**EXPECTATIONS**

JAMISON

#### Expectations: A Case Study Describing the Outcome

**Expectations of Chiropractors and Their Patients**

JENNIFER R. JAMISON

ABSTRACT: This study describes the disability and outcome perceptions of acute and chronic workcare and non-workcare patients. *Research Method:* Eight chiropractors *were* requested to recruit patients, taking care to include workers compensation cases. Patients were requested to complete up to three questionnaires, the first questionnaire to be completed on admission, the second three weeks later or on discharge, whichever occurred first. A third questionnaire was to be completed by patients still receiving care at three months. Questions focused on outcome expectations and pain and disability perceptions. Practitioners were asked to document the patient's level of disability and comment on their outcome expectations. *Results:* One hundred and sixteen patients entered the study; 57% were acute on admission, and 53% of all patients recruited had been injured at work. Few discrepancies emerged between workcare and non-workcare patients. The outcome expectations of both patients and chiropractors were more positive for acute cases, although the outcome expectations of chronic patients were less negative after chiropractic care than on admission. *Conclusion:* Although the size of the sample precludes generalisation, this study does emphasise the importance of judging each case on its merits and not permitting preconceived notions to cloud the outcome expectations of individual workcare cases.

INDEX TERMS: MeSH: CHIROPRACTIC; BACK PAIN. Other:

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**INTRODUCTION**

Although about 90% of cases of acute back pain in the community resolve in six weeks, in primary practice populations only 27% are completely better, and 28% improved after three months.1 The remainder are 30% unchanged, and 14% are worse at this time. It would, however, be naïve to suggest that this discrepancy is due to only patients with more serious pathology seeking care from primary practitioners. In reality, the more important predictors of chronicity are psychosocial.' The four major predictors of disability appear related to psychosocial factors, occupational variables, the injury sustained and the diagnosis.3 These authors, furthermore, suggested that the particular psychosocial variables that contributed to an increased likelihood of disability are, in order of importance, psychological symptoms, coping mode, personality type, daily hassles and major life events. Other researchers concur, suggesting that the influence of psychosocial variables on low back disability is as great as, if not greater than, ergonomic factors.' Certainly, the severity of the initial low back injury and the physical demands of the job appear to be poorly related to return to work.' The mismatch between complaints

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and pathological lesions and between impairment and disability further illustrates the importance of non-physical factors in the pain experience.6 With respect to chronic back pain, not only has it been suggested that the disorder is not primarily a musculoskeletal problem, it has also been proposed that psychosocial factors dominate the patients' clinical presentation. 7 Certainly, the perception that an injury is compensatable is recognised as a factor that substantially increases the likelihood of disability.' Despite a two-year study by 15 general practitioners failing to find evidence of a relationship between perceived health or daily functioning and the duration of low back pain,' self-perceived disability and pain severity have elsewhere repeatedly been shown to be directly related to prolonged disability.' The impact of psychosocial factors is furthermore not limited to chronic or workers compensation cases; psychosocial variables pose similar risks for a new low back pain episode in workers and for back pain in the non-employed.'

Life events, rather than being additive in their effect on health, appear to impact on wellness in terms of their meaning: "How individuals think about events and life situation, as well as how they respond to difficulties and opportunities, are key to understanding the influence of social conditions upon health status."10 It is also now accepted that thinking or talking about upsetting experiences evokes biological changes.11 Although mechanisms mediating physical outcomes from psychosocial stimuli require clarification,12•13 the phenomenon of symbolic interaction having physical repercussions is no longer questioned. Variations in the social construction of the back pain experience have, however, bee

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