

FREQUENCY OF KINESIOPHOBIA IN PATIENTS WITH CHRONIC NECK PAIN, JINNAH HOSPITAL LAHORE

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ABSTRACT

Background: Kinesiophobia is used to describe the people's fear of movement because of pain. It's an extreme form of fear or phobia of movement in which a person believes that movement may result in more pain and injury. Kinesiophobia patients have fear that they may get injured if they performed any type of movement. So, they avoid any type of movement. Fear of movement creates a negative cycle of further pain, further fear, and chronic pain. Neck pain refers to a sensation of discomfort that you feel in your neck area. Neck pain is a common disease which commonly involves the muscles and ligaments, joints, or discs. It can differ from a constant, dull pain to a sharp, sudden sensation. Neck pain can be categorized on the basis of duration as acute (lasting less than 6 weeks), sub-acute (6-12 weeks) and chronic (more than 12 weeks). **Objective:** The objective of the study was to describe the frequency of kinesiophobia in patients with chronic neck pain. **Study Design:** The design of study under research was observational (cross sectional). **Setting:** The study setting was Jinnah Hospital, Lahore. **Study Duration:** The study took a duration of six months in completion after the synopsis was approved. **Material and Method:** The Tampa questionnaire was used as data collection tool. It consisted of demographics, visual analogue scale and Tampa Scale for Kinesiophobia. A questionnaire on 95 patients of chronic neck pain was carried out in this study to find out the presence and degree of kinesiophobia. **Results:** The main results showed out that out of 95, 35(36.84%) had low degree of kinesiophobia and 60(63.16%) had high degree of kinesiophobia. And p value for gender, socioeconomic status and age of patient for Tampa scale score was greater than .05. This resulted that there was no association between gender, socioeconomic status and age of patient for kinesiophobia. **Conclusion:** It was concluded that patients had fear that they might get injured if they were to exercise. They had a fear of re injury/movement. A high score of Tampa scale was found, which showed a high degree of kinesiophobia. The major portion of respondents was from middle class of socioeconomics. By their counseling, we can improve the treatment methodology as well as the quality of life of the patients.

Key words: Physical Therapy, Kinseiphobia, Exercise Phobia, Chronic neck pain, Tampa scale, Fear of movement.

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INTRODUCTION

In the context of rehabilitation medicine and physical therapy, the term 'kinesiophobia' is used to describe the people's fear of movement because of pain. It's an extreme form of fear or phobia of movement. It is a well-documented disorder in the world of physical therapy, in which a person believes that movement may result in more pain and injury. By definition, kinesiophobia

is an irrational, excessive, debilitating and weakening phobia or fear of movement and physical work that occurs as a result of a feeling of vulnerability to painful injury and re-injury. Kinesiophobia can be described in a variety of ways. We cannot describe it as a fear of pain only. It can also be described as fear of physiological symptoms like fatigue, fear of physical and mental discomfort.

Kinesiophobia affects the human life in various devastating ways. First of all, it targets the physical health status of a person due to lack of activity which in turn makes the body's musculoskeletal system deconditioned. Deconditioned musculoskeletal system will in turn hinder in proper locomotion of human body. Kinesiophobia also results in mental depression because an individual becomes more dependent on other people for the accomplishment of activities of daily living. Fear of avoidance of movement grows, overall health status of an individual suppresses and vicious cycle continues.

A more particular fear is fear or phobia of movement and physical activity that is (wrongfully) supposed to result in re-injury. Fear or phobia is an emotional reaction to a particular, immediate and identifiable threat like an injury or a dangerous animal. Kinesiophobia patients have fear that they may get injured if they performed any type of movement. So, they avoid any type of movement. Fear of movement creates a negative cycle of further pain, further fear, and chronic pain.

