

Pathoanatomy vs Psychosocial– Back to the Future?

With Dr Mark Laslett, Dr Angela Cadogan & Flavio Bonnet

On the 18th March 2019, Dr Mark Laslett and I were involved in a live social media discussion about the relationship between patho-anatomic diagnosis and psychosocial factors hosted by Flavio Bonnet from the [Agence EBP](#).



We streamed live on Facebook, Twitter and Instagram (in English) from Christchurch, New Zealand. The event was viewed by more than 7,500 people from around the world.

We discussed four main topics. In this series I have provided a summary of the transcript for each topic.



1. Is it possible to make a diagnosis?
2. Does the pathoanatomic approach ignore the psychosocial aspect of the pain experience?
3. What do you say to colleagues who say that diagnosis does not change treatment?
4. How does imaging relate to diagnosis?

Link to video on Twitter: https://twitter.com/marklaslett_NZ/status/1107733389300240384

General Questions from Social Media

Click on the link below to go to the place in the document:

[Specific vs non-specific “pain”](#)

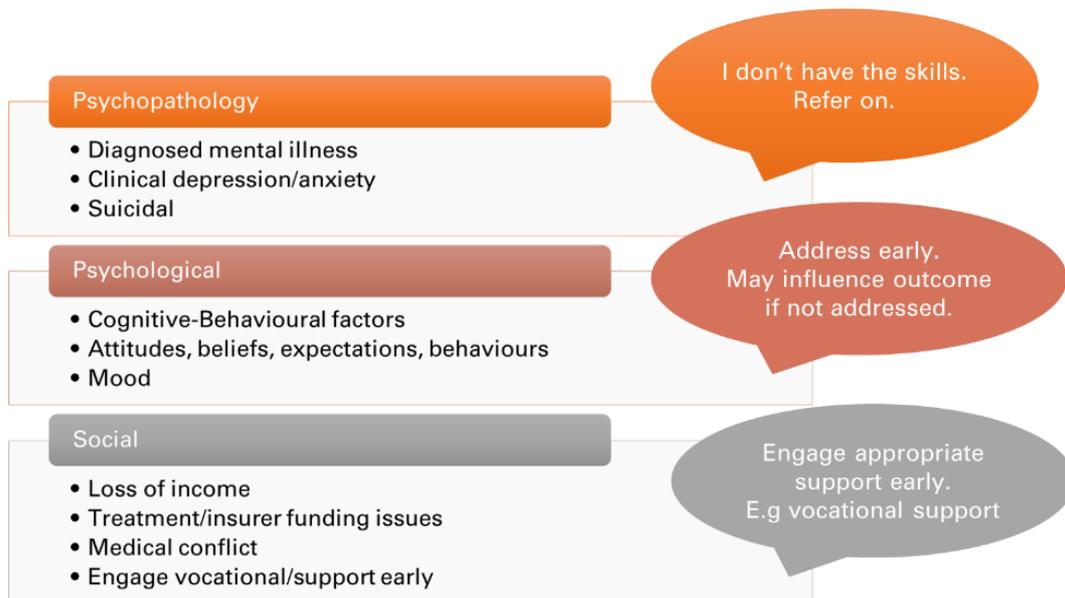
[How to address the psychosocial factors in the clinical setting?](#)

[How do you interpret the results of randomised trials when they include such a wide spectrum of patients?](#)

[Is manual therapy for acute conditions still relevant?](#)

How to address the psychosocial factors in the clinical setting?

- (ML) It's an acquired skill that requires building a therapeutic alliance and walking with the patient through the process rather than a dictatorial approach to treatment. It also requires
 - Open ended questions
 - Active listening
 - Giving the patient the opportunity to tell you the full story
- (AC) it depends on what these psychosocial issues are. I separate them into three main categories:



Psychopathology:

- Refer on. I don't have the skills to manage these conditions.
- However, that doesn't mean I can't continue to manage their physical impairments.

Psychological

- I ask direct questions about beliefs and expectations and address these VERY early on in treatment.
- Provide reassurance, build confidence and self-efficacy/independence in self-management.
- Challenge cognition re: fear of pain
- Provide advice on pacing and goal setting.

Social

- Engage health care, allied health, vocational and community support early.

I continue to treat patients while all this is being addressed. All these factors have the potential to "modify" the patients' response to treatment and hence their outcome if not managed effectively, however they do not preclude usual physiotherapy management for specific conditions.