

[Spine \(Phila Pa 1976\)](#). 2009 May 15;34(11):1218-26; discussion 1227.

Doctors with a special interest in back pain have poorer knowledge about how to treat back pain.

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- [Spine \(Phila Pa 1976\)](#). 2009 Dec 1;34(25):2833; author reply 2833-4.
- [Spine \(Phila Pa 1976\)](#). 2009 Sep 15;34(20):2240; author reply 2240.

STUDY DESIGN: We conducted an observational study using mailed questionnaires to 3 random samples of general practitioners from Victoria and New South Wales, Australia in 1997, 2000, and 2004. **OBJECTIVE:** To determine whether general practitioners' beliefs about low back pain (LBP) differ according to whether they have a special interest in back pain, musculoskeletal, or occupational medicine; and whether these beliefs are modified by having had continuing medical education (CME) about back pain in the previous 2 years. **SUMMARY OF BACKGROUND DATA:** Physician surveys continue to demonstrate that general practitioners only partially manage LBP in an evidence-based way. Identified barriers to changing physician behavior, in regard to management of back pain, have included patient factors such as their past back pain experiences and preferences for care as well as physician beliefs about the association of pain and activity; although the influence of physician special interests has not been studied. **METHODS:** Back pain beliefs of different subsets (special interests vs. no special interests and CME vs. no CME) were compared using relative risks (RRs) adjusted for state and survey. The analysis was then repeated including all special interests and recent back pain CME in the model. **RESULTS:** Responses were received from 3831 general practitioners (overall response rate [RR]: 38.2%). Physicians with a special interest in LBP were more likely to believe that complete bed rest and avoidance of work is appropriate for acute low back pain (RR: 1.89 [95% CI: 1.53-2.33] and 1.55 [95% CI: 1.31-1.83], respectively) and lumbar spine radiographs are useful (RR: 1.36 [95% CI: 1.21-1.51]). The disparity between those with and without a special interest in LBP was still evident after adjusting for the presence of other special interests and recent CME. After adjusting for the presence of other special interests and recent CME, there were no important differences in back pain beliefs between those with and without a special interest in musculoskeletal medicine, while those with a special interest in occupational medicine and those who had received recent CME had better beliefs. **CONCLUSION:** A special interest in back pain is associated with back pain management beliefs contrary to the best available evidence. This has serious implications for management of back pain in the community.

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