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The Process of Creating and Disseminating Exercise Programs by Physical Therapists for Older Adults With Chronic Back Pain

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Abstract

Objective. The purpose of this study was to enhance the understanding of the process that physical therapists undertake when creating and disseminating exercise programs for older adults with chronic back pain.

Methods. Constructivist grounded theory methodology was used as an accessible mode of researching pragmatic clinical practices. Physical therapists from outpatient, ambulatory care clinic settings participated in in-depth, individual interviews (n = 9) and in-clinic observations (n = 5). Data collection and analysis were iterative processes. Codes were generated based on recurrent themes, and constant comparative analysis was used to compare data. Analysis and data collection were concluded when theoretical sufficiency was reached.

Results. Physical therapist participants described the process of creating and implementing exercise plans as involving listening to the patient's story, determining function, physical therapy care, supported integration, and, ultimately, returning back to living and life with chronic back pain. Participants worked through the 5 phases at different rates, often recurrently, when treating older adults with chronic back pain. The phases are positioned within a shared alliance between physical therapy provider and patient, with a transfer of responsibility occurring throughout treatment and follow-up sessions, progressing toward patient independence. This transfer of responsibility served as the core category for the process herein.

Conclusion. This research highlights the importance of listening to patients' stories when engaging in physical therapy care. Focusing on function, providing education and exercise as components of care, and supporting integration of exercise into everyday life are considerations for providing care for older adults with chronic back pain in physical therapist practice and, ultimately, for returning to life.

Impact. With aging populations and with the increasing prevalence of chronic conditions, this research offers insight into a process for physical therapists to enact exercise engagement for improved health and quality of life for older adults with chronic back pain.

Keywords: Exercise, Older Adults, Aging, Chronic Pain, Back Pain, Physical Activity
Introduction

Persistent pain is prevalent among adults aged 65 years and older with the back as the most frequently cited location of pain.1–4 International guidelines for pain management in the elderly recommend conservative management, including exercise-based therapies—a specialty of physical therapists—supported by emerging theories of the interconnection between movement and chronic pain.5,6 Recent calls for research into management of chronic back pain emphasize patient-centered, multidimensional approaches, demanding a fundamental paradigmatic shift in beliefs to understand and manage chronic back pain.7 For older adults, exercise may be especially important in extending years of life without disability, maintaining functional independence, and preserving quality of life8,9 and there is considerable support for the benefits of exercise-based rehabilitation for older adults with chronic back pain.5,10–12

Physical therapists are experienced in identifying patterns in pain, physical function, and mobility to address patient needs.13,14 Current best practices recommend utilizing a biopsychosocial model, incorporating patient preferences with research evidence and clinical expertise, to inform physical therapy treatment.7,15,16 Various clinical decision-making tools have been proposed to facilitate matching evidence-informed treatment choices with specific subgroups of patients.17–22 Nevertheless, implementation of clinical reasoning in everyday practice is not well understood, and there remain limited data depicting physical therapists’ processes of clinical reasoning in situ, particularly when treating older adult patients with chronic back pain. Moreover, some research suggests that physical therapists feel underprepared to effectively treat individuals with chronic back pain.23 Insight into preferred processes of exercise prescription and physical therapists’ perspectives on how to utilize exercise in the context of treating older adults with chronic back pain is limited.24 Therefore, the purpose of this research was to understand the process physical therapists undertake when creating and disseminating exercise programs for older adults with chronic back pain.

Methods

Constructivist grounded theory methodology25 was employed to explore the process of physical therapists creating and disseminating exercise programs for older adults with chronic back pain. With constructivist grounded theory, social processes can be theorized while remaining grounded in participants’ stories,25 endorsing participants’ immediate understandings of their empirical worlds and thereby offering an accessible mode of researching pragmatic clinical practices.26

Knowledge claims based on constructivist grounded theory research acknowledge multiple human “realities,”25,27 each constructed under specific conditions, which individuals act on and within.25,28,29 Knowledge is created within a social context, allowing for shared viewpoints and interpretive understandings.30 Thus, data are constructions of participants’ experiences, and the analytical theory presented herein is a construction involving interpretation and representation by the research team, grounded in participants’ words.

