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Research article

A Qualitative Study of Satisfaction with Physiotherapy Care of Individuals with Low Back Pain at a Tertiary Hospital in South-West Nigeria

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ABSTRACT

Physiotherapists are leading providers of care for patients with low back pain, a condition with severe economic burden in Nigeria. The satisfaction of patients is an essential indicator of the quality of such care. This study investigated patients' satisfaction with physiotherapy care for low back pain at the University College Hospital, Ibadan, Nigeria. To explore their satisfaction with physiotherapy care, we conducted qualitative research among patients with LBP receiving treatment at the Out-patient Physiotherapy Clinic of the University College Hospital, Ibadan, Nigeria. Using the purposive sampling technique, 14 patients (eight females, six males) were recruited for focus group discussion (FGD). Content thematic analysis was used for data analysis; the data was reduced by identifying categories and themes, data check and validation was done. Three themes emerged from the qualitative study: relationship with the physiotherapist, adequacy of treatment, and factors influencing satisfaction. It was established that there was a cordial relationship between physiotherapists and patients, and treatment was perceived to be adequate. However, the following factors were perceived as influencing satisfaction with care negatively; inadequate equipment and supplies, language barrier at the reception for non-Yoruba speaking patients, prolonged waiting time before treatment, insufficient human resources and cost of care. Patients were satisfied with physiotherapy care for LBP they received at the out-patient physiotherapy clinic. Treatment was perceived to be adequate. Surprisingly, patients have little or no knowledge of physiotherapy care for LBP and thus no specific expectation of care. Therefore, patient education is pivotal and should be part of management in Physiotherapy clinics.

Keywords: *Low back pain, Physiotherapy, Perspective, Expectation, Implication, Satisfaction*

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INTRODUCTION

Low back pain (LBP) poses an economic and social burden to society; it incurs billions of dollars in medical expenditures each year (Dagenias *et al.*, 2008; Brooks, 2006; Childs *et al.*, 2004). This burden is of particular concern, especially in poor nations of Africa where the already restricted health care funds are directed toward epidemic diseases such as HIV/AIDS (Walker, 2000). The economic burden of LBP can be expressed in terms of the large number of workdays lost by patients who develop chronic LBP (Maetzel *et al.*, 2002). The United Kingdom(UK) estimates place low back pain as the largest single cause of absence from work, accounting for about 12.5% of all sick days (Katz *et al.*, 2006; Sparkels, 2005). (Omokhodion, 2004) reported that the situation is not different

in Nigeria as LBP accounted for a mean of 3 days off work per person per year.

Physiotherapists are at the forefront of providing healthcare to patients with low back pain (Australian Institute of Health and Welfare, 2008). Interventions focus on pain relief and the prevention of future occurrence of pain, as well as return to function (Dunlopp *et al.*, 2011). Because LBP is self-limiting in most patients, an important goal is to establish reasonable patient expectations (Wagner *et al.*, 2009). Patient-centred care may reflect concerns about the adequacy of care and adequate care may account for greater satisfaction among patients (Atlas *et al.*, 2001). Patient-centred health care is a dominant paradigm in health service delivery. Within this framework, patient satisfaction has emerged as an important patient-focused indicator of the quality of patient care (Hush

et al., 2008). The significance of patient satisfaction is further emphasized by evidence that satisfied patients are more likely to adhere to treatment, benefit from their health care, and have a higher quality of life (Guldvog et al., 1999). Studies on patient satisfaction with physiotherapy care for low back pain have been conducted in other countries (Buttler et al., 2008). The need to contextualize care needs exploring patients' satisfaction with care so that necessary improvement may be made when indicated. This study was aimed at investigating how satisfied patients were with physiotherapy care of their low back pain

MATERIALS AND METHODS

Ethical consideration: Approval was obtained from the Research Ethics Committee of the University of Ibadan/University College Hospital Ibadan. The study purpose was explained to the patients, and informed consent to participate in this study was obtained from all the participants.

