PATIENTS PERCEPTION TOWARDS MEDICATION AND PHYSIOTHERAPY TREATMENT AMONG CHRONIC LOW BACK PAIN PATIENTS ATTENDED AT CRP

Mariam Akter Bonna

Bachelor of Science in Physiotherapy (B.Sc PT)

Session: 2007-2008

BHPI, CRP, Savar, Dhaka

Bangladesh Health Professions Institute (BHPI)

Department of Physiotherapy

BHPI, CRP, Savar, Dhaka-1343

Bangladesh

February, 2013

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

PATIENTS PERCEPTION TOWARDS MEDICATION AND PHYSIOTHERAPY TREATMENT AMONG CHRONIC LOW BACK PAIN PATIENTS ATTENDED AT CRP

Submitted by **Mariam Akter Bonna,** for the partial fulfillment of the requirements for the degree of Bachelor of Science in Physiotherapy (B.Sc.PT).

…….
Nasirul Islam
B. Sc. PT (Hons.), MPH
Assistant Professor and Course Coordinator, M.Sc. in Physiotherapy Program
Department of Physiotherapy
BHPI, CRP, Savar, Dhaka
Supervisor

……
Mohammad Anwar Hossain
B. Sc.PT (Hons.),Dip. Ortho. Med, MPH
Associate Professor of Physiotherapy, BHPI &
Head of the Department, PT
CRP, Savar, Dhaka

……..
Muhammad Millat Hossain
B. Sc. PT (Hons)
Lecturer
Department of Physiotherapy
BHPI, CRP, Savar, Dhaka

……..
Md. Shofiqul Islam
B. Sc. PT (Hons.), MPH
Assistant Professor
Department of Physiotherapy
BHPI, CRP, Savar, Dhaka

……
Md.Obaidul Haque
B.Sc. PT (Hons.), Dip. Ortho. Med., MPH
Associate Professor & Head of the Department
Department of Physiotherapy
BHPI, CRP, Savar, Dhaka

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 the study. I would be bound to take written consent from my supervisor.

Signature: **Date:**

Mariam Akter Bonna
Bachelor of Science in Physiotherapy (B. Sc. PT)
Session: 2007-2008
BHPI, CRP, Savar, Dhaka

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Acknowledgement

First of all, I am grateful to the almighty Allah who gave me life and I am always trying to lead this life with honesty. At the same time my thanks with respect to my parents who always want to see me as successful person in the world. Then I gratefully acknowledge to my supervisors Nasirul Islam. I am thankful to my Head of the department of physiotherapy of BHPI Md. Obaidul Haque. I want to express my gratitude to all the concerned authorities who allowed me to carry out this study.

I would also like to offer very special thanks to one of my teacher Md. Shofiqul Islam who provides me support and advice about this study.

I am thankful to all the staff of BHPI Library for their cordial help to find out important books and journals.

Above all I would like to give thanks to the participants of this study.

Finally I would like to express my gratitude to all who always are my well-wisher and besides me as a friend without any expectation.

Acronyms

ADL	Activity of Daily Living
BHPI	Bangladesh Health Professions Institute
BMI	Body Mass Index
CLBP	Chronic Low Back Pain
CRP	Centre for Rehabilitation for the Paralyzed
IASP	International Association for the Study of Pain
IFC	Interferential Currents
LBP	Low Back Pain
NSAIDs	No Steroidal Anti-Inflammatory Drugs
SMT	Spinal manipulation therapy
SWD	Short Wave Diathermy
TENS	Transcutaneous Electrical Nerve Stimulation
WHO	World Health Organization

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Abstract

Purpose: To find out patients perception towards medicine and receiving physiotherapy treatment for the low back pain patients attended at CRP. *Objectives:* To identify the participants understanding about medication and physiotherapy treatment, to evaluate participants satisfaction to managing their problem with drugs an physiotherapy treatment, to discover how much patients are aware about side effect of medication, to find out the issue related to "perceived benefit" with physiotherapy management for LBP and to find out participants perception about comparative effectiveness of drug and physiotherapy treatment. *Methodology:* A qualitative study design was used to conduct the study. Fifteen subjects with chronic low back pain from musculoskeletal unit of Centre for the Rehabilitation of the paralysed (CRP) outpatient physiotherapy department were recruited in this study. The samples were selected by convenience sampling method. The data were collected by using an open ended questionnaire form and coded by nine themes; finally the coded data are analyzed and presented qualitative analysis. *Result:* Following themes have been emerged on the basis of data analysis. These include, improvement is not sustainable with medicine for LBP, Analgesic produce side effect, Patient prefer multidimensional intervention, Home exercise is effective for LBP patient, Physiotherapy is not affordable treatment, Patient are quite satisfied with attitude of the physiotherapist, Physiotherapist provide much time to solve patients problem, Physical environment in physiotherapy department is user friendly, Physiotherapy is effective treatment.

CHAPTER-I: INTRODUCTION

1.1 Background

Low back pain is one of the most common musculoskeletal problems. It is an uncomfortable sensation in the lumber and buttock region originating from neurons near or around the spinal canal that are injured or irritated by one or more pathologic processes (Shakoor et al., 2007).

In Britain, the 1 year prevalence was 49% and in Nordic countries the 1 month prevalence was 35% (Tveito et al., 2004). About, 20% of the adult population experience an episode of low back pain at any given time and estimates of lifetime prevalence are something like 80% (Alsaadi et al., 2010). Chronic mechanical low back pain apparently occurs at least 85% once in lifetime, most commonly between the age group of 30 to 60 years old and 15% to 20% of Americans have at least one period of back pain per year (Rashid et al., 2012). The life time prevalence of low back pain among Finnish population is approximately 76% irrespective of gender (Kilpikoski, 2010).

Female are more affected than the male, according to the sex. It has been noticed that in the early stage of LBP is self-limiting, recovery rate is 15% by two weeks, 90% of them recover by six weeks (Chou et al., 2007). If a patient stays off-work for more than two years due to chronic mechanical LBP then the patient is unlikely to return to his original works. The socio-economic impact of back pain is enormous, complex and devastating conditions affecting about 18% of the population in the Scotland (Rashid et al., 2012).

The most frequent cause of disability among younger adults is LBP in United States (US). Approximately 70-80% of adults population experienced low back pain during their lives. In the United Kingdom and many other countries, back pain is known to be a major cause of suffering and disability (Siddiqui et al., 2012). In the United State(US) LBP is the second most common cause of disability and it also a common reason for lost work days (Freburger et al., 2009). That is why millions of dollars are lost due to Work absenteeism as result decreased productivity, treatment expenditure,

and ongoing compensation payments. In Hong Kong 1 million days were lost due to CLBP in 2007. Work injuries adversely affect productivity, increase employees' compensation insurance premiums, and burden the medical and social security systems (Angela et al., 2013).

Chronic low back pain has bio-psychosocial phenomenon, in which biological, psychological, and social factors dynamically interact with one another (Manchikant et al., 2002). The psychosocial factors are catastrophic thoughts, fear-avoidance behavior, expectation of treatment and recovery, and depression contribute significantly to chronic disability (Angela et al., 2013). These factors play an important role to progress of LBP to disability (Tveito et al., 2004). And it is characterized by family or social support, leisure time activity or social contact and participation, spousal relationship and housework satisfaction (Simone, 2012).

The treatment and management of low back pain is not simple it is complex and costly. 40% of patients with back pain seek help from a healthcare provider (IHE, 2009). People with chronic low back pain are more likely to seek care and they use more health care service. For these reason increase medication prescription and visit to physician, physiotherapist and chiropractors (Freburger et al., 2009).