Kathy Charmaz highlighted, “What we can and do ask in a setting depends on how our research participants identify and know us”31(p23) and “how your research participants identify you influences what they will tell you.”31(p29) The authors acknowledge their involvement as integral to the research process and understand that findings presented are contextually bound to time, place, participants, and the research team.29

In undertaking this research, the researchers made known to participants their positioning as trained physical therapists and qualitative researchers to facilitate an open and honest environment for insight sharing.

Participants

Licensed English-speaking physical therapists, holding either a bachelor or master’s degree in physical therapy, working full- or part-time, were recruited from outpatient, ambulatory care clinic settings in a mid-sized city located in southwestern Ontario. Purposive sampling was employed to gain a variety of participants across a range of years of experience, clinical setting, sex, and post-graduate certification. Nine physical therapists, whose caseloads included treating individuals aged 65 years and older with chronic back pain lasting 3 or more months, provided informed, written consent and participated in this study. This research was approved by the Health Sciences Research Ethics Board at a leading Canadian university.

Data Collection

Each participant engaged in an audio-recorded, in-depth, individual interview, lasting between 36 and 66 minutes, at a location of their choice. The interview guides and recruitment process evolved over time, reflective of theoretical sampling and constructivist methodology respectively, to explore emerging ideas. Interview questions sought to elicit insight into physical therapists’ perspectives about the process through which exercise was used in treating chronic back pain for older adult patients.

In addition to interviews, the first author observed 5 of the 9 physical therapist participants for 1- to 2-hour sessions during clinical interactions with older adult patients with chronic back pain. Observations facilitated better understandings about clinic environments, including patient interactions, equipment resources and scheduling, and verbal and nonverbal communication with patients, other physical therapists, and support personnel. When no new insights were generated from these observational sessions, field notes, and memo writing, further observation opportunities were not requested of the remaining participants.

Data Analysis

The audio-recorded interviews were transcribed verbatim. Codes were generated based on recurrent themes and actions evoked by participants, which helped to direct further data collection.32 The research team employed an iterative, inductive approach in reading and rereading construct themes from audio-recorded interviews, which helped to direct further data collection32 until “theoretical sufficiency”33(p257) was reached. Theoretical sufficiency was contingent on the quality of the interviews, theoretical sampling, and revising and evolving the interview guide on reflection with ongoing analysis of interview transcripts.34 Subsequent interviews served to elaborate on or adjust emerging themes and fill in any gaps. Constant comparative analysis was employed to compare data between stories of patients, participant perspectives, points in time, memos and reflection from observation sessions,
Results

The sample of physical therapist participants for this study (n = 9) included 6 women and 3 men. Clinical career experience ranged from 8 months to 30 years. Reported caseloads and scheduling of patients varied among participants, between 8 and 40 hours per week, with between 2 and 4 patients typically scheduled per hour. In their respective practices, most participants reported treating a wide range of ages and health conditions/injuries not exclusively specializing in older adults or chronic back pain.

The main finding was a substantive theory describing physical therapists’ process of creating and disseminating exercise programs for older adults with chronic back pain. Physical therapist participants described this process as involving listening to the patient’s story, determining function, providing physical therapy care, supporting integration, and, ultimately, returning back to living and life with chronic back pain (Figure). Participants worked through the 5 phases at different rates, often recurrently. Movement through the phases was fluid, reflecting recovery of their patient. Participants acknowledged that their patients experienced previous episodes of back pain and had hitherto managed to cope with the pain for the most part; however, an acute aggravation, which flared the back pain and decreased their ability to function, led older adults to seek physical therapy treatment, thus initiating the process.

The phases sit within the context of a shared alliance between physical therapy provider and patient, with a transfer of responsibility occurring throughout the course of treatment and follow-up sessions, progressing toward a return to patient independence in living with chronic back pain. This transfer of responsibility served as the core category for the process herein, as it captured the conceptualized connection between central components of the process. Each element was inherently embedded within a therapist-patient partnership. As a program of care progressed, the onus of responsibility shifted away from predominately provider-led toward patient autonomy. Physical therapists in this study emphasized a gradual and guided transfer of responsibility allowing older adults to integrate exercise into their lives while feeling supported and safe.