Participants: The participants were adult patients with low back pain who had received at least seventy per cent of the first treatment sessions required at the Physiotherapy Out-patient Clinic of a tertiary hospital in Nigeria. This was done to ensure that the patients had enough experience of physiotherapy to be able to discuss objectively and freely their care.

Study design: The study utilised a qualitative approach to explore satisfaction with care among low back pain patients. A focus guide was developed through a literature review of studies on patients with low back pain (Cooper et al., 2008; Kamau, 2005; Potter et al., 2003). The focus guide consisted of questions exploring various dimensions of patient satisfaction. These questions only served as a guide. The moderator asked other questions and used probes when necessary to stimulate the discussion.

Two groups with sizes of six and eight participants for male and female groups respectively were involved in the focus group discussion to allow discussants to discuss freely, especially regarding their sexual lives and physiotherapy low back care. Information obtained was audio-recorded, and the recorded data from the discussion was transcribed verbatim by a transcriptionist. Content thematic analysis was used to analyse the data. Emerged categories and themes were identified. Data check and validity was done by comparing the recorded conversation with the note taken.

RESULTS

Demographic Characteristics: Participants were adults with chronic low back pain. Males and females age range 40-60 years.

Relationship with Physiotherapists: Discussants in the focus group discussions reported good relationships with their physiotherapists. It was observed that this was based on effective communication with patients and the level of

professionalism of the physiotherapist in the discharge of their duty.

Communication: Communication with patients was described as effective. Discussants pointed out that the professionals keep talking to them and asking them questions until they get adequate and accurate information from the patients to enable them to provide the needed treatment. Even when there are changes in the physiotherapists that attend to patients, there is usually a seamless transition without any awkwardness. A discussant had this to say about their relationship with the physiotherapists:

"The relationship is ok...physiotherapy department is a unit where you can express yourself to the people taking care of you, where nobody is putting you under pressure. In fact, I appreciate those that take care of me because they have the skills to seek information from you till they get all they need to be able to take care of you. Even when they changed and give you different physiotherapists, I didn't see any disadvantage for me. I have had my therapists changed many times before I came to this hospital and I did not like it because eventually they fragmentise my treatment and I was back to square one, but in this department, there is this good continuity".

The discussants also painted a clear picture of a cordial relationship with the physiotherapists which sometimes extend beyond the formal hospital setting. To buttress this point, a discussant noted that:

"The physiotherapists relate well, they talk to me and do not hide information. When I first came here, they were clear and truthful with information and told me that the pain I was having was not going to go immediately. They did not hide the truth from me, but were encouraging me and told me the basic things that I needed to do. They are also interested in you even outside the clinic. They still look out for you to ensure that you adhere to the recommended treatment so that one has to be careful because you can come across them anywhere and they will not be happy if you are not following the course of your treatment. However, even when one disobeys, they do not say 'you did not do this, go, we will not see you today because they are always encouraging us".

Similarly, another discussant enjoys the informality of the physiotherapists who will tell you their names so that if you want to call them, you can call them by their names. The most important aspect of the discussants' relationship with the physiotherapists is the fact that they "come with severe pains, but when the treatment starts, the pains are relieved". A woman, discussing the relief she felt and the process that led to it, had this to say:

"I came here with shoulder pains, and by the time the pain was too much, I thought that what they were doing was not okay, but later I saw that it was improving. When I came with back pain, they would treat me and come to ask me 'mama, how is it?' and I will tell them that I cannot say that am improving. They said I should just be coming that things will change and suddenly everything changed. When I came one morning and one of them greeted me and I smiled, the physiotherapist said thank God, my face was like that because of the pain but now that am getting better am okay".

In the same vein, a lady also noted that:

"I have had multiple pains for about eight or nine years and nothing I did had been working. When I came here, they did nothing other than physiotherapy and I am now perfectly okay".

