

Do Patients Avoid Activities That Cause Pain Out of Fear?

By Dr. Ken Spresser

There are two extremes when a patient is in pain, avoidance and confrontation. Those who confront their pain adapt while resuming activities in a gradual manner. Others absolutely avoid activities that cause pain because of exaggerated pain perceptions, continued disability and adverse psychological consequences. Unfortunately some patients will progress from acute to chronic because of fear avoidance. Is there a difference in fear avoidance between patients who have neck pain versus low back pain? Steven George, et al in their article "A Comparison of Fear-Avoidance Beliefs in Patients with Lumbar Spine Pain and Cervical Spine Pain" (Spine, 2001, Vol. 26, No. 19) have found differences in fear avoidance beliefs among gender, type of onset and even payor source. Under normal circumstances, pain perception has both a sensory and emotional component that has a synchronous and proportional relation. Sometimes, however, the two become disassociated resulting in an exaggerated pain. Fear of pain and what we do about it may be more disabling than pain itself.

Some studies have shown that psychological stress at work is a risk factor for new episodes of neck pain as well as chronic neck disorders. It has been hypothesized that for some patient's acute pain, fear avoidance may be a protective mechanism that prevents further tissue damage during the initial phases of healing. It has been found that in acute work-related low back pain, higher levels of fear avoidance beliefs were linked to permanent disability and prolonged work absence. Some of the results of Steven George et al are predictable. There were high fear avoidance beliefs among patients with acute or sudden onset conditions. Surprisingly workers' compensation patients had higher fear avoidance beliefs than auto accident victims. So payor source is thought to be a factor. For some individuals receiving workers' compensation or auto insurance compensation, screening for high levels of fear avoidance beliefs identified those at risk for disability or work absence. Please keep in mind that this study took place in Pennsylvania which will have a different workers' compensation and auto insurance compensation system than other states. Younger patients had lower fear avoidance beliefs about physical activity. Some results were not as predictable. Men had high levels of fear avoidance beliefs about both work and physical activity. Females had increased disability from cervical spine degeneration and had developed more neck disorders which may suggest higher fear avoidance beliefs observed in females.

Patients with low back pain had a greater degree of fear of work related activities when they had been injured at work than did patients with work related cervical pain. It is hypothesized that patients and perception of pain/re-injury is greater when the pain is related to the lumbar spine whereas with the cervical spine there is a reduced fear of activity and a more confrontational response to the pain.

In conclusion chiropractors may want to use a Fear Avoidance Beliefs Questionnaires especially for workers' compensation and automobile accident victims to predict their future potential disability and need/desire to maintain a treatment program.