



## Author's Response to Ang, O. Invited Commentary on the Development and Initial Validation of the Pain Progress Measure

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I would like to thank Dr. Oliver Ang for his very insightful commentary. I am encouraged by the fact that the reviewer saw the need to develop the Pain Progress Measure, and its value in holistically assessing pain. I agree with his comment that consolidating the elements of the biopsychosocial (BPS) framework into a single score really does dilute its complex dynamics. The intent of consolidating the elements of the into a single score was to simplify the assessment process and make it more accessible for practitioners and researchers. The outcome measure provides a quantitative measure that can be easily understood and compared across individuals or populations. This can be particularly useful in clinical settings where time and resources are limited. The framework emphasizes the interplay between biological, psychological, and social factors, and reducing it to a single score "oversimplifies" its complexity. Each of these factors has its own unique contribution to an individual's health and well-being, and they interact in complex ways. By consolidating them into a single score, we risk overlooking important nuances and interactions that are crucial for understanding and addressing health issues. This is accepted by the author as an obvious flaw and limitation in the design of the Pain Progress Measure.

I therefore encourage potential users of this outcome measure to always review the individual items of the test so that they are able to identify areas of concern in a particular patient so targeted interventions could be delivered. Without considering these individual scores separately, we may miss important aspects of their health that require attention. For example, a patient may have a high score on the biological domain but low scores on the

psychological and social areas, indicating a potential imbalance in their overall well-being. An appropriate intervention strategy is to therefore provide treatments that are aimed at improving the biological domain. Similarly, if a patient's overall score had improved from baseline to re-evaluation or discharge, the physical therapist must always determine what had changed in the patient's domains of pain that could explain the change in scores.

My intent is to continuously assess the outcome measure and make necessary changes to make it more useful. It is important to strike a balance between simplicity and complexity in order to effectively apply the BPS I framework in practice.

On qualitative studies that describe Filipinos' perception of progress in BPS domains, these perceptions are dynamic and may evolve over time as patients navigate the complex interplay the BPS domains in their pain rehabilitation journey. As a background, here are some studies that may have led to the development of the pain progress measure. One study conducted by Dalilis et al. (2016) focused on the experiences of Filipino elderly that have arthritic pain. The findings revealed that patients perceived their progress in the biophysical domain through reduced pain intensity and improved physical functioning for their decision making. Another study by Cuevas (2009) explored the psychological aspects of pain rehabilitation among Filipino patients. The participants expressed their perception of progress in this domain through enhanced emotional well-being, reduced anxiety, and improved coping strategies. A more holistic measurement for health is also essential to capture the complexity and interconnectedness of an individual's well-being (Gregorio,

2012). This perception of Filipinos explains that mental well-being provides a more accurate assessment of physical health. A holistic approach to measuring physical health is crucial for promoting overall well-being and even preventing the onset of chronic diseases. In terms of the social domain, a study by Ventegodt et al. (2004) examined the experiences of Filipino patients in pain rehabilitation support groups. The participants perceived progress in this domain through increased social support, improved communication skills, and a sense of belongingness. The study highlighted the positive impact of peer support in enhancing the social well-being of chronic pain patients. Moreover, a study by Sievert-Fernandez (2015) examined the perception of Chronically Ill Filipino Children patients, including those with pain, regarding the role of family support. The findings revealed that patients perceived progress in the social domain through increased family involvement, improved communication, and a sense of emotional support.

The perception of Filipino patients in the progress of their biophysical, psychological, and social domains in pain rehabilitation is influenced by various factors. These include reduced pain intensity, improved physical functioning, enhanced emotional well-being, and increased social support. Healthcare professionals should consider these perceptions to provide patient-centered care and optimize pain rehabilitation outcomes. This is what the PPM as a means of assessment tries to deliver.

On why private PT clinicians lack motivation to use outcome measures and how the PPM could be of advantage, one of the primary reasons clinicians may lack motivation to use outcome measures is the perceived time and effort required. A study conducted by Jette et al. (2003) found that physical therapists often cited time constraints as a barrier to using outcome measures. Private practice settings are often fast-paced and demanding, leaving clinicians with limited time to administer and interpret outcome measures. This time pressure may lead to a prioritization of other tasks, such as treatment planning and documentation, over the use of outcome measures. Another factor contributing to the lack of motivation is the perceived lack of relevance of outcome measures to clinical practice. A study by Moore et al. (2018) revealed that physical therapists often questioned the clinical utility of outcome measures, particularly when they did not align with their treatment goals or patient population. Clinicians may feel that outcome measures do not capture the complexity of their interventions or the unique needs of their patients, leading to a sense of disconnect and reduced motivation to use them.

The logistical lack of motivation among clinicians in private practice to use outcome measures can be attributed to time constraints and perceived lack of relevance. These barriers are somehow addressed by the simplicity of the PPM. An increased awareness of the benefits of this outcome measure can promote the use of more outcome measures in clinical practice. By doing so, clinicians can enhance the quality of care provided to their patients and contribute to the advancement of evidence-based

practice in physical therapy. Again, I truly appreciate Dr. Ang's review and feedback on the paper and encourage our readers to join in our conversation in an effort to continuously improve the PPM to make it more relevant in the Filipino setting.

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