Effectiveness of treatment: It can be said that patients gauge and develop their relationship with their physiotherapists based on the effectiveness of the treatment administered to them by physiotherapists. When the treatment they receive is seen as effective, the patients tend to have a favourable attitude towards their physiotherapists and develop a mutually cordial relationship with them. The discussants uniformly talked about a physiotherapist in very glowing terms. A discussant noted that:

"The people here pay very good attention to patients, much better than where I have been before. There is particular this young man; he appears to be God-sent because if you are privileged to have him attend to you, you get up very satisfied. He gives you the maximum satisfaction that you desire from his position. There are times you go to see the doctor and you leave unsatisfied, but with this young man, you are always guaranteed to be satisfied. I thank God that other people have attested to how good he always makes you feel. He appears to have the mastery of what he is doing and he also tends to have the interest too, not only of the job but also the patients because he will treat you touching every part of your life even some of the things that you have forgotten to tell him".

Further, it appears that all discussants had respect for the patient-physiotherapist relationship as this statement from one of the participants:

"This is about the first unit I have seen health care providers start their work before 8.30 am. You can be sure that if you get here early enough, you will also leave here early enough."

Adequacy of Care: Adequacy of care brings up issues on patients' knowledge of management of low back pain, information sharing with patients and expectations about physiotherapy care.

Information sharing with patients: When participants were asked about the level of information sharing about their treatment, that is, whether the physiotherapists tell them what to expect and discuss their treatment with them before commencing the actual treatment. Although physiotherapists share information freely with them, the discussants indicated that they did not expect the kind of treatment they would be offered or any reasonable expectation of the outcome. They felt that the choice of treatment and knowledge relating to treatment was and should be in the domain of the Physiotherapists. They were willing to do anything the Physiotherapists advised them to do for their sakes. One of the discussants noted that:

"They (physiotherapists) know the best; when we need cold they will give us, when we need healing modality, they will give us. For example, they asked me to go and do cycling, but I told them that I did not know how to pedal, so they changed it to that one that we used to walk on, and the woman (physiotherapist) said that there is pain in my knees and that I need to pedal. I said okay, but the bicycle seat was bad".

Even more aptly put was this comment from a female discussant who said:

"I don't know specifically what treatment I'm supposed to receive... our doctors are gentlemen, but you know, the aspect of challenging them... is not there, because it is whatever they give that we receive. That might mean that it is exactly what you had last week that you will receive his week, but if you know exactly that this is what am supposed to receive, I would say that am not through yet, it remains this and this or maybe because it has been working so we do not have a reason to challenge them."

Again, the idea of sharing information about treatment with patients do not seem to matter so much to the discussants as they put their trust in physiotherapists, especially if the care provided for them tend to work. So the patients are just happy to obey the medical advice given them by their physiotherapists provided it helps them cope with their pain.

Knowledge of Physiotherapy care for LBP

It was evidenced that the majority of the discussant has little or no knowledge of physiotherapy care for LBP. When asked if the discussants have ever read anything about their physiotherapy care for low back pain that could inform them how much care that will be given, a "No" response was chorused, the majority of participants claimed they've never read anything. They, however, trusted the judgement and treatment of choice of their physiotherapy. A participant explained:

"The physiotherapists know best as they are the professionals, and I trust them to give me the best care for my low back pain."

While physiotherapy is not strange to some discussants, as one discussant aptly said:

I am not new to physiotherapy, some were not familiar with physiotherapy as a whole, based on this expression by one of the discussants:

"When I was given referral letter from the general out-patient clinic and I was asked to go and pay for physiotherapy, I was expecting to be given drugs here, I was even asking the physiotherapist that, won't you give me drug, are you not doctors here too.....?"

Some other discussants also complained that when physiotherapists treat patients, they do not give them drugs. The moderator however educated them that physiotherapy is a branch of health care that does not use oral or intravenous drugs for management but the use of hands and equipment. The patients insisted that at least *"give me something to reduce the pain"* while the physiotherapist is using their hands to manage the pain. The discussants were properly educated on why they were not given drugs and were told that the mode of management in Nigeria does not allow for the prescription of pain-relieving drugs, but with the physical modalities, pain can be very well-managed.