From the very beginning, there’s a transfer of responsibility. There’s never just the onus on the physio, or the onus on the patient. If someone comes in and they are in severe pain, the onus is on caregivers to try and help them. And once that pain is reduced, the onus is on the patient to try and maintain their mobility. (Participant 1)

The relative overlap of circles over the centerline demonstrates shifting of responsibilities in the therapeutic alliance between therapist and patient over the course of treatment. Successful outcomes and ending of the process were determined by patients reporting satisfaction with goals achieved, improved functional tolerance in activities of daily living, and meaningful participation.

Listening to the Patient’s Story

Participants emphasized the significance of spending time listening to the stories of older adults with chronic back pain,
as these individuals had a lot of information to share regarding their health history, previous activity level and preferences, and previous management of chronic back pain.

“They may have more to say about what’s going on. […] If it’s chronic, I listen a lot more. […] In a chronic presentation, I let them talk a lot longer.” (Participant 5)

Similarly, Participant 7 stated: “Over the years, I’ve certainly increased my open-mindedness to the patient’s story. […] I’ve become more open to trying to be willing to listen and a bit more empathetic.”

Participants acknowledged the chronicity of patients’ back pain and that most patients had sought prior treatment, physical therapy or otherwise, in earlier attempts to manage their symptoms. Understanding patients’ previous pain management attempts helped the therapists to elucidate qualities of treatment patients found to be beneficial, which helped them to individualize treatment approaches.

Physical therapists described using their knowledge of patient particularities to create a constructive therapeutic alliance. Developing this therapeutic rapport was evidenced in observational field notes as follows:

He started with just sitting, talking—catch-up on symptoms, activities, and ‘sensitivity’ since last visit. The physio was very attentive, facing the patient with a wide-legged stance on the stool. This relaxed positioning seemed to invite the patient to comfortably communicate with the therapist. The patient herself brought up the things she wants to do this summer—gardening, painting, underwater swimming.

Several participants raised concerns regarding time allotted to patient interactions and the importance of having a suitable amount of time for effective treatment. Experienced, reflexive physical therapists described establishing rapport with patients, clarifying preferences, garnering “buy-in” to treatment, and developing realistic goals by beginning their interactions with listening to the patient’s story. Within treatment progression, the patient’s story led to more objective determination of function. The overlap between the patient’s story and determining function also served as a place for re-assessment when patients returned for follow-up appointments.

Determining Function
Participants spoke about designing assessment, exercise, and goals around function. Conducting a thorough neurological screen and testing range of motion and strength were considered standard routines of orthopedic practice; however, participants clarified their approach to assessment changed slightly when pertaining to this patient population. Ultimately, a determination of impairment at the level of body structures was considered helpful only insofar as it related to the patient’s overall function.

“I’m probably more likely to base a lot of my assessment on watching them move. And do a lot more functional movements and seeing how they are moving. […] I do not get too bogged down in the details maybe in an older patient with low back pain. (Participant 2)

Exercises offered as treatment often reflected the way patients preferred to move to alleviate their pain. Continuing a focus on function set the stage for creating mutually agreed on goals and treatment plans, which would be appealing to both the physical therapist and patient.

Determining function was an ongoing, often revisited phase of the process. Participants continuously re-assessed patients and spoke about using functional outcome measures to add information to their appraisal. For instance, Participant 3 noted:

If we are just going on “how are you feeling,” these people say “I don’t really register much change.” But then when we show them from a performance side of things, “you couldn’t do these 3 months ago.” Or “you could only do this many 2 weeks ago.” Then it puts it in the perspective of, “you know what, I am making improvements.”

Participants articulated the influence that assessment of patients’ function had on directing their further physical therapy care. Physical therapists employed a select set of objective measures to establish patients’ baseline function as well as to re-evaluate progress throughout treatment. Participant 5 described:

After completion of the assessment, I went over what I would deem as being the “golden tests” or the “golden findings.” These were the things that I found in the initial assessment that reproduced her pain. […] The biomechanical exercise will piggyback on an assessment technique that demonstrated a reduction in pain.

The overlap between determining function and physical therapy care demonstrated the connectivity and fluidity between assessment and treatment and helps to articulate links between patients’ pain experiences, function, and coping strategies and to direct the plan of care.

Physical Therapy Care
Participants delivered physical therapy care through various methods, including education, manual therapy, exercise, and occasionally other therapeutic modalities. The physical therapists carefully selected their modes of delivering care to best match each individual’s needs. Participants described a transition over the course of treatment from more passive or pain-focused treatment modalities toward more active, patient-led methods, ultimately aiming for patients to become independent and resume self-management for their own care.