General practitioner prescribed many classes of medications which have been used to relieve acute low back pain. These medications may not work as well for chronic low back pain (Salzberg & Manusov, 2013). Acetaminophen (paracetamol) and nonsteroidal anti-inflammatory drugs (NSAIDs) are used as first line therapy. Acetaminophen is not very effective for chronic low back pain when it is compared with an NSAID and is less effective than amitriptyline. NSAIDs are effective when compared with placebo (Davies et al., 2008). A 2008 Cochrane review concluded that there is strong evidence that any class of muscle relaxants is effective for short-term relief of pain in acute and chronic non specific low back pain when compared with placebo (Tulder et al., 2003). A Cochrane review concluded that there was no realistic evidence that antidepressants relieve chronic low back pain more effectively than placebo (Urquhart et al., 2008).

For very severe, disabling pain relief and improve function, opioid analgesics are used. It has risk of abuse, addiction, and other adverse event. Anticonvulsants have also been used for chronic pain. Carbamazepine and gabapentin consequence in short-term benefit in patients with radiculopathy but have not been shown to be of benefit for chronic low back pain. Corticosteroids have a limited role and are no more effective than placebo. These medications are effective for short-term relief of acute or chronic low back pain, although each drug is related with a unique set of risks and benefits (Chou et al., 2007).

In clinical practice a number of physiotherapy treatment strategies are currently utilized by a range of practitioners with varying degrees of effectiveness, i.e. joint mobilization and manipulation, exercise therapy, soft tissue massage techniques, electrotherapy, and traction (Dunsford, 2011).

Spinal manipulation therapy (SMT) appears to be as effective as other common therapies prescribed for chronic low back pain, such as exercise therapy, standard medical care, or physiotherapy (Rubinstein et al., 2011). Rubinstein et al., (2013) found that, SMT has statistically significant short term effect on pain relief and functional status when SMT is added to another intervention.

Exercise therapy also shows a moderate beneficial treatment effect (Steiger et al., 2012). This treatment effect is independent of changes to the musculoskeletal system, which implies that there is a benefit of exercise for pain not related to an increase in strength. Exercise also has a significant effect on work disability in patients with chronic nonspecific low back pain, regardless of the exercise type (Oesch et al., 2010).

Deep heat, using therapeutic ultrasound, was found to be effective in one study for chronic low back pain compared with placebo ultrasound (Ebadi et al., 2012). Transcutaneous electrical nerve stimulation (TENS) and interferential currents (IFC) both are more effective than placebo for the treatment of nonspecific chronic low back pain. And it is not suggested for acute back pain, subacute back pain, or acute radicular pain syndromes. TENS is suggested for select use in chronic back pain or

chronic radicular pain syndrome as an adjunct for more efficacious treatments (WCB, 2013).

Clarke et al., (2010) mentioned that, traction (continuous or intermittent) as a single treatment for LBP was not more effective than placebo, sham treatment or other treatments. For patients with sciatica, there is conflicting evidence on many of the comparisons, but moderate evidence that continuous or intermittent traction is not more effective than other treatments.

Low back pain is also common in Bangladesh. Chronic back pain is a complex affecting about 20% of the population in Bangladesh in each year between the age group 30-60 years. It has a great harmful effect on individual health, employment and daily activities of living (Rashid et al., 2012). Bangladesh is a poor country with huge population and with very limited resources and poor management. So for various reasons we cannot manage a huge number of disable patients with our present resources and management system. Centre for the Rehabilitation of paralyzed is a non-government organization in Bangladesh providing physiotherapy treatment for various type of disability. In CRP have an outdoor physiotherapy department. There have a registration book and for new patients appointment they maintain this book. There was found 7746 patients took appointment from February 2012 to February 2013. Among them 3194 patients were back pain. It has a great harmful effect on health, employment and daily activities of living (CRP physiotherapy department 2013).

1.2 Rationale

The extend of low back pain problem has been increasing. Young adults are vulnerable to LBP as it is productive age. 20% of the population suffering from chronic low back pain in Bangladesh in each year between 30-60 years (Rashid et al., 2012). That is why extensive economic burden is incurred due to sickness absence, with loss of productivity and healthcare costs relating to treatment for these chronic or recurrent LBP patients. Medication is a common form of treatment of low back pain prescribed by physician and local doctors and very often patients like to take medication themselves. The most common treatment of LBP prescribed by physician including oral drugs that's are acetaminophen (e.g. Tylenol), non steroid anti inflammatory drugs (NSAIDs) (e.g. aspirin, ibuprofen), benzodiazepines (e.g. Valium, Librium), and opioids (e.g. codeine, oxycodone), physical therapies (e.g., bed rest, manipulation, stabilization, specific exercise that is extension, flexion, lateral shift, traction), surgical procedures, injected drugs (local, intramuscular, epidural, intradiscal), behavioral therapy and educational approaches (Fritz, 2007). The side effects of oral drugs for LBP are more. Acetaminophen is the most common cause of acute liver failure, every year 140,000 people suffer poisoning, 56,000 emergency room visits and over 100 deaths. Severe gastrointestinal problem which are associated with nonsteroidal anti-inflammatory drug use and NSAIDs are the second most common cause of peptic ulcers which are associated with heart attacks and strokes in the elderly, account for 100,000 hospitalizations, 17,000 deaths every year (Moellendorf, 2013). The side effects of opioids are headache, nausea, somnolence, constipation, dry mouth and dizziness (IHE, 2009). Drugs have short term benefit for acute or chronic low back pain and it has lots of adverse effect so patients did not getting better improvement through the use of medicine (Chou et al., 2007). So most of the patients are deprived of getting proper treatment. Physiotherapy is very beneficial treatment and it can keep a great role in chronic LBP. Bangladesh perspective availability of physiotherapy treatment are mobilization and manipulation, soft tissue release technique, exercise therapy, electrotherapy (i.e. IRR, ultrasound, TENS), Traction (manual or mechanical). Consumer Reports Health Ratings Center in the united state are mentioned that, The percentage of people highly satisfied with their back-pain treatments are Chiropractor 59%, Physical therapist 55%, Physician, specialist 44% and Physician, primary-care doctor 34%. Therefore the research work

should be done considering patient perception of the issue of “physiotherapy” and “medication” for LBP. However through the finding of the research, we can make sure patient’s safety providing evidence based treatment. Moreover, we can reduce unnecessary drugs intake by the patients as these contain side effect.

1.3 Research Question

What are the perceptions of patients towards medicine seekness behavior and physiotherapy treatment among chronic low back pain patients?

1.4 Objective

1.4.1 General Objective:

- To find out patients perception towards medicine seekness behavior and receiving physiotherapy treatment for the low back pain patients attended at CRP.

1.4.2 Specific Objective:

- To identify the participants understanding about medication and physiotherapy treatment.
- To evaluate participants satisfaction to managing their problem with drugs and physiotherapy treatment.
- To discover how much patients are aware about side effect of medication.
- To find out the issue related to “perceived benefit” with physiotherapy management for LBP.
- To find out participants perception about comparative effectiveness of drug and physiotherapy treatment.

1.5 Operational definition

Low back pain

Pain in the lumbosacral area of the spine encompassing the distance from the 1st lumbar vertebrae to 1st sacral vertebrae and this pain is referred to the buttock or leg.

Chronic low back pain

Persistent, long lasting lower back pain continuing for more than three month.

Medication

Medication is the pain relief treatment option that has good evidence of short-term effectiveness for pain and these drugs has many adverse effect that is produce harmful effect in the body.

Physiotherapy

Physiotherapy is a healthcare profession that works with people to identify and maximize their ability to move and function. Functional movement is a key part of what it means to be healthy. This means that physiotherapy plays a key role in enabling people to improve their health, wellbeing and quality of life.

Perception

Perception is the ability to see, hear, or become aware of something through the senses or the way in which something is regarded, understood, or interpreted.

