Chiropractic & Manual Therapies

Newsletter Summary (398 words)

Evidence suggests a considerable fraction of analgesic responses in treatments for musculoskeletal pain may be attributable to the shaping of psychosocial and cognitive cues during therapeutic encounters. These cues or contextual factors (CFs) are diverse but can be loosely categorised as patient's and practitioner's beliefs/characteristics; the patient-practitioner relationship; treatment characteristics; and the therapeutic setting/environment. Such elements are likely to be important in all clinical encounters, but there is limited evidence regarding their influence on chronic low back pain (cLBP) outcomes. This research aims to review the impact of explicitly modifying CFs during conservative care for cLBP.

Medline, CINAHL, PsycINFO and AMED were searched from 2009 until 15th February 2022 resulting in 3476 unique citations, of which 21 primary studies (N = 3075 participants) were included. Studies were assessed for methodological quality using a modified Downs and Black scale and synthesised using a narrative approach. In studies with at least two comparison groups, eight reported significant improvements in pain intensity, and seven in physical functioning, in favour of the CF intervention(s). These findings provide preliminary evidence for the role of CFs in conservative treatment for cLBP. Influential CFs included: (a) person-centred education to address misinformed or maladaptive illness or pain-related beliefs (i.e., *illness representations*); (b) verbal suggestions to influence patient's symptom change beliefs (i.e., *treatment expectations*); (c) visual or physical cues (i.e., *treatment characteristics*) to connote pain-relieving treatment properties (i.e., *treatment expectations*); and (d) person-centred communication to promote the therapeutic alliance (i.e., *patient-practitioner relationship*).

Therapeutic encounters consist of multiple elements, the most obvious being the assumed targeted treatment. However, in addition or equivalent to perceived 'specific' interventions, intentionally manipulating CFs to enhance treatment efficacy is emerging as an important component of clinical care. Patients are continually interpreting and being influenced by co-occurring contexts and cues often co-created with their practitioners. These include interpersonal interactions, and prior experiences, which can reduce or increase perceived symptoms. Explicitly inducing placebo analgesia and avoiding nocebo induced hyperalgesia is informed by the cogency and consistency between these CFs (i.e., creating a credible and coherent 'story') to evoke specific pain modulatory neural pathways. Modifying more than one CF may be more impactful on patients' outcomes, namely: creating coherence between illness representations and treatment expectations whilst ensuring consistency between treatment characteristics and treatment expectations; along with cultivating the patient-practitioner relationship. Whilst the findings of this review are promising, they require judicious interpretation until further evidence emerges.