Several physical therapists supported the use of hands-on care at the beginning of a treatment plan, describing that patients felt cared for with manual therapy to treat acute flares of pain. Additionally, hands-on time during treatment offered an opportunity for the physical therapists to educate patients on the cause(s) of their pain, the importance of movement, and the plan for care.

The person who’s less receptive to that pain neuroscience education, I probably end up doing more manual therapy on those people. […] That gives me some time where getting there they know I’m addressing the issue and I’m getting down to it, where we can also be talking about what they are feeling. […] Ultimately, I get them into exercise too, and they do the same thing. I think it’s just a slower process. (Participant 2)
Patient education was provided in the form of conversations with patients with respect to physical therapy scope, activity modification and positioning, pain neuroscience, self-management, and rationale for exercise. Education and exercise as treatment modalities were employed to empower patients to feel confident in self-managing their chronic back pain. Participant 4 noted:

If they have been dealing with this pain for many years, it’s a good chance they’ll have to deal with it for a long time, and I would like them to have some kind of tools that they can be more independent and they do not need someone else.

Regardless of the therapeutic modality employed, physical therapy care was designed around the patient. Moreover, there was an apparent proclivity toward directing physical therapy care to be exercise based. Exercise was specifically prescribed—type and parameters—for each patient; it was defined in a broad sense of overall mobility or movement-based activities and was intended to be a take-away from physical therapy for patients to return to self-management rather than a clinic-based tool. Participant 8 explained: “I wanted to make sure I gave her things she’d take away and do. She seemed quite motivated to do things, so I wanted to give her an active approach to her care.” Participants also exemplified tailoring programs to the individual. One observational field note described: “The physical therapist seemed to modify every exercise for this particular patient in order to re-package it as ‘easy to work into the day.’ The physio told the patient to do ‘five good ones’ instead of ten, or to stay ‘just within (her) comfort zone,’ and provided lots of positive reinforcement – ‘that a girl,’ ‘beautiful,’ ‘fantastic.’”

**Supported Integration**

Treatment and management of chronic back pain was a slow and continual process requiring patience and a long-term plan. Participants emphasized the need for patients to trial their self-management through exercise in a supported manner. Physical therapists described the tools and skills they used to provide pain management in the short-term; nevertheless, the inevitable aim was to ensure that patients were able to integrate education and exercise taught during treatment sessions into their own lives at home. One observational memo documented:

The physiotherapist established that the patient was feeling well, improving. He treated her back with manual therapy techniques for fewer than 10 minutes. (The patient) had questions about a sit-to-stand exercise, so (the therapist) spent quite a long time reviewing her form, practicing on different surfaces, constantly correcting minute compensations until she ‘got it.’ The therapist made a point towards the end of the appointment to mention that he felt the electrode modality they typically used was no longer necessary, since her pain was improving, and the patient seemed to agree.

While the trial period of practicing exercises in the home setting could be considered as a foundational aspect of physical therapy care in general, participants highlighted that the difference when treating older adults with chronic back pain was the longevity of the phase of integration. “I think having different expectations or different kind of timeline as to how long it may take for them to get better. It may take them a little longer than would, potentially, a younger population.” (Participant 9)

While participants understood that change and transition back to living with a manageable level of back pain would require considerable time, they maintained a touchpoint with their patients during this time to ensure integration into the day-to-day lives of their patients was supported.

Participants spoke to progressing home exercise programs on follow-up visits when certain milestones had been achieved to continue advancing toward patients’ goals. It was important for physical therapists to serve as reliable, consistent supporters to ensure older adult patients were safe in their self-management, exercises were appropriate and helpful, and patients felt supported if there were questions or setbacks along the way.

**Return to Living and Life With Chronic Back Pain**

Indicators of success and timing for discharge from physical therapy came from multiple sources, including patients’ subjective reports of symptoms and meeting goals, functional outcome measures, and clinician expertise on improvements in strength and function. Several participants noted that meeting goals was not necessarily synonymous with eliminating pain; rather, goals were designed around and attained through improving function and participation in meaningful activities. Participant 6 explained: “In terms of my goal, it’s to make them as independent as possible. The goal is not to have them coming back to see me for the rest of their life.”

