Category	Code	Case	Text
Biopsychosocial factors overall	Biomedical factors	Transcript 1_04_11_2021	like if you actually looked at the joint, you could see that that joint was like, non-existent. There was no space in between it, so it was like, OK, that kind of would make sense but her symptoms and everything didn't line up, and every single time she saw you, she will tell you something else
Biopsychosocial factors overall	Biomedical factors	Transcript 1_04_11_2021	Uh, I think there were certain patients where it really was there. I definitely think that it did impact it. But uhm, yeah. Just when like there was an absence of any pathology anywhere else. I definitely do think that in those cases it did impact it. Yeah, so I know that with one lady she was taking quite a while to recover and then I found out like a whole bunch of stuff that had happened at home and as soon as she had told me about it and I just chatted to her little bit about it and like we were kind of just chatting about things while I was busy treating her… all of a sudden she started making like the most remarkable improvement. So, it was almost like she just had someone to just chat to, you know. She was just telling me about stuff and I'm like, yeah and after a couple of sessions, she was extremely emotional. And then yeah, in our next couple of sessions she was like just so happy and like just really happy to be there and she was always like showing me, look how far my wrist can and go this time. Yeah, so I think in some yeah, it definitely does make a difference.
Biopsychosocial factors overall	Biopsychosocial	Transcript 10_25_11_2021	Probably just how I said it to you. I would say like pain that you are experiencing that has been there for long time and that you are still kind of able to live with, but it is still affecting your daily life.
Biopsychosocial factors overall	Biomedical factors	Transcript 10_25_11_2021	We did some like soft tissue release of her neck muscles and things like that and then the exercises we prescribed to her were like strengthening exercises of the intrinsic muscles of the neck… so like isometric neck exercises. This wasn't so much to help like her headaches specifically, but like more her neck pain that she was still suffering from. We also thought that improving the pain in her neck could help with the headaches.
Biopsychosocial factors overall	Biomedical factors	Transcript 10_25_11_2021	A lot of these patients were middle aged patients who work at a desk a lot, drive everyday or are sitting for a lot of the time and then just presented with… not abnormal posture, but just like you know their posture could be corrected. I feel like these patients, a lot of them wouldn't have a regular exercise routine.
Biopsychosocial factors overall	Biomedical factors	Transcript 10_25_11_2021	It was very in depth because you discuss everything around the pain and because it's chronic, you have to go like to the beginning and then throughout the time that they've had this pain and then before even starting like. You also have to go through this 24 hour pattern and things like that
Biopsychosocial factors overall	Biomedical factors	Transcript 10_25_11_2021	Does this pain refer anywhere? what movements aggravate the pain? What eases the pain?

Category	Code	Case	Text
Biopsychosocial factors overall	Biopsychosocial	Transcript 10_25_11_2021	I think when they receive support, it does make it easier and I don't mean from like their family members or things like that. I feel like when they receive support from like medical professionals because a lot of these patients I felt just wanted someone to talk to and I feel like they felt that they weren't being taken seriously wherever they went when they express themselves about this pain. I know I said that the subjective assessment was in depth and things like that, but it took a lot of time because you ask the questions and these patients just want to tell you how they felt with this pain. I think that does help them or at least give them peace of mind. I think also if they find something that makes the pain easier, they kind of stick with it even if it's not the best thing for their pain so like medication. I feel like if medication helps, they continue to take it regardless of whether they should.
Biopsychosocial factors overall	Biomedical factors	Transcript 10_25_11_2021	Repeated movements that aggravate the pain. If the patient feels they have to do it, like they have to sit at the desk for a long time because of work or something and then they just take it which makes the pain worse.
Biopsychosocial factors overall	Biopsychosocial	Transcript 10_25_11_2021	The way that they feel they pain now because they've had this pain for so long, I feel like that pain could be altered. I think their pain could be altered and the pain that they're feeling now is not a correct representation of those structures that are that are causing the pain. Like with patients that we have encountered, when we did the objective assessment, they kind of had no problems on any tests that we could do, but they would still feel their pain.
Biopsychosocial factors overall	Biomedical factors	Transcript 10_25_11_2021	There is that but there could also be like this… I have always had this so I am always in pain kind of thing. To be honest, this is the first time I've actually thought about it this way. When I've seen patients with chronic pain, I don't even ever jump to these ideas. I always want to see what is going of physically first.
Biopsychosocial factors overall	Biopsychosocial	Transcript 11_26_11_2021	Long-term pain. Pain that never goes away. It's always there… it affects your life, you know.
Biopsychosocial factors overall	Biopsychosocial	Transcript 11_26_11_2021	I'm not saying that anyone with chronic pain can't do anything. I mean like it restricts you in certain ways… maybe you are very active person who could stand for hours ironing, washing for four hours. Now you can only do it for one hour because you can't stand up straight after one hour. Maybe you need to carry heavy boxes as part of your job and now you can’t so you are being less efficient. I feel that that is also an emotional factor. It is influencing your ability to be effective at work and productive. So that also obviously affects life, they feel like it is taking over their lives and they then become so frustrated. I've seen it like people burst out crying and it's mostly the chronic patients that will cry when you see them.

