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TAMPA'S SCALE PREDICTIVE ABILITY TO IDENTIFY PATIENTS WITH CHRONIC LOW BACK PAIN, AT RISK OF POOR RECOVERY

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Background: Chronic low back pain (LBP) is a major health problem, related to persistent disability and high socioeconomic burden. Psychological factors, such as kinesiophobia are known to impact the course of LBP, altering movement patterns, reducing physical activity and contribute to maintain persistent pain and disability. This evidence has led to the suggestion that early screening of kinesiophobia could identify low back pain (LBP) patients at risk of poor outcomes. The Tampa Scale of kinesiophobia was designed to assess fear of movement/(re)injury. Several studies have demonstrated construct validity as well as excellent test-retest reliability and internal consistency in patients with LBP. However, its validity for predicting poor recovery in patients undergoing physical therapy treatment is not clearly determined and has been debated in the literature. Establishing whether the TSK-13 and/ or its sub-scales are also predictive of poor outcomes in patients with LBP receiving physical therapy treatment has implications for future clinical and research initiatives since psychological assessment is recommended by current clinical guidelines.

Purpose: The aim of the study was to investigate the predictive validity of the Portuguese version of Tampa Scale of Kinesiophobia (TSK-13PT) in identifying CLBP patients at risk of poor recovery, after physical therapy treatment.

Methods: A cohort of 215 patients with nonspecific CLBP was recruited from the waiting lists of 16 outpatient physical therapy clinics in 7 different regions of Portugal, according to standardized inclusion and exclusion criteria. Participants were screened at baseline with TSK-13PT, and evaluated 6 weeks after physical therapy treatment with 3 outcomes measures: Quebec Back Pain Disability Questionnaire (QBPDQ), visual analogue scale and global a recovery scale. Participants were classified as having a poor outcome if they failed to achieve a minimum clinically important change at the end of treatment. Logistic regression analyses were performed with poor recovery status as the dependent variable and adjusted for age, gender, educational level, pain duration, pain severity, functional status. The predictive validity was assessed through receiving operator curves. The relationship between initial TSK-13PT scores and poor outcomes was estimated using likelihood ratios.

Results: From the 192 patients that completed the study, 38.5%, 51.6% and 31.8% were classified as having poor outcomes concerning pain intensity, disability and perception of change outcomes, respectively. No significant statistical associations were found between the total and sub-scale scores of the TSK-13 in the multivariate logistic regression analysis. The receiver operator characteristic (ROC) curves revealed poor discriminatory validity, with values of the area under the curve ranging from 0.510 and 0.595. Positive likelihood ratios of global TSK-13PT and sub-scales ranged between 1.0 and 1.5, revealed that these measures are not predictive of future poor outcomes.

Conclusion(s): The use of TSK-13 as a screening tool to identify patients with nonspecific CLBP at risk of poor outcome following physiotherapy treatment was not supported. Future studies should clarify how kinesiophobia and Tampa relates to outcomes in chronic low back pain.

Implications: TSK-13PT should not be used, at the beginning of treatment, to predict poor outcomes, after physiotherapy approach.

Key-Words: 1. Tampa Scale 2. Predictive Validity 3. Chronic Low Back Pain

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Ethics Approval: The Ethical Committee of School of Healthcare of Polytechnic Institute of Setubal, Portugal, approved this study.

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