In these cases, a marked difference in treatment plans compared with more acute injuries was the openness and fluidity surrounding discharge. Participant 7 stated: “Discharge is a kind of very open-ended entity I think in my caseload.” One such open-ended discharge conversation was documented in a field observation memo.

The physio said to his patient, “I’d suggest we keep it open-ended. If it’s not going at the rate you want, come back. Don’t hesitate to call.’ He seemed to sense some apprehension from the patient and went on to tell her, ‘I’m not suggesting you’re free and clear, but it’s going well.”

This open-ended discharge style differed from the previous phase because in supported integration there were scheduled follow-up appointments, plans to re-assess and progress exercises, and continued work towards improvement in subjective and objective measures. In contrast, this last phase represented the balance in responsibility was being transferred back to the realm of the patient to be enacted through resuming their role in self-management.

**Discussion**

The findings suggest that creating and disseminating exercise programs for older adults with chronic back pain was a process by which physical therapists listened to, assessed, cared for, supported, and returned older adults to day-to-day living with chronic back pain. Insights generated enhanced understandings of inherent values and assumptions underlying physical therapists’ decisions. The process by which physical therapists conceptualized and care for older adults with chronic back pain not only affects how individuals are treated in 1-on-1 interactions but also adds to larger, socially accepted understandings of chronic pain, aging,
and ability, which are reified in social and professional discourses.\textsuperscript{36}

**Listening to Patients’ Stories**

Physical therapists stressed the significance of taking time to listen to the stories of older adults with chronic back pain, which involved attending to the longevity of and self-management for their back pain, previous treatment by healthcare professionals, activity preferences activities, and meaningful goals. Listening to patients’ stories was situated as the first phase, located as the point of convergence in the therapeutic alliance between the physical therapist and patient, launching an alternating partnership of responsibility of patient-led and provider-led care, which proceeded through to discharge. The influence of the therapeutic alliance in physical therapy care has highlighted the import of communication, collaboration, and mutual agreement on goals and interventions for positive outcomes.\textsuperscript{37–39} For the physical therapists in this study, attuning to patients’ stories underscored the entire approach to treatment: to guide goal setting, to select specific exercise, to shape education and implementation, and to inform readiness for discharge. Practical implementation of listening to patients’ stories in physical therapy practice may be impeded by the requirement of devoting limited temporal resources to listening to detailed, complex, and longstanding histories of chronic conditions. With busy clinic schedules, fee-for-service models of compensation, and emphasis on efficiency balanced with the provision of quality healthcare, one-on-one interactions between therapists and patients may be limited to encourage more patient throughput, compromising evidence-based recommendations for practice.\textsuperscript{40,41} Nevertheless, it is critical to consider the impact and indispensability of creating a foundational patient-therapist partnership for healthcare rooted in patients’ concerns, preferences, and goals.

**Focus on Function**

Physical therapists described designing exercise programs to promote function versus to relieve back pain. Assessment was informed by patients’ subjective reports and substantiated through participants’ testing of their theories and assumptions utilizing pattern recognition from previous cases and clinical reasoning, a skillset of expert clinicians.\textsuperscript{42} Moreover, participants spoke about assessment and treatment as an ongoing process, integrating both throughout care and focusing on function through exercise and education. The focus on function could reflect physical therapist participants’ internalized understandings of previously successful interventions with similar cohorts, which focused on strength for function. Alternatively, it may reflect orthopedic physical therapists’ education and clinical training, whose foundational framework emphasizes function over impairment.\textsuperscript{43–46}

**Enacting Physical Therapy Care Through Education and Exercise**

Physical therapists offered numerous approaches for providing physical therapy care, including manual therapy, education, and exercise. In this manner, participants in this research demonstrated selecting exercise and treatment styles to match the patient and their goals, which offer support for implementation of the treatment-based classification system in practice wherein patients are triaged by the rehabilitation provider to determine the most appropriate approach.\textsuperscript{22}

All participants underscored the importance of providing patient education on the nature of chronic conditions, the neurophysiology of pain, and the benefits of exercise to manage pain. It has been suggested that psychosocial impacts of chronic pain, if not understood or acknowledged, may serve as barriers to improved function and quality of life.\textsuperscript{7,47} A physical therapy plan involving a combination of education about the neurophysiology of pain, exercise, and manual therapy may be more effective than the components administered in isolation.\textsuperscript{47} The findings herein suggest that the physical therapists incorporated recent understandings of the complexities of pain processing into their treatment plans, suggesting real-life enactment of evidence-based recommendations.