CHAPTER-II: LITERATURE REVIEW

Pain is the most common symptom of any illness. The physician's therapeutic task is twofold one is to notice and treat the pain itself, whether or not the underlying cause is treatable and another is to provide relief and reduce the suffering caused by pain. The International Association for the study of pain (IASP) has define as "Pain is an unpleasant sensory and emotional experience associated with either actual or potential tissue damage, or described in terms of such damage" (Francesca et al., 2007).

Low back pain is defined as pain and discomfort, restricted below the costal margin and above the inferior gluteal folds, with or without referred leg pain. When low back pain persisting for at least 12 weeks then it is known as chronic low back pain (Airaksinen et al., 2004). It may originate from disease, injuries or stresses on different anatomical structures of the body including bones, discs, muscles, ligaments joints, nerves or the spinal cord. The affected structure sends a signal through nerve endings into the brain through the spinal cord. Where it registers as pain. The sensation of pain may vary and it may be achy, burning, stabbing or tingling, sharp or dull (Krishna, 2013).

Low back pain may or may not pass on to the lower limb and into the groin or perineum. When pain is referred in the lower limb associated with LBP then it may either somatic referred pain or radicular pain. Pain extending across relatively wide region and felt deeply, in a relatively constant or fixed location and it is called somatic referred pain. Pain that move by the side of the length of the lower limb, along a narrow band and it is called radicular pain or sciatica. When pain is persist in the buttock or proximal thigh extending below the knee is not necessarily radicular pain. A patient does not necessarily have to exhibit neurological features to be suffering from radicular pain, but the presence of neurological features (motor weakness, sensory deficit, or numbness) favours the diagnosis of radicular (sciatic) pain. Somatic referred pain indicates when patient feel deep aching pain (Kilpikoski, 2010).

The causes of low back pain include exertion or lifting, postural strain (improper position when sitting, standing, bending), infection nerve dysfunction, osteoporosis, tumors, and congenital problem. Spinal stenosis, rheumatoid arthritis, prostate trouble in men, problems with reproductive organs in women, kidney disease, such as an infection or kidney stone, diseases of the intestines or pancreas such as cancer or a blockage, cancer that has spread to the spine, multiple myeloma, a form of cancer of the bone and bone marrow, curvature of the spine, rarely a tumor on the spinal cord are the other cause of low back pain (NHS, 2010).

The symptoms of low back pain includes pain or deep ache may on the low back or buttocks, burning or tingling sensation of the leg or foot. These symptoms may be continuous or intermittent which worsened by activity and improved partially by rest. Physical activity, particularly bending, extending, twisting and lifting, commonly aggravates the symptoms, whereas restriction of pain-producing activities results in improvement at least temporarily. Typical physical findings are nonspecific, including restricted range of motion of the spine, tight hamstring muscles, paravertebral muscle spasms, Muscular trigger points, tenderness and aggravation of symptoms on flexion or extension and straight leg raising tests (Alemo & Sayadipour, 2008).

Robin McKenzie (1981) has placed mechanical low back pain in the three relatively simple categories like-
The postural syndrome results from mechanical deformation in posture causing when the soft tissues surrounding the lumbar segments to be placed under prolonged stretch. It is intermittent in nature. This occurs most commonly when poor sitting posture includes a forward head, rounded shoulders, and a flexed low back and poor standing postures are adopted (Browning, 2012).

The dysfunction syndrome is the condition in which implies some sort of adaptive shortening, scarring or adherence of connective tissue causing discomfort and resultant loss of mobility causing pain prematurely- that is, before achievement of full normal end range movement. When the patient moves away from end range their pain is decreased (Romano, 2013). It arises from two common causes reduced spinal mobility is poor postural habits maintained during the first few decades of life. Poor postural habits allows adaptive shortening of certain structures and result gradually

reduction of mobility with aging. The second cause of reduced spinal mobility is contracture of fibrous collagenous scar tissue developed during repair following trauma (McKenzie, 1981).

Derangement syndrome is the situation in which the normal resting position of the articular surfaces of two adjacent vertebrae is disturbed as a result of a change in the position of the fluid nucleus between these surfaces. The alteration in the position of the nucleus may also disturb annular material. This change will affect the ability of the joint surfaces within the joint to move in their normal relative pathways. This condition becomes painful when the disk wall or nucleus deformation intrudes on adjacent pain sensitive soft tissues. This pattern of pain increases and peripheralizes as the tissues become more deformed or as nerve root irritation becomes a factor. Symptoms tend to centralize and eventually diminish as the displaced disk material is relocated and the deformity of surrounding tissues is reduced. The effects of test movements on symptoms usually occur during the movement rather than at end range and tend to be sustained (Browning, 2012).

Non-specific low back pain means that the pain is not due to any specific or underlying disease that can be found. It is thought that in some cases the cause may be a sprain (an over-stretch) of a ligament or muscle. In other cases the cause may be a minor problem with a disc between two vertebrae, or a minor problem with a small facet joint between two vertebrae. There may be other minor problems in the structures and tissues of the lower back that result in pain (Kenny, 2011).

Several factors increase the risk of developing low back pain. Age is one of the most common risk factor for back pain. Incidence is highest in the third decade and overall prevalence increases with age until ages 60 or 65 years, and then gradually declines. (Hoy et al., 2010). Males are at greater risk for low back pain. Women who have had two or more pregnancies have a higher risk of developing low back pain. The one of the most common factors of LBP is poor posture or improper alignment (StopPain.org, 2013). Bending, twisting, manual material handling, and whole body vibrations are considered to be risk factors for LBP (Plouvier et al., 2011). Heavy manual lifting is strongly associated with LBP (Lederman, 2011). Smoking is also a

risk factor for LBP. Obesity or high body mass index (BMI) (>30 BMI) increases risk for low back pain (Hoy et al., 2010).

Psychological and social factors also play an important role to developed chronic low back pain. Increased prevalence of depression, anxiety, substance abuse or dependence, somatization and personality disorders compared with general population due to chronic low back pain (Manchikanti et al., 2002). In two systemic reviews, it was found that job dissatisfaction, monotonous tasks, poor work relations, lack of social support in the work place, demands, stress and perceived ability were associated with an increased incidence of low back pain (Hoy et al., 2010).

To diagnose low back pain need complete medical history and physical examination. If health care provider feels that more testing is needed based on history and physical examination findings, he or she will discuss with patient the appropriate tests to be ordered. Testing may include blood tests, radiography (X-ray films), bone scans, computed tomography (CT) scans, magnetic resonance imaging (MRI), diagnostic injections, electromyography (EMG) and many other specialized tests (NASS, 2006-2009).

Then physical examination are needed and it is consists of taking a patient history and performing a physical exam (Romano, 2013). The physical examination includes inspection, palpation and percussion. At first spine is examined at rest and in motion. Flexion, extension, side bending and rotation of lumbar spine is also checked (Quittan, 2002). These movements are intended to either increase or decrease symptoms (Romano, 2013). Standing, sitting, supine, and prone position are observed. Gait pattern is also observed (Borenstein, 1998)

The most commonly prescribed medications for low back pain are non-steroidal anti-inflammatory drugs (NSAIDs), skeletal muscle relaxants, and opioid analgesics. Benzodiazepines, systemic corticosteroids, antidepressant medications, and antiepileptic drugs are also prescribed. Frequently used over-the-counter medications include acetaminophen, aspirin, and certain NSAIDs (Chou & Huffman, 2007)

Acetaminophen is used for mild to moderate back pain. It is used as first line drugs because it may offer a more favorable safety profile than NSAIDs but it also seems less effective for pain relief. Primarily liver toxicity with long term, high dose consumption and increased risk of high blood pressure associated with long term use. If patient with liver disease then acetaminophen is contraindicated (IHE, 2009).

NSAIDs are the most commonly prescribed medication in whole worldwide. Koes et al., found that, NSAIDs might be effective for short-term symptomatic relief in patient with uncomplicated low back pain, but are less effective or ineffective in patients with low back pain with sciatica and with nerve root symptoms. NSAIDs are used for more severe pain, and a small increase in cardiovascular or gastrointestinal risk with NSAIDs in exchange for greater pain relief could be an acceptable tradeoff for some patients, but others may consider even a small increase in these risks unacceptable (Chou, 2007).

