

## **Bijlage GLA:D programma: doelen & uitvoering van oefeningen.**

Doelen van oefentherapie en suggesties om de instructies / informatie tijdens het oefenen zodanig te verstrekken, dat de kans dat de doelen worden verwezenlijkt, gaat toenemen.

### **Suggestions for different types of instruction for the exercises**

#### **Primary goal of instructions (5):**

1. the patient feels competent and **safe** in performing different movements
2. the patient feels the exercises are **positive** (emotionally, physically, and cognitively) and links movement with positive thoughts
3. the patient develops skills to **respond to pain** during movement
4. the patient does not focus on structural changes as a **cause of pain**
5. the patient takes **ownership** of his/her own training

Onderstaand suggesties & uitwerking per beoogd doel.

#### **1- Safety**

- the patient is not instructed in the one 'correct' way to perform the exercises
- the concepts of 'stability' and 'instability' are not mentioned.
- the patient is introduced to a repertoire of ways to move, achieving trust and confidence in back movements by trying out different ways of doing the exercises that allow the brain to connect motion to experiences other than pain.

#### *Suggested messages / instructions*

Create confidence and ownership by avoiding correcting errors: instead, guide in exploring other starting positions and movements so that the patient finds his/her way to do the exercises. For example:

- "You can try how it works if you change the movement, for example lift the pelvis more / less"
- "See if the movement feels different if you do it slower / faster?"
- "Does it make a difference if you tighten the muscles in the buttocks/belly?"
- "Feel how the muscles of your abdomen, legs and back work"
- "Think of how wonderful it is that you are working to strengthen your back, where every exercise is a step in the right direction"
- "Give yourself time to complete the entire range of movement"

## 2- Enjoy movement

- The patient is guided to enjoy finding his/her way of doing the exercises, not to focus on the pain, limitations, or the "correct" way of doing the exercises
- The patient is guided to positive experiences with movements of the body and back, experiences in improving function of the back with training

### *Suggested messages / instructions*

- "How can you do this exercise, so that it feels really good - experiment with pace and movement." I will tell you if you do something really wrong "
- "Compliment yourself on being here and for doing something"
- "Remember to enjoy the sense of doing something good for yourself"

## 3- Handling of pain provocation

- The patient avoids having a focus on pain; the aim is to avoid the patient registering pain as a signal of injury, so that increasing pain sensitisation is neglected, and an automatic response to pain no longer results in the ending of an activity

- the patient explores movement as a means to overcoming pain. The patient works with acceptance of pain, adapts gradually to stress, and learns to distinguish between limitations of the back and fear of movement

### *Suggested messages / instructions*

Create awareness that feelings of distress are unhelpful when related to pain. Include examples from pain education such as sensitisation, the alarm system, "a song on the brain"

- "You're doing the exercise just fine. If you start to feel pain, this may be your alarm system turning on, so then you check that the inputs coming from your sensitive area are ok "
- "Your pain alarm has started and would like you to stop. Try to see what happens if you ignore it by continuing the activity a little longer - as if your body will continue to work just fine "
- "Do you think that it may be your brain that has started singing the usual song? Can you distract yourself from it? "
- "Try and see what happens if you focus on something else, some good thoughts or your breathing"
- "Try to move in a relaxed way - possibly by changing the pace a little "
- "Your brain connects movement with pain and cheats you out of a good experience. Try to [make suggestions for changes] to get some new experiences. Your brain likes re-programming! "

## **4- Causes of pain**

- The patient no longer believes that his/her back problems cannot be improved due to structural damage or abnormality
- the patient learns that the range of normal standards for the back is extensive; that a number of conditions can make the back more sensitive, but that does not prevent recovery through training; that focus is on improving function and pain management, rather than eliminating the back problem

### *Suggested messages / instructions*

Underline that it is not possible to determine exactly which structure is causing pain when the patient points out that it may be his/her disc, facet joint or certain muscles that hurt.

- "It is normal to have a scoliosis or changes in the structures of the back; many have it without pain"
- "Try not to think about what's wrong with your back when you feel pain. You risk activating the alarm system even more, just because it gets attention. You may want to help yourself by counting backwards from 100, planning a good dinner, re-living your best vacation / work / experiences with your children, telling a joke .... "
- "Your back is strong. Your joints can carry you all day, it's not causing you any harm by doing these exercises"
- "Pain comes and goes, often not in a recognisable pattern. When you wonder about the causes, your brain pays too much attention to your back. Instead, is there anything that helps you? Is there anything else you can do?"
- "We cannot change the imbalances and degenerative changes you have, but they are not an obstacle to making you feel better"

### **5- Ownership of exercises**

- The patient should avoid relying on others or therapists to handle his/her back problems
- The patient feels competent to manage his/her training and exercises now and into the future

### *Suggested messages / instructions*

Avoid correcting the exercises, but give the patient instructions on how to explore and adjust the exercises

- "Try to work with different speeds, ranges of movements, and relaxation in other muscles. If it feels better, do it "

- "You now know different levels of this exercise - so you can customise them to your current capacity"
- "I'm sure you're in control of it"
- "You are an expert in your own training, you know what works well for you"
- "I will guide you so that you are able to be your own coach"
- "When an exercise does not work well, we can try different variations until you've found what feels good"
- "Ask if you're in doubt that you might be doing something bad for your back"
- "Find your favourite exercise, which can be helpful on a bad back day"

## Appendix 2

### Literature for exercises

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