

THE LIVED-THROUGH
EXPERIENCE OF SPINALLY
REFERRED LEG PAIN: A
DESCRIPTIVE
PHENOMENOLOGICAL STUDY

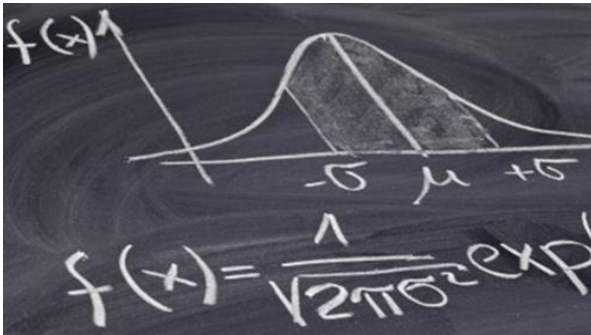
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THE RESEARCH QUESTION

- The aim was for a better understanding what it is like to be living with "sciatica" as experienced by participants.
- What is the lived experience of having spinally referred leg pain from a physiotherapeutic perspective?

METHODS

Philosophy

- A descriptive phenomenological stance using a Husserlian approach
 - the research can only claim to be phenomenological if the researcher assumes the phenomenological reduction
 - Taking a step back from the natural attitude
 - Put aside all past knowledge about the object = bracketing
 - Eidetic reduction = seeking the most invariant meaning through free imaginative variation and conscious acts

METHODS

Data collection

- Data were obtained through individual, face to face, in-depth interviews
- Four participants were asked to describe their concrete experience of spinally referred leg pain, in as much detail as possible

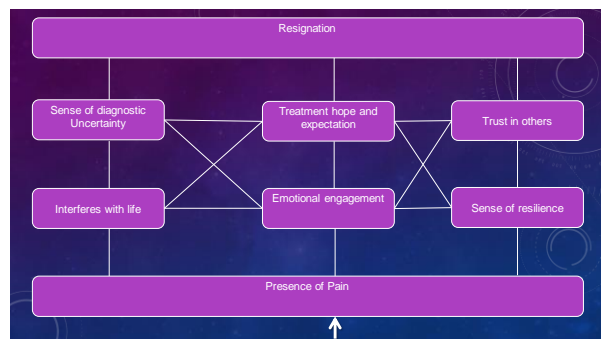
METHODS

Analysis

- The 5 steps of descriptive phenomenological method based on Giorgi:
 1. Reading to get a sense of the whole
 2. Constituting meaning units
 3. Transforming the everyday expressions into phenomenologically meaningful expressions.
 4. Synthesis of the transformed meaning units
 5. Determination of variations of constituents

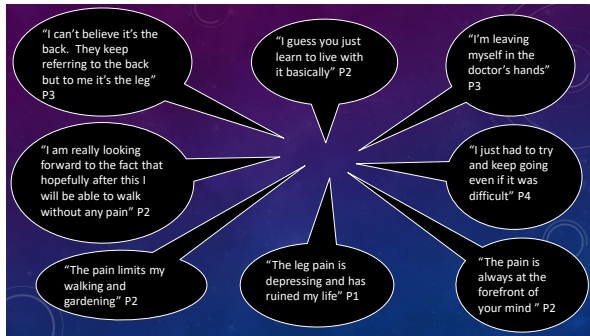
FINDINGS – ESSENTIAL STRUCTURE

- One type of the lived through experience of spinally referred leg pain from a physiotherapeutic perspective occurs in situations where P feels that pain is either always or intermittently present in the back or in the leg, coming more or less to fore front of his/her mind, with the pain being severe at times, feeling the pain is taking over his/her life. P feels the pain inhibits and restricts his/her life and interferes with work, hobbies and/or daily activities. P feels the pain impedes mainly his/her walking and feels more or less isolated and unable to live the life P wants to live. P has more or less doubt about the origin of the pain and does not always understand what s/he is experiencing. As a result of the pain a wide range of emotions dominate P's experience, taking on a more negative or positive meaning. However despite the pain, P does not give up and holds on to what is important in life. The suggested treatment elicits a certain expectation that is more or less fulfilled depending on the outcome of the treatment and is related to how others gain or lose P's trust. P comes to a point where s/he comes to terms with his/her situation, whether or not this is forced upon him/her and the experience takes on a more positive or negative outlook for the future.