Some muscle relaxants such as cyclobenzaprine may be appropriate in selected patients for symptomatic relief of pain and muscle spasm. Caution must be exercised with managing side effects, particularly drowsiness, and also with patient selection, given the abuse potential for this class of drugs (IHE, 2009).

Opioid analgesics are effective for pain relief in severe disabling chronic low back pain (CLBP).The most common side effect of opoid analgesia in patients with chronic back pain is constipation. At the start of opoid therapy a prophylactic bowel regimen should be initiated. Other common side effects are somnolence, confusion, nausea, and vomiting. Patients usually develop tolerance to these effects within 1 week to 10 days (Glajchen, 2001).

Physiotherapy which is a primary care, autonomous, client-focused health profession dedicated to improving quality of life by promoting physical activity, optimal mobility and overall health and wellness, preventing disease, injury, and disability, managing acute and chronic conditions, activity limitations, and participation restrictions, improving and maintaining optimal functional independence and physical performance, rehabilitating injury and the effects of disease or disability with therapeutic exercise programs and other interventions and educating and planning

maintenance and support programs to prevent re-occurrence, re-injury or functional decline. Physiotherapy services are those that are performed by physiotherapists or any other trained individuals working under a physiotherapist's direction and supervision (CPA, 2012).

Low back pain (LBP) which is the reason for seeking care in physical therapy clinics. There are variety of way to manage the patient with LBP, including manual physical therapy (i.e., spinal manipulation), therapeutic exercise, traction, modalities, and functional training (Fritz et al., 2007).

Mobilizations use low-grade velocity, small or large amplitude passive movement techniques within the patient's range of motion and control (Rubinstein et al., 2013). With moderate evidence, one might argue that the mobilization of the spine gets better results in the treatment of low back pain, but get the same effect as standard medical practice through the use of analgesics. The evidence level becomes moderate when mobilization and standard medical practice are combined and is more effective than medical treatment in isolation. Evidence is also moderate when viewed equal effects produced by therapeutic exercise and manipulation in low back pain (Vargas et al., 2012).

Exercise therapy concentrate on strengthening and stabilizing of the muscle groups of the abdomen and back produce improvements in pain and functioning in patients with CLBP (Rittweger et al., 2002). Moderate exercise is more effective than passive treatment in reducing pain and / or disability (Vargas et al., 2012). Motor control exercise improves neuromuscular control of trunk segments. If spinal manipulation and trunk control exercise are used combinedly, the treatment become effective (Jacobson et al., 2009).

Massage is beneficial for patients with chronic nonspecific LBP to improving symptoms and function. But the benefits of massage increase when combined with exercises, stretching and education (Buselli et al., 2011). It is more effective than acupuncture, physical therapy, self-management education, the placebo treatment, postural education, relaxation therapy (Vargas et al., 2012).

Traction is the most effective treatment approach in cases of low back pain which has been caused by pinching or compressing of nerve. Nerve compression might be occur as result from either narrowing of the inter-vertebral space (space in between two spinal bones from where the spinal nerve passes) in diseases like spinal stenosis or in case of herniated or protruding disc bulge which can put pressure on the nerve. The most effective approach to treat a pinched nerve is to reduce the compression of the vertebrae through traction and realignment of vertebral bones. This further helps in loosening of muscles resulting in decrease in pain and inflammation (Medindia, 2013).

Electro physical modalities especially hot packs, short wave diathermy (SWD), ultrasound therapy, TENS were reported to be the most commonly used treatments **.**Low-level laser therapy, lumbar supports, prolotherapy, short wave diathermy, traction, transcutaneous electrical nerve stimulation, and ultrasound have conflicting evidence of effectiveness for CLBP (Spoto, 2012).

CHAPTER-III: METHODOLOGY

3.1 Study design

Qualitative research approach was applied to explore the patient perception towards medicine seekness behavior and physiotherapy treatment among chronic low back pain patient attended at CRP. It was an interpretive approach within the philosophy of phenomenology that enables the researcher to gain an understanding of individual patient's opinions, feelings, attitudes, beliefs and behavior. It was selected qualitative approach to accomplish the objective of the research which helps to gain understanding and explore the feelings, attitudes, opinions, fears and behavior of low back pain patients about medicine and physiotherapy service.

3.2 Study settings

Musculoskeletal unit of the Centre for the Rehabilitation of the paralyzed (CRP) at Savar, Dhaka-1343, Bangladesh. Furthermore this will help to understanding.

3.3 Population

All chronic low back pain patient of Centre for the Rehabilitation of the paralyzed (CRP).

3.4 Sample size

Fifteen samples with chronic low back pain from musculoskeletal unit of Centre for the Rehabilitation of the paralyzed (CRP) outpatient physiotherapy department were included in this study.

3.4.1 Sampling procedure

The samples were selected by convenience sampling method.

3.4.2 Inclusion criteria

- Patient having at least 5 sessions physiotherapy treatment-because the usual treatment is six session, so after five session it can be easily understandable the treatment out come.
- Participants with any age group.
- Male and female both were the participants.
- Both literate and illiterate patient were included on the study.
- Participant who took both medication and physiotherapy treatment.

3.4.3 Exclusion criteria

- Patient who are not interested.
- Mental challenged people.

3.5 Data collection

The researcher took qualitative data with respect to the subject of the study.

3.5.1 Materials:

A tape recorder was used during the interviews to record the conversation. Simultaneously pen and papers were also used to write down field notes.

3.5.2 Method of data collection

Face to Face interview by the researcher were held by providing a open ended questionnaire form.

3.5.3 Duration of data collection

Data was collected in between 7th April 2013 to 13th April 2013. Each data was collected carefully and confidentiality is maintained. Each participant provided particular time to collect data. Each questionnaire took approximately 30-40 minutes to complete.

3.5.4 Procedure of data collection

Open ended interview questions were used in this study. The interview was recorded using a tape recorder by taking permission from the patients. With open ended questions, participants got much freedom to explain their feelings in their own words. Audiotape was used to record the all interviews to discover exact feeling, attitude and emotions of the participants during interviews. The interview was conducted in Bengali as though they can understand the questions easily. Face to face interview was conducted because this may provide higher response than other data collection methods. Every interview lasted for 30-40 minutes. Interview continued until saturation point was reached, that is no major new insights were being revealed and there was repetition of the same issues with different respondents.

3.5.5 Data analysis

The data were collected by using an open ended questionnaire form and coded by nine themes; finally the coded data are analyzed and presented qualitative analysis. Calculator was used to find out the percentage of participant response and shown in a table.

3.6 Ethical consideration

- All the participants and authority were informed about the purpose of the study.
- All the interviews were taken in a comfort feeling and confidential place.
- Researcher ensures the confidentiality of participants and shares the information only with research supervisor.

3.7 Informed consent

Before taking interview the researcher informed the participants about the study and verbally informed them this research may be published. But their name and address would not be used in the study project. Only their information will be used in the study. The interview notes and recording words would not be shared or discussed with others. The study would not harm or embarrasses her or him in order to participate in the study. Participants also ensure that their participation was voluntary and they can reject or withdraw from the study any time.

3.8 Rigor

Researcher always tried not to influence the process by his own value and biases .No leading questions were asked or no important question is avoided. When conducting the study the author take help from her supervisor and follows his direction appropriately.

3.9 Limitations

The research area was relatively new. That is why researcher did not get a lot of literature addressing this area. The researcher was a 4th year B.Sc. in physiotherapy student and this was her first research project. She had limited experience with techniques and strategies in terms of the practical aspects of research. As it was the first research of the researcher so might be there were some mistakes by the researcher.