Neck pain refers to a sensation of discomfort that you feel in your neck area. You may also have neck stiffness and decreased movement of the cervical (neck) region. Neck pain is a common disease which commonly involves the muscles and ligaments, joints, or discs. It can differ from a constant, dull pain to a sharp, sudden sensation. Neck pain can be categorized on the basis of duration as acute (lasting less than 6 weeks), sub-acute (6-12 weeks) and chronic (more than 12 weeks). Chronic neck pain lasts for more than 3 months and can be felt all the time or worsen with specific activities. Neck pain is a problem of musculoskeletal system which has a major impact on person's daily life and quality of life. Signs and symptoms include pain that often gets devastated by muscular spasms and tightness, holding your head in one place for long periods of

time, such as when working at a computer or driving, headache and reduced ability to move your head. These can also include soreness or tenderness in a general area, sharp or stabbing pain in one spot, and pain radiating up into head or radiating down into shoulders, arms, or fingers. In some instances other symptoms related with the neck pain are even worse, like weakness, numbness or tingling that radiates into the shoulder, arms, or fingers, problems with gripping or lifting objects, trouble with coordination, balance or walking and loss of bowel or bladder control.

Neck injury like in whiplash, a cervical herniated disc, degenerative disc disease, nerve compression, neck muscle strains (poor posture, repetitive motions) and disorders like meningitis, rheumatoid arthritis or cancer are the causes of cervical pain.

Kinesiophobia and chronic cervical pain are correlated with each other. For a physiotherapist, understanding this relationship can be a difficult task but remains very important in order to address the dysfunctions that may result in the cycle of pain, immobility and fear of moving. During rehabilitation, it is necessary to consider the physical as well as the psychosocial components to pain. In patients of chronic neck pain, psychosocial factors show strong association with disability and resulting altered quality of life. Kinesiophobia is a psychosocial factor in chronic neck pain patients. Patients have fear of phobia of movement and they avoid all types of movements.

To assess the fear or phobia of movement / re-injury, Tampa scale was developed. For various pain disorders (chronic low back pain, chronic neck pain, fibromyalgia and osteoarthritis), the psychometric properties of Tampa scale for kinesiophobia have been assessed in various languages. Other fear of pain questionnaires and measures of disability have been used to

demonstrate its construct validity.

MATERIAL AND METHOD

2.1 Study Design:

The design of study under research was observational (cross sectional).

2.2 Study Setting:

The study setting was Jinnah Hospital, Lahore.

2.3 Study Duration:

The study took a duration of six months in completion after the synopsis was approved.

2.4 Sample Size:

The sample size of the study was 95.

2.5 Sampling Technique:

Convenience sampling.

2.6 Sample Selection:

Patients meeting the inclusion criteria were selected for the study.

2.6.1 Inclusion Criteria:

Patients having chronic cervical pain

Patients having history of chronic cervical pain

Patients of all age groups

Both male and female patients

2.6.2 Exclusion Criteria:

Patients with acute neck pain

Traumatic pathologies (Bone Fractures)

2.7 Sample Size Calculation:

The sample size of the study was calculated by Win Peppey, an online sample size calculator.

2.8 Recruitment:

Patients meeting the inclusion criteria were recruited in the study after their own will from Jinnah Hospital Lahore. Questionnaires were filled by them after filling the written consent forms.

2.9 Data Collection:

In this research, patients having chronic cervical pain were included. Study was carried out at Jinnah Hospital Lahore. An informed consent was obtained after the study had been cleared by Allama Iqbal Medical College (AIMC), Scientific Review Committee.

Patients with kinesiophobia were diagnosed by using Tampa Scale for Kinesiophobia.

2.10 Data Analysis:

The Statistical Package for Social Sciences (SPSS) version 16 was used to analyze the data. Mean \pm S. Dev. were used to present numeric data such as age etc. While the qualitative data such as gender, degree of kinesiophobia was presented in the form of frequency and percentages.

2. Ethical Approval and Confidentiality:

There were no ethical issues in this study. An informed consent was obtained after the study had been cleared by Allama Iqbal Medical College (AIMC), Scientific Review Committee. Data was kept confidential. It was collected for academic purpose for this research only.

3. Expected Outcomes:

The study will provide information about frequency of kinesiophobia in patients with chronic neck pain at Jinnah Hospital Lahore. The study will provide fundamental information about the presence and degree of kinesiophobia in patients having chronic cervical pain. The date will be reserved as a part of the literature which will be of great help in the upcoming researches regarding kinesiophobia and chronic neck pain in Pakistan.

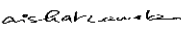

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AUTHORSHIP AND CONTRIBUTION DECLARATION

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