Unraveling Interacting Barriers and Facilitators to Adherence and Delivery of Exercise-Based Care in the Treatment of Subacromial Pain Syndrome (SAPS)

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Introduction Subacromial pain syndrome (SAPS) is a common persistent pain condition. Exercise-based care is recommended as first-line, but an insufficient exercise dose hampers effectiveness. This study explores individual and contextual barriers and facilitators for delivery of and adherence to exercise-based care in people with SAPS.

Materials and Methods In this exploratory qualitative study, we recruited participants involved in the management of SAPS in Denmark by snowball and purposive sampling in October 2021-Nov 2022. Triangular interviews and analyses were conducted within 3 deductive themes (delivery of recommended services, adherence to clinical recommendations, and frames of the clinical pathways) using the Theoretical Domains Framework (TDF) and the corresponding Behavioral Change Wheel model (BCW) to map barriers and facilitators into components the Capability, Opportunity, Motivation and Behavior (COM-B) model.

Results Based on interviews with 10 persons with SAPS and 37 healthcare practitioners (12 medical doctors, 25 physiotherapists) and double-deductive analyses, 30 subjects of target behavior within 13 TDF domains emerged across all components of the COM-B and across perspectives. Central barriers to delivery and adherence were inconsistency in diagnosis terminology, cross-professional disagreements, beliefs, and expectations in terms of pathway services. Individual and contextual barriers and facilitators to delivery and adherence were significantly interrelated.

Conclusion We identified interrelated individual and contextual barriers to delivery and adherence across all aspects of the BCW, underpinning the complexity of the subject. Findings support that effectiveness of exercise-based care is linked to contextual barriers to delivery and adherence. Clinical practitioners should consider addressing these barriers to improve care.