CHAPTER-IV: RESULTS

4.1 Participant's details

In the study the number of subjects was 15 with chronic low back pain because their pain duration is more than 3 months. Both male and female were included in this study. Among the participants there were 3 female and 12 male. The range is 35 with minimum age 27years and maximum 62 years. Among the participants are the highest number of the participants are the age of 27, 31, and 32 and there number were 2 and 7 of them were still working and 8 of them were not working.

No	Age	Sex	Pain duration	Present condition
1	47	Male	4 months	Not working
2	27	Female	7 years	Not working
3	40	Male	9 years	Still working
4	32	Male	2 years	Not working
5	27	Male	10 months	Not working
6	62	Male	1 years	Still working
7	45	Male	1 years	Not working
8	31	Male	4 months	Not working
9	31	Female	4 years	Still working
10	28	Male	10 months	Not working
11	58	Male	2 years	Still working
12	38	Male	5 months	Not working
13	52	Male	4 months	Still working
14	37	Female	4 months	Still working
15	32	Male	2 years	Still working

Table-1: Participant's details

4.2 Socio-demographic information at a glance

Among fifteen participants (27-44) years old participants were ten with percentage (66.7) and (45-62) year's old participants were five with percentage (33.3). From them male were twelve with percentage (80.0) and female were three with percentage (20.0). Among them four participants had primary education with percentage (26.7), six participants had some secondary education with percentage (40.0), two participants were completed secondary education with percentage (13.3), two participants had Bachelor degree with percentage (13.3) and one participants completed M.Sc. with percentage (6.70). Among 15 participants two participants were employee, with percentage (13.3), three participants were housewife with percentage (20.0), two participants were businessmen with percentage (13.3), two participants were farmer with percentage (13.3), three participants were service holder with percentage (20.0), one participant was hospital worker with percentage (6.70) and two participants were garments worker with percentage (13.3).

Socio-demographic information	Number	Percentage
Age		
27-44 Years	10	66.7%
45-62 Years	5	33.3%
Gender		
Male	12	80%
Female	3	20%
Education		
Primary	4	26.7%
Secondary	6	40%
Complete secondary	2	13.3%
Bachelor	2	13.3%
M.Sc.	1	6.7%
Occupation		
Employee	2	13.3%
Housewife	3	20%
Businessmen	2	13.3%
Farmer	2	13.3%
Service holder	3	20%
Hospital worker	1	6.7%
Garments worker	2	13.3%

Table-2: Socio-demographic information of the participant

4.3 Following Themes are emerged on the basis of data analysis

1. Improvement is not sustainable with medicine for LBP
2. Analgesic produce side effect
3. Patients prefer multidimensional intervention.
4. Home exercise is effective for LBP patient
5. Physiotherapy treatment cost is not affordable
6. Patient are quite satisfied with attitude of the physiotherapist
7. Physiotherapist provide much time to solve patients problem
8. Physical environment in physiotherapy department is user friendly
9. Physiotherapy is effective treatment

CHAPTER-V: Discussion

Discussion according to the themes are provided below

5.1 Improvement is not sustainable with medicine for LBP

This theme relates to the patients perception of outcome of medical treatment which are received by physician. It included the issues regarding the quality of patient health as a consequence of treatment. The participant responses are displayed at below in table-03.

Participants response	Pain is reduced	Pain is reduced for sometime then start again	Pain is not changed
P1		✓	
P2			✓
P3		✓	
P4			✓
P5		✓	
P6	✓		
P7	✓		
P8		✓	
P9		✓	
P10			✓
P11			✓
P12		✓	
P13	✓		
P14			✓
P15	✓		
Total	**4**	**6**	**5**

(P = Participants)

Table-3: Improvement is not sustainable with medicine for LBP

According to the transcripts, 6 of the participants (40.0%) stated that, Pain is reduced for sometime then start again. 4 participants (26.7%) stated that their pain was reduced, 5 participants (33.3%) said that their pain is unchanged.

As the pain was main problem to the patient and they received medical treatment for this reason, so they made different comments on it. Among six participants one of them reported that, *"I took medicine for 5 months and pain was reduced, then I stopped to take medicine but as a result my back pain was start again".*

Another one participants stated that, *"My back pain was reduced for some time for taking medicine but as the day progress it was start again."*

These statements reflect that, Pain killer or analgesic drugs relief pain for some times when its action becomes stop the pain starts again. In this way all participants mentioned the efficacy of drugs.

Overall most of the participants responses were, improvement are not sustainable with medicine for LBP. And most of them are disappointed with this care.

5.2 Analgesic produces side effect

This theme describes the patient's perception of the side effect of drugs which are produced to taking medicine. The participant's responses are displayed at below in table-04.

Participants response	Produce side effect	Not produce side effect but aware	Not aware about side effects
P1			✓
P2			✓
P3		✓	
P4		✓	
P5			✓

P6		✓	
P7	✓		
P8			✓
P9			✓
P10	✓		
P11			✓
P12			✓
P13	✓		
P14		✓	
P15		✓	
Total	**3**	**5**	**7**

(P = Participants)

Table-4: Analgesic produces side effect

From the transcripts among 15 participants, 7 participants (46.7%) reported that, they are not aware about side effects of analgesic, 3 participants (20%) responded some side effects whereas 5 participants (33.3%) informed that though any side effect was not produced but they were aware with side effect.

The research result demonstrates that participants had very little or no idea about side effect of analgesic. One respondent states that, *"I have no idea about side effect or adverse effect of medicine and my doctor did not explain me about this side effect".*

This statement reflects that knowledge of side effect of drugs should be given to the patients during prescription.

Among 15 participants 5 of them were aware about side effect of drugs. Participants three state that, *"Antibiotic can damage lungs, liver and kidney and antidepressant can weak the whole body".* And that's why he was reluctant receiving medicine.

Participants 4th stated that, "long time use of pain killer can produce harmful effect on the body". Participants 14th state that, *"I know that kidney may be damage due to*

long term use of pain killers". Participants 15th stated that, *"long term use of antibiotics can reduce immunity of the body"*.

This statements reflect that, some respondents have little much awareness about adverse effect of drugs and they were unwilling to receiving medicine.

So 46.7% respondents are not aware about side effects of medicine. This statement represents that maximum people take medicine themselves for their problem but they are not aware about side effects. They have lack of education about drugs and poor health awareness. So to reduce this effect physician or doctors should aware to inform the patient about side effects of drugs.

5.3 Patient prefer multidimensional intervention, it will be solve their problem

Here the researcher wanted to know strategies followed by the patients to relief from present pain. Every participant was asked the same question- what strategy do you follow to control your present pain? The participant responses are displayed at below in table-05.

Participants response	Physiotherapy	Both physiotherapy and medication	Medication
P1		✓	
P2		✓	
P3	✓		
P4		✓	
P5	✓		
P6	✓		
P7	✓		
P8		✓	
P9		✓	
P10	✓		
P11		✓	

P12		✓	
P13	✓		
P14	✓		
P15		✓	
Total	**7**	**8**	**0**

(P = Participants)

Table-5: Patient prefer multidimensional intervention

This table represents the participant views about treatment seekness behavior to get relief from present pain. 8 of the participants (53.3%) said that, they receive both medication and physiotherapy, 7 participants (46.7%) were received only physiotherapy and nobody used to take only medication.

Among 8 participants whose were received both medication and physiotherapy treatment, one of them stated that, *"Doctor prescribed me some medications to reduce pain and also suggested me to receive physiotherapy treatment from CRP".*

This statement reflects that, patients were not cure to receive only medication that's why, Patients used to receive physiotherapy along with drugs therapy.

Another one of them said, *"After taking physiotherapy my back pain was not reducing. Therefore, I used to take couple of medicines along with Physiotherapy treatment"*

So, this theme explains that, medication and physiotherapy both are effective treatment for the patients because this multidimensional treatment strategy had much more efficacy.

