic benefits: You will not be given any money or gifts to take part in this research.

Confidentiality: All information provided by you will be treated as confidential it will ensure that the source of information remains secret. Also, your name will not appear anywhere and no one except me will know about your specific answers.

Voluntary participation: Yours participation in this study is voluntary, so you may choose to participate or not. Your decision will not to volunteer will not influence the treatment you may be receiving either now or in the future. If you do not wish to continue, you have the right to withdraw from the study, without penalty, at any time.

Who to contact: If you have any query, you may ask me now or later, even after the study has started. If you wish to ask questions later, you may contact any of the following:

Researcher:

Romana Jaman Riya

4th Professional B.Sc. in Physiotherapy

Bangladesh Health Professions Institute (BHPI)

Or,

My research supervisor:

Md. Waliul Islam

Lecturer, Department of Physiotherapy

Bangladesh Health Professions Institute (BHPI), CRP, Savar, Dhaka- 1343.

Consent certificate

A) Participant or witness:

1. Did you understand the information sheet?

Yes

No

2. Do you have anything else to know?

Yes

No

(If yes,)

3. Do you understand that you will not benefit financially from this research?

Yes

No

4. Are you allowed to ask questions?

Yes

No

5. Do you consent to your information being recorded?

Yes

No

6. Have you got enough time to decide?

Yes

No

7. Are you consenting to participate in this study?

Yes


No

Name of Participant _____

Signature of Participant _____ Date _____

If participant is Illiterate

Name of literate witness _____

Thumb print of participant 

Signature of literate witness _____ Date _____

B) Researcher:

I explained the above study precisely to the participant and the participant indicated willingness to participate in the study.

Name of Researcher _____

Signature of Researcher _____ Date _____

Questionnaire (English version)

Thank you for participating in this questionnaire. The purpose of this study is to explore the perception of prognosis of individuals with LBP. Below is the questionnaire designed to gather relevant data from the patients with LBP.

Please answer every section and mark one option from each which is most appropriate.

Part- I: Patient's Identification:

Date:

Patient's name:

Patient's ID:

Mobile No:

Address:

Part- II: Socio-Demographic Information:

No.	Question	Response
1.	Age	_____ years
2.	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
3.	Occupation	
4.	Duration of LBP	<input type="checkbox"/> Less than 3 months <input type="checkbox"/> 3-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> More than 12 months
5.	Residential area	<input type="checkbox"/> Urban <input type="checkbox"/> Rural
6.	The time of undergoing therapy	<input type="checkbox"/> 1-2 weeks <input type="checkbox"/> 2-4 weeks <input type="checkbox"/> 4-8 weeks

Part-III: This part is designed to explore the perceptions of patients with LBP towards prognosis.

6. How is your current condition?

Ans:

7. How did you learn about CRP?

Ans:

8. Has your physiotherapist informed you about your back pain?

Ans:

9. How would you compare your condition before and after physiotherapy?

Ans:

10. How helpful do you think the treatment you are receiving is for your recovery?

Ans:

11. What are your expectations from physiotherapy?

Ans:

12. Do you have any other comments regarding your pain or current condition?

Ans:

তথ্যপত্র (বাংলা)

গবেষণা অধ্যয়নের শিরোনাম: লো ব্যাক পেইনের (LBP) রোগীদের প্রগনোসিস সম্পর্কে ধারণা: একটি অনুসন্ধানমূলক গুণগত গবেষণা।

গবেষণার উদ্দেশ্য:

1. এই গবেষণার মাধ্যমে লো ব্যাক পেইন আক্রান্ত ব্যক্তিদের প্রগনোসিস সম্পর্কে ধারণা, তারা কিভাবে এটি সংজ্ঞায়িত করে এবং এটি তাদের সুস্থতার গতিপথে কীভাবে প্রভাব ফেলে তা অন্বেষণ করা।
2. লো ব্যাক পেইন আক্রান্ত ব্যক্তিদের সামাজিক-জনসংখ্যাভিত্তিক তথ্য সংগ্রহ করা।