Expectation of Patients: The discussants have little or no knowledge of physiotherapy care for LBP, hence, little or no specific expectation recorded. Discussant however expressed improvement as their expectation. They saw improvement in outcomes related to LBP, especially pain and quality of life as things to look forward to other than a specific treatment modality. Based on this, discussants perceived their care as

being adequate. They claim to have seen improvement in their conditions and trusted the judgement of the physiotherapist.

One of the discussants stated:

"Before I came here, I could not walk on my own, two people were holding me to get in to see the doctor before my referral, but now I can get up and walk on my own, although to a limited distance or for a limited time, but at least I have seen that improvement."

Patients all scored physiotherapists high on care for their low back pain but recommended a need to make available more equipment and other supplies needed for adequate care. They recommended that physiotherapists should enlighten the public about physiotherapy. To buttress this, one discussant stated unequivocally:

"I do not come to physiotherapy clinic to watch African magic; I watch enough of that at home. If there are videos about physiotherapy and conditions seen by physiotherapy in this department, it will further educate people about physiotherapy and what they do."

Factors That May Influence Patient Satisfaction Negatively

Equipment and supplies: Lack of or inadequate equipment and supplies for the physiotherapists to work with came out as one of the most important issues that could affect patients' satisfaction with care for low back pain. For example, a discussant insisted that:

"The equipment are not enough, the other time I came, I started treatment here in 2005, it was terrible that day, the pain was so much, they used infra-red, but when we used to go inside, I prefer the one that I will lie down and hold, but when I came this time they said no, that it is this one they are using, which is the standing one so I had to comply."

Moreover, a discussant made another case for the state of equipment thus:

"The physiotherapists are perfectly okay, but the beddings are serious eyesore because at times one may want to lie down on the sheet and the sheets are soiled. I had to turn the sheet upside down when I had to lie down on the bed. Then the instruments that they use, in a room or a cubicle, you may have up to about four points, and none of the points will be working... And instead of the patients spending probably 15-20 minutes, they may be there for another 30 minutes waiting for patient A to finish with the point before B uses it."

Indeed, there was general agreement that the physiotherapists were doing well, but the equipment and supplies were the main drawbacks. The excerpts below capture the range of thought that the participants had:

"The hydro packs are not enough, but even when they are terribly short-staffed, I have seen people manage patients effectively, I have come to tell myself that look... people stress themselves managing three cubicles, and they are performing their work almost excellently well, so with their care am very satisfied. I know they can do better if they make life easier for them by providing needed supplies to work with."

Similarly, another participant had this to say:

"One thing I have observed is that the equipment does not seem to be enough, because there are times you will require

equipment, but another person may be using it, and you will have to wait for that person to finish. With the level of this hospital uhm..., there is something like that, ehm, whether they call it ultrasound, it appears that ultrasound is just one here that goes around, one would expect that type of equipment to be at least three, putting into consideration the number of patients that come in. Generally, the staff are very friendly whether you understand the language or not you are at home throughout with them."

Reception: Apart from equipment, some of the discussants also found issues with the way the receptionists go about their work. For example, a discussant complained about the billing system thus:

"The problem I have with the reception personally is about the billing system. They will not remind you when your money is about to finish. I could remember about two weeks ago, that day the lady was giving me my card back after calling my name, then she said 'madam your money has finished o, even the one we did for you last week you didn't pay any money. I said why? because I believe if somebody's deposit is running out, it is their own personal business and you know that this person paid for 10 weeks and when it is about 8 weeks, you are supposed to inform the person: 'look here, in another one or two weeks you have to pay another money.'"

The overriding argument was that by so informing the clients, they will be able to prepare themselves ahead of the due date for more payment. Given that the amount to be paid was not "chicken fee, 15,000 naira for somebody who is not working".

Another discussant explained that official language should be the first language to be spoken on first contact with the patient and that the use of local languages should be minimised saying:

"It might be necessary for the use of Yoruba language to be minimised because some of us..., I mean, like me, I don't understand Yoruba at all, but at the reception, they just believe that everybody is Yoruba, by the time I said I don't understand Yoruba, you expect that further communications should be in the English language, but you will hear them continue speaking Yoruba."