5.4 Home exercise is effective for LBP patient

This theme illustrates the outcome of home exercise given by physiotherapist. The researcher asked the participants - What was the outcome of home advice? The participant responses are displayed at below in table-06.

Participants response	Pain is so much reduced	Pain is reduced than before	Pain is no changed
P1	✓		
P2			✓
P3		✓	
P4		✓	
P5			✓
P6	✓		
P7	✓		
P8			✓
P9	✓		
P10		✓	
P11	✓		
P12	✓		
P13		✓	
P14		✓	
P15		✓	
Total	**6**	**6**	**3**

(P = Participants)

Table-6: Home exercise is effective for LBP patient

This table represent that 6 participants (40.0%) said, their pain is so much reduced, other 6 participants (40.0%) said pain is reduced than before and only 3 participants (20%) said their pain was not changing through home exercises.

According to the 1st participant, *"My back pain is much better following home exercises and it lasts up to two hours and I am feeling better today".*

This statement reflects the effectiveness of home exercise. He took different kinds of medication before coming at CRP but the pain had not been changed. Even after coming at CRP he also used to take both medication and physiotherapy treatment. He got good outcome after taking medication and following home exercise according to the prescription of the therapist. This means medication is not sufficient to manage the back pain rather physiotherapy along with home exercise had much more efficacy.

According to 11th participants, *"I could not walk without support for having severe low back pain. After receiving physiotherapy and following home exercise my condition is much better. Now I can walk independently".*

This statement reflects that home exercise very effective to manage low back pain. Routine Physiotherapy along with home exercise program should be followed in order to get better outcome.

According to 3rd participant *"I could not follow home exercise because I did not find extra time to follow home advice and I feel uneasy. More over it is difficult for me to perform home exercise after having physiotherapy treatment from.*

This statement reflects that many of the participants were not compliance with home exercise. Many of them were feeling less confident with home exercise, they feel uneasy and they only depend on therapist to solve their problem.

Overall this theme represents that home exercise program is very effective for low back pain patients. So if a patient follows home exercise according to the recommendation by Therapist, it will solve their problem easily.

5.5 Physiotherapy treatment cost is not affordable

Here the researcher wanted to know the patient perception of the cost of their care. To find out it, every participant was asked - what is your opinion about the physiotherapy treatment expenses. The participant responses are displayed at below in table-07.

Participants response	Accessible and bearable	The physiotherapy treatment cost is not affordable	Not expensive
P1	✓		
P2	✓		
P3	✓		
P4		✓	
P5		✓	
P6		✓	
P7			✓
P8			✓
P9		✓	
P10		✓	
P11		✓	
P12			✓
P13			✓
P14		✓	
P15		✓	
Total	**3**	**8**	**4**

(P = Participants)

Table-7: Physiotherapy treatment cost is not affordable

This table represents the participants view about expenditure of Physiotherapy treatment at CRP. 8 participants (53.3%) reported that the "cost of treatment is not affordable". 4 participants (26.7%) stated that, "physiotherapy treatment is not

expensive" whereas only 3 of the participants (20%) stated that, "the cost of treatment is easy to accessible and bearable".

Different participants expressed their opinion in different ways. Among 8 participants one of them stated that, *"Per session treatment cost is 200 taka which is not affordable for me. That is why I take therapy after one week interval".*

Another one stated that, *"I wanted to take physiotherapy treatment regularly if physiotherapy treatment cost could be less".*

Another participant said, *"I have no problem to bear therapy cost because Samajakallana supported me financially. Now my treatment cost is 120 taka per session".*

This statement reflects that therapy cost is too much for them because they are still now off work and their income source is poor. That is why it is difficult to receive physiotherapy regularly. These statements also reflect that, if any patients find it difficult to pay the treatment cost, then CRP provides opportunity in terms of financial support.

5.6 Patients are quite satisfied with attitude of the physiotherapist

The researcher wanted to find out the physiotherapist attitude because through this the participants perspective towards the service is influenced. The participant responses are displayed at below in table-08.

Participants response	Very good behavior	Good behavior & Communicative	Behavior is not good
P1	✓		
P2		✓	
P3	✓		
P4		✓	
P5	✓		

P6	✓		
P7	✓		
P8		✓	
P9			✓
P10		✓	
P11		✓	
P12		✓	
P13			✓
P14		✓	
P15		✓	
Total	**5**	**8**	**2**

(P = Participants

Table-8: Patients are quite satisfied with attitude of the physiotherapist

This theme covers the issues on relationship between the patient and therapist. 8 participants (53.3%) stated that therapist behavior is good and also communicative, 5 of the participants (33.3%) stated that, therapist's behavior is very good, and only 2 participants (13.3%) stated that therapist behavior is not good.

Among 8 participants one of them are said that, *"Physiotherapist's behavior is good, therapists were very communicative during treatment time".*

These statements reflect the physiotherapist developed trust of the patients showing professional attitude. If the therapist behavior is helpful then patient can be able to express their problem without any hesitation.

Another one participant stated that, *"The behavior of physiotherapist is good. My therapist was very cooperative and friendly. He/she gives lot of effort in order to make me cure.*

This statement reflects that, patient is satisfied with the behavior of CRP's physiotherapist. Therapists are so much cooperative with the patient.

This theme represent that 53.3% participants express physiotherapist's attitude is good, polite and also communicative and cooperative. We can see that the physiotherapist has a very positive professional behavior than other professionals.

5.7 Physiotherapist provides much time to solve patients problem

This theme describes the opinion of the patient about treatment schedule which is given by therapist. The researcher asked the same question from the participants to know the valuable opinion of them. The participant responses are displayed at below in table-09.

Participants response	Give enough time for treatment	Time is less for treatment
P1	✓	
P2	✓	
P3	✓	
P4		✓
P5	✓	
P6	✓	
P7	✓	
P8	✓	
P9		✓
P10		✓
P11	✓	
P12	✓	
P13	✓	
P14	✓	
P15	✓	
Total	**12**	**3**

(P = Participants)

Table-9: Physiotherapist provide much time to solve patients problem

This table represents the participants view about treatment schedule. Twelve respondents (80%) represented that therapist used to give enough time, other 3 participants (20%) represented that the time given by therapist was not enough.

Among 12 participants 2 of them (1st and 2nd) stated that, *"Time is perfect for me and I respect the rule of CRP".*

5 of the participants stated that, *"Therapist used to give me enough time. Sometime he gave me extra time to cure my condition"*.

Another 4 participants stated that, *"In CRP, physiotherapists try to give me enough time. If I compare with medical treatment schedule it is enough time to treat the patient. Therapists assess us carefully and give much time.*

The underline causes for this respond is closely related with the outcome of the patients followed by physiotherapy. This domain is closely associated with patient satisfaction.

5.8 Physical environment in physiotherapy department is user friendly

The researcher wanted to know the perception of the patients about environment of the therapy place and surrounding at CRP. To find out this opinion every participant was asked the same question. The participant responses are displayed at below in table-10.

Participants response	Department is neat and clean and well decorated	CRP Environment is calm and quiet	CRP Environment is very beautiful
P1			✓
P2			✓
P3	✓		
P4		✓	
P5			✓
P6	✓		
P7	✓		
P8	✓		
P9	✓		
P10		✓	
P11		✓	

P12	✓		
P13	✓		
P14			✓
P15		✓	
Total	**7**	**4**	**4**

(P = Participants)

Table-10: Physical environment in physiotherapy department user friendly

This table shows that the different opinion about environment. 7 participants (46.7%) are impressed with the physical environment of physiotherapy department. They found, the department is neat and clean. 4 respondents (26.7%) said, Environment of the CRP is calm and quiet, and another 4 participants (26.7%) CRP environment is very beautiful.