গবেষণার অংশগ্রহণকারীরা: লো ব্যাক পেইন (LBP) আক্রান্ত ১৮ বছর বা তদূর্ধ্ব বয়সের রোগীরা।

তথ্য সংগ্রহ পদ্ধতি: আপনি যদি এই গবেষণায় অংশগ্রহণ করেন, তবে আপনাকে একটি প্রশ্নাবলীর মাধ্যমে ব্যক্তিগত ও অন্যান্য সম্পর্কিত তথ্য প্রদান করতে হবে। এটি প্রায় ১০-১৫ মিনিট সময় নেবে।

অংশগ্রহণের সুবিধা: অংশগ্রহণকারীরা তাদের লো ব্যাক পেইন সম্পর্কে চিন্তা ও অনুভূতিগুলো শেয়ার করার সুযোগ পাবেন। এছাড়া, আপনার অংশগ্রহণ গবেষণার প্রশ্নগুলোর উত্তর খুঁজতে সহায়তা করবে এবং ভবিষ্যতে গবেষকদের জন্য উপকারী হতে পারে।

অংশগ্রহণের ঝুঁকি: এই গবেষণায় অংশগ্রহণের ফলে কোনো ঝুঁকি বা অস্বস্তির সম্ভাবনা নেই।

অর্থনৈতিক সুবিধা: এই গবেষণায় অংশগ্রহণের জন্য আপনাকে কোনো অর্থ বা উপহার প্রদান করা হবে না।

গোপনীয়তা: আপনার দেওয়া সকল তথ্য গোপন রাখা হবে এবং উৎস সম্পর্কে কোনো তথ্য প্রকাশ করা হবে না। আপনার নাম কোথাও উল্লেখ করা হবে না, এবং শুধুমাত্র গবেষক আপনার উত্তর সম্পর্কে অবগত থাকবেন।

স্বেচ্ছাসেবী অংশগ্রহণ: এই গবেষণায় অংশগ্রহণ সম্পূর্ণ স্বেচ্ছাসেবী ভিত্তিক। আপনি ইচ্ছা করলে অংশগ্রহণ করতে পারেন অথবা না করতে পারেন। আপনার অংশগ্রহণ না করার সিদ্ধান্ত বর্তমান বা ভবিষ্যতে কোনো চিকিৎসা প্রক্রিয়াকে প্রভাবিত করবে না। আপনি যেকোনো সময় বিনা শাস্তিতে এই গবেষণা থেকে সরে যেতে পারেন।

যোগাযোগের তথ্য:

যদি আপনার কোনো প্রশ্ন থাকে, আপনি এখন বা গবেষণা চলাকালীন যেকোনো সময়ে তা জিজ্ঞাসা করতে পারেন।

গবেষক:

রোমানা জামান রিয়া

৪র্থ বর্ষ, বিএসসি ইন ফিজিওথেরাপি

বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (BHPI)

গবেষণা সুপারভাইজার:

মোঃ ওয়ালিউল ইসলাম

প্রভাষক, ফিজিওথেরাপি বিভাগ

বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (BHPI), CRP, সাভার, ঢাকা-১৩৪৩

সম্মতি সনদ

ক) অংশগ্রহণকারী বা সাক্ষী:

1. আপনি কি তথ্যপত্রটি বুঝেছেন?
 - হ্যাঁ
 - না
2. আপনার কি আরও কিছু জানার প্রয়োজন আছে?
 - হ্যাঁ
 - না

(যদি হ্যাঁ হয়, তাহলে লিখুন:

.....)