In contrary to some discussants' opinion about the use of local language as their area of dissatisfaction, some argued that the use of local languages makes relationship cordial and it should be encouraged:

"Our own mother tongue solidifies relationship between two people, when you go to other states, they might probably be speaking in a local tongue peculiar to that state too."

However, the discussants commended the prompt attention given at the reception, and they express satisfaction with waiting time at the reception as quoted from one of the discussants: *The area of attention is very good, much better than where I've been before.*

Waiting Time: As compared to the short waiting time at the reception, the discussants complained of prolonged waiting time before treatment. They attributed this experience to the inadequacy of equipment, materials (beddings, towels and linens), and manpower (physiotherapist).

Manpower (Physiotherapist): Discussants unanimously agreed about the inadequacy of physiotherapists. And this was generally described as being responsible for the prolonged waiting time before and during treatment. A discussant reported that:

"There are some times that physiotherapist treating me might be called away for another assignment and another physiotherapist will be assigned to me, or sometimes physiotherapist might be managing 2 to 3 patients at the same time and this might result in waste of my time."

DISCUSSION

Relationship with physiotherapists was reported to be good and the satisfaction derived from this is based on effective communication skills of the physiotherapists and effectiveness of treatment. In line with these findings of Beattie *et al.*, (2005), there is a strong relationship between patients' satisfaction and physiotherapists-patient relationship. It was established that effective communication with patients is significantly associated with their satisfaction with the services provided by physiotherapists. In this study Physiotherapists' attributes that contributed to high satisfaction was found to be skill, knowledge, professionalism, friendly attitude, and effective communication. This is in agreement with findings from other studies (Hush *et al.*, 2012). These studies recognised Physiotherapists' attributes as the most consistent determinant of patient satisfaction. A systematic review of literature by Hush *et al.* (2012), also recognised physiotherapists' attributes as the most important determinant of patients satisfaction. It was also observed that patients gauged and developed their relationship with their caregivers based on the effectiveness of the treatment administered to them. When the treatment they receive is seen as effective, the patients tend to have a favourable attitude towards their caregivers and develop a mutually cordial relationship with them. This high level of cordial relationship and subsequent patient satisfaction derived from it is consistent with other international studies [Ali *et al.*, 2017; Toye *et al.*, 2012).

Information sharing with patients, knowledge of patients about physiotherapy care for LBP and expectation of patients were found to be the determinant of patients' perception of the adequacy of care. It was found that caregivers share information freely with patients with LBP, the patients however do not have any expectation of the kind of treatment they would be offered or any reasonable expectation of the outcome. The reason found is the poor knowledge of patients about physiotherapy care for LBP. Odebiyi *et al.*, (2012) also reported a similar level of knowledge about LBP care in Nigeria.

This poor knowledge is associated with the belief of patients that the choice of treatment and knowledge relating to treatment should be in the domain of the physiotherapists, and possibly with cultural factors which accords healthcare providers' "superiority" over patients. This factor makes it difficult for patients (especially the uneducated) to challenge or question the physiotherapist. However, we found out from this study that patients perceived the treatment offered to be adequate based on the improvement they experienced in pain and ease of performance of activities of daily living.

Equipment and supplies, reception and record-keeping, cost of care, manpower and power supply were recognized as factors influencing satisfaction of patients with physiotherapy care for low back pain. Aside from the interpersonal relationship which was observed to be good, lack of or inadequate equipment for the caregivers to work with came out as the most important factor that could affect patient's satisfaction with care negatively for low back pain.

As compared to the short waiting time at the reception, the waiting time before treatment was prolonged. This prolonged waiting time may be attributed to the inadequacy of physiotherapy equipment and supplies, electricity and manpower (physiotherapist).

In conclusion, patients were satisfied with physiotherapy care for low back pain and the Physiotherapist relationship is the major determinant of patient satisfaction. However, Patients' knowledge of physiotherapy care for LBP is poor. Patient care information handbook should be provided for the patient to educate them on general knowledge, prevention, coping mechanism, self-care strategies, management and expected outcomes of low back pain care. Electronic media in the clinic should be used for patients' education during waiting time other than for showing movies.

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