**Supporting Integration**

During this supported integration phase, patients were expected to return home and reproduce prescribed exercises to improve strength and function. Previous research has suggested that continued adherence depends on patients’ perception of their symptoms, their beliefs about their ability to incorporate exercise into everyday life, and support from physical therapists.\textsuperscript{48–51} Moreover, for improved adherence to home exercise programs, it has been suggested that physical therapists should explore patients’ perceptions and allow patients to participate in physical therapy decisions.\textsuperscript{48} The physical therapist participants in this study detailed how they are implementing this evidence into practice.

Participants noted that older adult patients may face other concerns when striving to integrate exercise into their everyday lives. For instance, some older adults were caregivers for loved ones at home, and for others the idea of regular exercise was altogether novel. As such, uptake into everyday routines may be a gradual process, and it is important for physical therapists to remain open to patients’ life circumstances while patients work to incorporate exercise into their daily lives.

**Return to Living and Life With Chronic Back Pain**

Successful interventions and indication for discharge came from various sources, including patients’ subjective reports of symptoms and goals being met, functional outcome measure scores, and the physical therapists’ own judgement of change on measures of strength and function based on their expertise. Previous research has suggested a complex combination of strategies used for broaching discharge, including patient education, objective findings, negotiating patient goals and expectations, and encouraging self-management.\textsuperscript{52} In the present study, several participants highlighted that meeting goals for “successful” outcomes was not synonymous with eliminating pain; instead, goals were achieved through improving patient participation in meaningful activities in their lives. A definitive “discharge” was not described by participants and rather was understood as a phased-out role for the physical therapist in supporting the patient to resume back to living and life with chronic back pain.

**Methodological Limitations**

The research discussed herein was completed within a specific social and cultural context at a particular time in a mid-sized city in southwestern Ontario and, therefore, must be understood within that context. The findings are co-constructions created between the researchers and participants; as such, the
findings should not be grossly generalized or simply translated to all older adults with chronic back pain or all physical therapists in other contexts. This research involved 9 physical therapists treating older adult patients with chronic back pain who lived independently and were able to travel to the physical therapy clinics for care. Insights arising from this research may inform physical therapy practice in ambulatory, outpatient settings but do not wholly represent the experiences of all older adults with chronic back pain or other physical therapists in Ontario.

For the sake of reference, the term “older adults” was employed to define the study population as it overlaid inclusion criteria as well as finding relevant, related literature. However, an important consideration of this cohort is that older adults over 65 years of age are arguably the most heterogeneous age group when taking into account physical, functional, psychological, and social characteristics. The heterogeneity of older adults will ultimately result in variable perceptions of pain, assessments and treatments, and goals of care. Thus, an essential thought when treating older individuals is to individualize treatment to the person rather than assimilating all “older adults” into 1 category.

This study presents the process by physical therapists of creating and disseminating exercise as treatment for older adults with chronic back pain. Findings highlight the importance of listening to patients’ stories, including their history of pain, previous treatments, preferences, and values, when engaging in physical therapy care. Furthermore, focusing on function, providing education and exercise as components of care, and supporting integration of exercise into everyday life are considerations for providing physical therapy care for older adults with chronic back pain in physical therapy practice. With aging populations and increasing prevalence of chronic conditions, physical therapists will need to consider how to approach exercise and treatment with this cohort. Insights may encourage other healthcare professionals to reflect on older adults’ beliefs, goals, and function as priorities when managing chronic back pain to support older adults to participate in physical activity for maintained or improved overall health.

**Author Contributions**

Concept/idea/research design: M.E. Hay, D.M. Connelly

Writing: M.E. Hay, D.M. Connelly

Data collection: M.E. Hay

Data analysis: M.E. Hay, D.M. Connelly

Project management: M.E. Hay, D.M. Connelly

Providing facilities/equipment: D.M. Connelly

Consultation (including review of manuscript before submitting): D.M. Connelly

**Ethics Approval**

This study was approved by the Health Sciences Research Ethics Board at Western University.

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**Disclosures**

The authors completed the ICMJE Form for Disclosure of Potential Conflicts of Interest and reported no conflicts of interest.

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