3. আপনি কি বুঝেছেন যে, এই গবেষণা থেকে আপনি কোনো আর্থিক সুবিধা পাবেন না?
 - হ্যাঁ
 - না
4. আপনি কি প্রশ্ন জিজ্ঞাসা করতে পারবেন?
 - হ্যাঁ
 - না
5. আপনি কি আপনার তথ্য সংরক্ষণে সম্মতি দিচ্ছেন?
 - হ্যাঁ
 - না
6. সিদ্ধান্ত নেওয়ার জন্য কি আপনাকে পর্যাপ্ত সময় দেওয়া হয়েছে?
 - না হ্যাঁ
 - না
7. আপনি কি এই গবেষণায় অংশগ্রহণে সম্মত?
 - হ্যাঁ

অংশগ্রহণকারীর নাম:

অংশগ্রহণকারীর স্বাক্ষর: তারিখ:

যদি অংশগ্রহণকারী নিরক্ষর হন:

সাক্ষীর নাম:

অংশগ্রহণকারীর আঙুলের ছাপ:

সাক্ষীর স্বাক্ষর: তারিখ:

খ) গবেষক:

আমি উপরে বর্ণিত গবেষণা সম্পর্কে অংশগ্রহণকারীকে স্পষ্টভাবে ব্যাখ্যা করেছি
এবং তিনি এতে অংশগ্রহণের আগ্রহ প্রকাশ করেছেন।

গবেষকের নাম:

গবেষকের স্বাক্ষর: তারিখ:

প্রশ্নাবলী (বাংলা সংস্করণ)

আপনাকে এই প্রশ্নাবলীতে অংশগ্রহণের জন্য ধন্যবাদ। এই গবেষণার উদ্দেশ্য হলো লো ব্যাক পেইন আক্রান্ত ব্যক্তিদের প্রগনোসিস সম্পর্কে তাদের ধারণা অন্বেষণ করা। নিচে প্রশ্নাবলী দেওয়া হলো, যা রোগীদের কাছ থেকে প্রাসঙ্গিক তথ্য সংগ্রহের জন্য তৈরি করা হয়েছে।

প্রত্যেকটি প্রশ্নের উত্তর দিন এবং প্রতিটি ক্ষেত্রে সবচেয়ে উপযুক্ত বিকল্প চিহ্নিত করুন।

পর্ব-১: রোগীর পরিচয়:

তারিখ:

রোগীর নাম:

রোগীর আইডি:

মোবাইল নম্বর:

ঠিকানা:

পর্ব-২: সামাজিক-জনসংখ্যাতাত্ত্বিক তথ্য:

নং	প্রশ্ন	উত্তর
১.	বয়স	___ বছর
২.	লিঙ্গ	<input type="checkbox"/> পুরুষ <input type="checkbox"/> মহিলা
৩.	পেশা	_____
৪.	ব্যথার স্থায়িত্বকাল	<input type="checkbox"/> ৩ মাসের কম <input type="checkbox"/> ৩-৬ মাস <input type="checkbox"/> ৬-১২ মাস <input type="checkbox"/> ১২ মাসের বেশি
৫.	আবাসিক এলাকা	<input type="checkbox"/> শহরাঞ্চল <input type="checkbox"/> গ্রামীণ এলাকা
৬.	থেরাপি গ্রহণের সময়কাল	<input type="checkbox"/> ১-২ সপ্তাহ <input type="checkbox"/> ২-৪ সপ্তাহ <input type="checkbox"/> ৪-৮ সপ্তাহ

পর্ব-৩: রোগীদের প্রগনোসিস সম্পর্কে ধারণা অন্বেষণ

৬. আপনার বর্তমান অবস্থা এখন কেমন?

Ans:

৭. আপনি CRP সম্পর্কে কীভাবে জানতে পেরেছেন?

Ans:

৮. আপনার ফিজিওথেরাপিট কি আপনাকে কোমর ব্যথা সম্পর্কে কিছু জানিয়েছেন?

Ans:

৯. ফিজিওথেরাপি নেওয়ার আগেও পরে আপনার অবস্থার তুলনা কিভাবে করবেন?

Ans:

১০. আপনি যে চিকিৎসা গ্রহণ করছেন তা আপনার সুস্থতার জন্য কতটুকু সহায়ক?

Ans:

১১. ফিজিওথেরাপি থেকে আপনার আশা কি?

Ans:

১২. আপনি আপনার ব্যথা বা বর্তমান অবস্থা নিয়ে অন্য কোন মতামত দিতে চান?

Ans: