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Chronic Musculoskeletal Pain – Does Exercise Matter?

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Chronic musculoskeletal pain (CMP) refers to ongoing pain felt in the bones, joints and tissues of the body that persists longer than 3 months, with back pain and osteoarthritis the most prevalent conditions. Based on self-reported data, musculoskeletal conditions affect 30% of all Australians and were the fourth largest contributor to health expenditure in 2010 [1]. In western society CMP is the major cause for pain and disability and predicted to increase >50% by 2050 [2].

Active treatment for CMP which aims to develop patient self-management and coping is emphasised in clinical care guidelines, with exercise being an integral treatment modality. Decreases in pain and disability noted across a range of CMP conditions with exercise have been linked to multiple physiological and psychological adaptations [3-5]. These widespread effects of exercise might explain why specific CMP conditions respond to a variety of exercise modalities and dosage. For example, for a patient with CLBP treatment outcomes might be the same for pilates, motor control, resistance or aerobic exercise.

If patients with CMP respond to different exercise modalities and dosage does exercise prescription matter? Based on the current evidence, less attention can be directed to specific exercise modalities and dosage that target suspected pathological and mechanical causes. Clinicians should not interpret this as a directive to disavow exercise that targets patient presentation, goals, preferences and capabilities in favour of clinician centred exercise prescription and preference. Treatment outcomes also improve for exercise interventions that address the biological, psychological and social consequences of persisting pain [6, 7]. However, implementing treatments to address pain and disability caused by a complex interaction of biopsychosocial factors can be a daunting task for many clinicians. Despite a broad acceptance of a biopsychosocial approach, its application in daily clinical practice is less extensive or poorly executed [8, 9]. Early career clinicians can find treating patients with CMP particularly challenging through undergraduate curriculum that continues to place more emphasis on biomedical than biopsychosocial treatment [9, 10].

Exercise Physiologists have the potential to make a significant contribution to the lives of people with CMP. Making exercise matter requires Exercise Physiologists to shift their focus from exercise modality and dosage to consideration for the context in which exercise is prescribed. Biopsychosocial aligned exercise interventions and contextual factors including: a positive therapeutic alliance, patient education, settings that foster patient confidence and reduce fear of movement and providing an experience of mastery or cognitive control over difficulties have the



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potential to significantly impact on pain and disability. The aim of this presentation is to explore key concepts in an Exercise Physiologist led intervention for a patient with CMP.

References

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