Constituent	P1	P2	P3	P4
Presence of pain	HIGH	LOW	HIGH	HIGH
Severe pain		Severe pain	Severe pain	Severe pain
Condition worse over time		Condition worse over time	Knows when pain comes on	Seeking validity if pain is real
Pain is intermittent		Pain is discomfort	Pain is all-encompassing	Pain is constant / intermittent
Uncertainty when pain comes on		Uncertainty when pain comes on	Body not allowing exercise	Knows when pain comes on
Pain is life-changing		Pain toxic over life	Pain is constant / no relief	Pain always present in the mind
Lack of control		Pain always present in the mind		
		Leg feels alien		
Sense of interference with life	HIGH	LOW	HIGH	HIGH
Activity of daily life / work		Activity of daily life / work	Activity of daily life / work	Activity of daily life / work
HIGH - walking		HIGH - walking	HIGH - walking	HIGH - walking
HIGH - isolating		LOW - isolating	HIGH - isolating	LOW - isolating
HIGH - Unable to live life		LOW - Unable to live life	HIGH - Unable to live life	LOW - Unable to live life
Sense of diagnostic uncertainty	HIGH - Unsure what is causing the pain	HIGH - Unsure what is causing the pain	HIGH - Unsure what is causing the pain	LOW - Unsure what is causing the pain
Lack of under-standing what is going on		Lack of under-standing what is going on		Doubts diagnosis
Sense of emotional engagement	HIGH - Depressed	LOW - Depressed	HIGH - Depressed	LOW - Depressed
HIGH - Frustration		HIGH - Frustration	HIGH - Frustration	HIGH - Frustration
Suicidal ideation		Loss of enjoyment	Loss of enjoyment	Anxiety / Stress / Worry
Feeling of embarrassment		Fear	Fear	In denial
		Happy when not feeling pain		

Sense of resilience	HIGH - Continues activities	HIGH - Continues activities	HIGH - Continues activities	HIGH - Continues activities
	LOW - Able to cope	HIGH - Able to cope	LOW - Able to cope	HIGH - Able to cope
	Pain does not stop her	Walks through the pain	Changed activity	Pain does not stop him
Hope and expectation of treatment	HIGH - Injection would reduce pain	HIGH - Injection would reduce pain	HIGH - Injection would reduce pain	HIGH - Injection would reduce pain
	HIGH - Worry if treatment unsuccessful	HIGH - Worry if treatment unsuccessful	HIGH - Worry if treatment unsuccessful	LOW - Worry if treatment unsuccessful
	HIGH - Expectation not met	HIGH - Expectation not met	HIGH - Expectation not met	LOW - Expectation not met
	Disbelief	Unsure what else he can do		Loss of hope / sense of relief
Trust in others	HIGH - Loss of trust in health care professionals	LOW - Loss of trust in health care professionals	HIGH - Loss of trust in health care professionals	LOW - Loss of trust in health care professionals
Sense of resignation	HIGH - Have learned to live with pain - forced	HIGH - Have learned to live with pain - forced	HIGH - Have learned to live with pain - forced	HIGH - Have learned to live with pain - forced
	Must accept pain	No cure, no end in sight	No cure, no end in sight	End in sight
	HIGH - Worry about future	HIGH - Worry about future	HIGH - Worry about future	LOW - Worry about future



DISCUSSION

- The phenomenological analysis showed that the most essential aspect of lived-through experience is the overriding presence of pain. The other key constituents, which are all interrelated, were: interference with life, emotional engagement, sense of resilience, sense of diagnostic uncertainty, treatment hope and expectation, trust in others and resignation.

IMPLICATIONS

- This study contributed to the field of descriptive phenomenology, providing insights into spinally referred leg pain experiences, and has significant implications to understanding the phenomenon from a physiotherapy disciplinary perspective. Clinicians may gain an appreciation of the complex factors which are meaningful to the patient and how these factors interrelate. Acknowledging these factors may help them understand that having persistent spinally referred leg pain is more than just pain.