Among 7 respondents, one of them stated that, *"The treatment place is neat and clean. It is well decorated. I am very impressed to receive therapy from CRP".*

Another participant stated that, *"the CRP environment is very beautiful and therapy place is so comfortable for me".*

These statements represent that; environment of service centre should be peaceful, safe and must have neat and clean. If the treatment place is peaceful and quiet the patient may feel comfortable and also patient may be motivated to take physiotherapy. So these are very important to achieve patient satisfaction.

5.9 Physiotherapy is effective treatment

The researcher wanted to find out which are the convenient treatment to the patient according to cost and effectiveness. To find out it every participant was asked the same question. The participant responses are displayed at below in table-11.

Participants response	Physiotherapy treatment	Medication and physiotherapy (both)	Confused among medication and physiotherapy
P1	✓		
P2			✓
P3	✓		
P4	✓		
P5	✓		
P6	✓		
P7	✓		
P8	✓		
P9	✓		
P10	✓		
P11	✓		
P12	✓		
P13		✓	
P14	✓		
P15	✓		
Total	**13**	**1**	**1**

(P = Participants)

Table-11: Physiotherapy is effective treatment

In this table majority of participants (86.7%) stated that, physiotherapy is a most effective treatment for them, 1 participant (6.7%) said both medication and physiotherapy is effective treatment and other 1 participant (6.7%) was confused which treatment is effective among medication and physiotherapy.

Among 13 participants one of them stated that, *"I think physiotherapy is a more effective treatment. Because long time I received drug but did not receive any effectiveness. After receiving physiotherapy treatment from CRP I have found good efficacy. My condition is much better today to receive regular physiotherapy treatment"*.

Another respondent express that, *"I took drug for long time but result was not satisfactory. That is why I have received physiotherapy treatment from CRP. On the other hand medication has many side effects but physiotherapy has no side effect and that's why physiotherapy is effective for health. So I think physiotherapy is effective treatment for my condition"*.

Another one said, *"I think physiotherapy is a cost effective treatment than medication for me because I have taken medication for long time but ultimate result is not good. I have taken physiotherapy up to six sessions and now my condition is much better than before. I could not straight my back for pain but after received physiotherapy I can extend my back and my back pain is too much decrease".*

These statements represent that, most of the participants were not satisfied with the treatment of medication because they did not get good result to take medication only. Also medication has much adverse effect which has produced many harmful effects on the body. These statements also reflect that, the outcome of physiotherapy treatment is acceptable to all of the participants and it is an effective treatment for all of them.

So this theme represents that, effectiveness of physiotherapy care at CRP is an acceptable standard to solve low back pain. Majority of the participants were satisfied with this care. They got effective results from physiotherapy care whether they did not get sustainable relief by medicine.

CHAPTER-VI: CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

This study explores that patient perception towards medicine seekness behavior and physiotherapy treatment for chronic low back pain. The study results shows medication does not work for long time and it has short term benefit for LBP. Moreover, it has lot of side effects and very often patients are not aware about those. So awareness regarding side effects should raise among the general population. In mechanical problem the study shows that NSAID is no longer effectiveness. Early Physiotherapy referral can prevent secondary complications followed by LBP.

6.2 Recommendations

The aim of the study to find out patients perception towards medicine seekness behavior and receiving physiotherapy treatment for the low back pain patients attended at CRP. From this study it is concluded the effectiveness of physiotherapy treatment and no longer efficacy of medication. There are several issues come out by this study like as improvement is not sustainable with medicine for LBP, analgesic produces side effects, patient prefer multidimensional intervention, it will be solve their problem, home exercise is effective for LBP, physiotherapy treatment is not affordable, patient are quite satisfied with attitude of the physiotherapist, physiotherapist provide much time to solve patients problem, physical environment in physiotherapy department is user friendly and physiotherapy is effective treatment for LBP. Patients were satisfied with physiotherapy treatment care and disappointed with medication. In this study it is mentioned that participants are not aware about side effects of medicine. So it is very essential to increase awareness within patients about adverse effect of drugs. Few of the participants mentioned that some physiotherapist behavior was not good. So it is very essential to have good behavior of other physiotherapist. Few of them complained that therapist gave less time. So it is very important for the therapist punctuality.

In this study have some limitations that, the research area are relatively new, that is why researcher did not get a lot of literatures addressing this area. So to conduct further study in this area, more resources should be included. As the patient's perception was the outcome of physiotherapy treatment is effective and their expectation of the outcome raised very high. So it is recommended to do further research on patient's perception towards evidence based physiotherapy treatment for LBP and it is also recommended that the next generation of physiotherapy members continue study regarding this area, this may involve-use of large sample size and participants form different institute of Bangladesh where physiotherapy service are available.

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Appendix

VERBAL CONSENT FORM

(Please read out to the participant)

Assalamualaikum/Namasker, my name is Mariam Akter Bonna, I am conducting a study for partial fulfillment of Bachelor of Science in Physiotherapy degree, titled on **"Patients perception towards medication and physiotherapy treatment among chronic low back pain patients attended at CRP"** from Bangladesh Health Professions Institute (BHPI) under medicine faculty of University of Dhaka. I would like to know your some personal and other related information about your problem. This will take approximately 30-40 minutes. I need to meet you just once to collect entire information.

The general objective of the study is to find out patient perception towards medicine sleekness behavior and receiving physiotherapy treatment for the low back pain patient attended at CRP.

I would like to inform you that this is a purely academic study and obtain information will not be used for any other purpose. All information provided by you will be kept confidential and also the source of information will remain anonymous.

Your participation in this study is voluntary and you may withdraw yourself at any time during this study without any negative consequences. You also have the right not to answer a particular question that you don't like or do not want to answer during interview.

Do you have any questions before I start?

So may I have your consent to proceed with the interview?

YES ☐ NO ☐

Signature of the participants…….Date……

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

মৌখিক অনুমতি পত্র

(অংশগ্রহনকারীকে পড়ে শোনাতে হবে)

আস্সালামু আলাইকুম/নমস্কার, আমার নাম মরিয়ম আক্তার বন্যা, আমি এই গবেষনাটি বাংলাদেশ হেলথ্ প্রফেশনস্ ইনস্টিটিউট (বি এইচ পি আই), ঢাকা বিশ্ববিদ্যালয়ের চিকিৎসা অনুষদ- এর অধিনে করছি যা আমার ফিজিওথেরাপী স্নাতক কোর্সের আংশিক অধিভুক্ত। যার শিরোনাম হল-"সি আর পিতে চিকিৎসারত কোমর ব্যাথার রোগীদের ঔষধ এবং ফিজিওথেরাপী চিকিৎসা সম্পর্কে ধারনা"। আমি এক্ষেত্রে কিছু ব্যক্তিগত এবং আপনার সমস্যা সম্পর্কে আনুষাঙ্গিক কিছু তথ্য জানতে চাচ্ছি যা আনুমানিক ৩০-৪০ মিনিট সময় নিবে। আমি এই তথ্য সংগ্রহের জন্য শুধুমাত্র একবারই আপনার সাথে সাক্ষাৎ করব।

এই গবেষনার প্রধান উদ্দেশ্য হল সি আর পিতে চিকিৎসারত কোমর ব্যাথার রোগীদের কাছে ঔষধ এবং ফিজিথেরাপী চিকিৎসার মধ্যে কোনটা বেশি গ্রহনযোগ্য তা খুজে বের করা।

আমি আপনাকে অবগত করছি যে, এটা কেবল মাত্র আমার অধ্যায়নের সাথে সম্পর্কযুক্ত এবং এই তথ্যগুলো অন্য কোন উদ্দেশ্যে ব্যবহৃত হবে না। আমি আপনাকে আরও নিশ্চয়তা প্রদান করছি যে, আপনার এবং আপনার দেওযা সকল তথ্যের গোপনীয়তা বজায় থাকবে।

এই অধ্যয়নে আপনার অংশগ্রহন স্বেচ্ছাপ্রণোদিত এবং আপনি যে কোন সময় এই অধ্যয়ন থেকে কোন নেতিবাচক ফলাফল ছাড়াই নিজেকে প্রত্যাহার করতে পারবেন। এছাড়াও আপনি যদি চান তবে এই সাক্ষাৎকারের যে কোন প্রশ্নের উত্তর নাও দিতে পারেন যেটা আপনার পছন্দ না।

এই সাক্ষাৎকার শুরু করার আগে আপনার কি কোন প্রশ্ন আছে?

