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Abstract

Background and Purpose: Twenty percent of adults suffer from chronic back pain. Chronic back pain affects overall quality of life (QOL). This quality improvement project (QIP) sought to ascertain if clinician empowerment through an online chronic back pain self-management program would increase QOL in patients suffering from chronic back pain.

Methods: This QIP utilized a pre-test and post-test intervention design. Participants included eight chronic back pain patients from an urban outpatient clinic in the Rocky Mountains. A nurse practitioner developed and implemented a self-paced six-module online chronic back pain self-management course. Chronic back pain was measured with the Oswestry Disability Index (ODI). Function on activities of daily living (ADLs) while experiencing chronic back pain was measured using the Pain Self-Efficacy Questionnaire. Analyses included descriptive statistics and Wilcoxon Sign-Rank test.

Results: All participants were female, 50% were married, 50% had commercial insurance, and their average age was 41.5 (SD=11.54, IQR: 25) years old. Participants reported minimal pain related to disability and there was no change in ODI scores after the intervention. There was a 26.7% increase in function related to ADLs. This was not statistically significant, but it had a large effect.

Conclusions: This QIP demonstrated that appropriate educational programs can positively affect the QOL of patient's suffering from a plethora of painful chronic conditions. This online self-paced self-management intervention did increase patients' confidence in their ability to function and perform tasks affecting their ADLs.

Implications: The goal of teaching patients how to self-manage their pain in conjunction with medical management is to decrease their dependence on medical providers and pain medication. By educating chronic back pain sufferers how to manage pain in their day-to-day lives, we can better equip patients to lead an independent life.

Keywords: quality of life, online, patient reported outcome, low back pain, clinician reinforcement