আমি আপনার অনুমতি নিয়ে এই সাক্ষাৎকার শুরু করতে যাচ্ছি।

হ্যা ☐ না ☐

সাক্ষাৎকার প্রদানকারীর স্বাক্ষর ঃ..... তারিখ.....

সাক্ষাৎকার গ্রহনকারীর স্বাক্ষর ঃ..... ..তারিখ ঃ.....

Permission letter

30th March, 2013

The Head of the Department,
Department of the physiotherapy,
Center for the Rehabilitation of the paralyzed (CRP),
Savar, Dhaka-1343.

Subject: Application for permission to collect data to conduct a research study.

Sir,

With due respect and humble submission to state that I am Mariam Akter Bonna student of 4th year B.Sc. in physiotherapy at Bangladesh Health Professions Institute (BHPI). In fourth year course curriculum, we have to do a research project for the partial fulfillment of the requirements for the degree of B.Sc. in physiotherapy. I have chosen a research title on "Patient perception towards the medication and physiotherapy treatment among chronic low back pain patient attended at CRP". The participants would be the patients who are suffering from low back pain and are expected to provide necessary information so that I can conduct this study successfully. I would like to assure that anything of my study will not be harmful for the participants. My supervisor is Nasirul Islam, Assistant Professor and Course Co-ordinator of M.Sc. in physiotherapy program. For this reason, I need to obtain permission to collect data from outpatient, musculoskeletal department of CRP.

Therefore, I pray and hope that you would be kind enough to grant my application and give me the permission to collect data from outpatient, musculoskeletal department of CRP.

Yours faithfully

Mariam Akter.
Mariam Akter Bonna
4th year B.Sc. in physiotherapy
Session: 2007-2008
BHPI, CRP, Savar, Dhaka-1343

Md. Sohrab Hossain
Associate Professor Physiotherapy, (BHPI), CRP
Head, Dept. of Physiotherapy,
CRP, Savar, Dhaka-1343

Questionnaire (English)

Title: Patients perception towards the medication and physiotherapy among low back pain patients attended at CRP.

Patient's Identification	
1.	Identification number:
2.	Name of respondents:
3.	Address:
4.	Date of interview:
5.	Consent Taken: Yes…… No……

Part-A: Socio-demographic information

1. Age: _____
2. Gender:
3. Educational level:
4. Occupation:

Part-B: This part is designed to explore perception of patients about medication and physiotherapy treatment for chronic low back pain.

Q.1: How were you aware about CRP?

Ans:

Q.2: What is your exact problem?

Ans:

Q.3: How long have you been suffering from the low back pain?

Ans:

Q.4: How your low back pain is affecting your personal and social life?

Ans:

Q.5: What was your initial treatment for low back pain?

Ans:

Q.6: What was the outcome of this treatment?

Ans:

Q.7: How was you aware about medication?

Ans:

Q.8: How was you aware about physiotherapy?

Ans:

Q.9:Do you take medication often?

Ans: If yes……..Why? Please explain…….

If no……Why? Please explain……

Q.10: Why do you use medication?

Ans:

Q.11: Do you know adverse effect of drug?

Ans: Yes……. Or No……

If yes…….Please explain……..

Q.12: What strategy do you follow to control your present pain?

Ans:

Q.13: What instruction was given by physiotherapist at CRP and as a home advice?

Ans:

Q.14: Do you follow home advice which is given from CRP?

Ans: If yes……Why?.....

If no…….Why?.....

Q.15: What was the outcome of home advice?

Ans:

Q.16: What was your expectation from physiotherapy treatment?

Ans:

Q.17: What is your opinion about the physiotherapy treatment expenses?

Ans:

Q.18: How therapist attitude encourage you to solve your problem?

Ans:

Q.19: Would you please give me your valuable opinion regarding time given by physiotherapist, treatment place and environment of CRP?

Ans:

Q.20: Which one is convenient treatment for you according to effectiveness, cost?

Ans: Medication……Why? Please explain……

Physiotherapy……Why? Please explain……...

প্রশ্নমালা

১। আপনি কিভাবে সি.আর.পি সম্বন্ধে জেনেছেন?

উত্তর ঃ

২। আপনার প্রধান সমস্যা কি ?

উত্তর ঃ

৩। কতদিন আগে থেকে আপনি কোমর ব্যাথায় ভুগছেন?

উত্তর ঃ

৪। কিভাবে কোমার ব্যাথা আপনার ব্যক্তিগত এবং সামাজিক জীবনে প্রভাব ফেলেছে?

উত্তর ঃ

৫। কোমর ব্যাথার জন্য আপনি প্রথমে কি চিকিৎসা গ্রহণ করেছিলেন?

উত্তর ঃ

৬। চিকিৎসার ফলাফল কি ছিল?

উত্তর ঃ

৭। আপনি কিভাবে ঔষধ সম্বন্ধে অবগত হয়েছেন?

উত্তর ঃ

৮। আপনি কিভাবে ফিজিওথেরাপী চিকিৎসা সম্বন্ধে অবগত হয়েছেন?

উত্তর ঃ

৯। আপনি কি এখনও ঔষধ সেবন করছেন?

ক) হ্যা ..... কেন ? .....

খ) না ..... কেন ? .....

১০। আপনি কেন এখনও ঔষধ সেবন করছেন?

উত্তর ঃ

১১। ঔষধের পার্শ্বপ্রতিক্রিয়া সম্বন্ধে আপনি কতটুকু জানেন?

উত্তর ঃ

১২। বর্তমান ব্যাথার জন্য আপনি কোন পদ্ধতি অনুসরণ করছেন?

উত্তর ঃ

১৩। ফিজিওথেরাপিষ্ট আপনাকে কি কি নির্দেশ দিয়েছেন সি.আর.পিতে এবং বাসায় অনুসরণ করার জন্য?

উত্তর ঃ

১৪। আপনি কি ফিজিওথেরাপিষ্টের দেয়া পরামর্শগুলো বাসায় অনুসরণ করছেন?

ক) হ্যা ..... কেন ? .....

খ) না ..... কেন ? .....

১৫। আপনি বাসায় যে পরামর্শগুলো অনুসরণ করছেন তার ফলাফল কি ?

উত্তর ঃ

১৬। ফিজিওথেরাপী চিকিৎসা থেকে আপনি কি প্রত্যাশা করেন?

উত্তর ঃ

১৭। ফিজিওথেরাপী চিকিৎসা খরচ সম্পর্কে আপনার অভিমত কি?

উত্তর ঃ

১৮। কিভাবে ফিজিওথেরাপিষ্টের আচরণ আপনার সমস্যার সমাধান করতে উৎসাহিত করেছে?

উত্তর ঃ

১৯। আপনি কি আমাকে আপনার কিছু মূল্যবান মতামত দিতে পারবেন ফিজিওথেরাপিষ্টের দেয়া সময়, থেরাপীর স্থান এবং সি. আর. পি-র পরিবেশ সম্পর্কে ?

উত্তর ঃ

২০। ভালো ফলাফল এবং চিকিৎসা খরচের উপর ভিত্তি করে কোন চিকিৎসা আপনার কাছে সুবিধাজনক বলে মনে হয়?

ক) ঔষধ..... কেন ? .....

খ) ফিজিওথেরাপী..... কেন ? .....