Category	Code	Case	Text
Biopsychosocial factors overall	Biomedical factors	Transcript 11_26_11_2021	She was working in the maternity ward that I and it just turned out that she was doing… I wouldn't say it's silly but like small things like you know… with her transfers with the patients and the way she was changing linen that she would end up with back pain and you know all of those things. She was very active person and she like jogs and exercises and she said she can't understand why her back was so sore. After 3 sessions she really improved because she was doing her home exercise program. She started implementing the ergonomic advice I gave her and all of that, and that's actually memorable, because I know that the person took my advice and it actually helped her.
Biopsychosocial factors overall	Biopsychosocial	Transcript 11_26_11_2021	You know, like I'm saying there's no recipe, right. So in the subjective, first I never thought it was as important. In OPD, there's people coming from home and I really feel it's so important because you don't know what's going on in their lives that might be contributing to the pain. You need to understand the pain holistically so your subjective is very important. From there, I think you can kind of, realize OK, this is what I need to do.
Biopsychosocial factors overall	Biopsychosocial	Transcript 11_26_11_2021	Thirdly, understanding the patient holistically. Definitely for chronic pain it is very, very important and I feel like maybe as a student I never did that enough. Towards the end of my block I kept realizing that you know what it's not about the pain. It's about the person.
Biopsychosocial factors overall	Biopsychosocial	Transcript 11_26_11_2021	No, I feel like you need that for all. I just feel like communication, especially with people with chronic pain is more important. Like it's very important and then obviously you need your assessment skills and treatment skills. Other than that, I think that understanding of what happened… this person with chronic pain didn't just strain their hamstring in a match… this person has 10,000 things going on at home, at work, in their minds, you know all of those things.
Biopsychosocial factors overall	Biopsychosocial	Transcript 11_26_11_2021	Hmmm… I wouldn't say this is chronic pain but you know when we are studying, sometimes we tend to not even take our own advice. I realised the importance of actually having good posture in sitting. In sports, we had a lot of patients coming in with neck pain because of the computer, not at the right height and stuff like that. To me this experience of mine which resulted in pain in the middle of the back, in the thoracic region and it lasted for a good 2 months until I did like soft tissue release- I asked my friend and then I started stretching and all of that. I then realised that posture does like play a part and it made me realize that I need to also think about the external environmental factors and not only your trapz are tight. It's not about the body or the anatomy, it's about other things that might be affecting, so that's maybe something that I would have learnt. I used to study in my bed and you know what happens in the bed, you start going to side and it's not conducive to your back or your neck or your shoulders.

Category	Code	Case	Text
Biopsychosocial factors overall	Biopsychosocial	Transcript 11_26_11_2021	I think just understanding the person, where the pain is coming from and once you've broken the pain down into its components or its causes for the person. Like what if the person is depressed and that's why she's feeling pain and it has nothing to do with like me as a physio… then it's about referring her so it's actually really about understanding where the pain is coming from.
Biopsychosocial factors overall	Biomedical factors	Transcript 12_27_11_2021	I also think getting their background, their ergonomics, how they do things. Having this knowledge tell you this person does this, maybe at work they are sitting like this in front of the computer the whole day. How are they working in front of the computer? Those kind of things will give you an idea of OK, maybe this is also a contributing factor. This is what contributed, but what's important is what caused them to come? What caused them to come to physio?
Biopsychosocial factors overall	Biomedical factors	Transcript 12_27_11_2021	I know chronic pain is pain that is there all the time and acute pain is like short term, it's like right now. It can stop but chronic pain, it can go on and on and on.
Biopsychosocial factors overall	Biopsychosocial	Transcript 12_27_11_2021	[Participant hesitant]…Not really… I'm not sure. I don't think we are adequately prepared. We treat chronic pain the same, like everyone is the same and at the end of the day we do the same thing. I know we must look at the patient individually and check. It is chronic pain but I feel like it must differ for each and every patient. Not everyone is the same, the cause is not the same but then eventually we do treat them all the same way. I feel like if we are maybe taught how to treat it thoroughly, I don't know… Everyone is different. My chronic pain will be different to someone else's… we are different. Our environment as well… there are a lot of factors that influence how I am feeling my pain compared to how another person is feeling their pain.
Biopsychosocial factors overall	Biomedical factors	Transcript 13_30_11_2021	She has been getting a better understanding of her chronic pain condition and all of that, but at that time we were not so clued up on it and we were also not aware of how we should handle her. At that time, there was so many of us, we just knew she had chronic pain. We were just doing our normal palpation and we found that she had a lot of trigger points in her muscles, like in her trapz [trapezius muscle], you know, those areas where people tend to be quite tense, so obviously we just thought it was something simple… the patient has tight muscles and so we want to do some sort of myofascial release. We were doing it, I also found that she would sort of be like wincing and sort of cringing at how painful it was. However, she would verbalise things like "I realise that we have to go through this", you know, like sort of the sentiment of no pain, no gain.

Category	Code	Case	Text
Biopsychosocial factors overall	Biomedical factors	Transcript 13_30_11_2021	I thought, “Oh no, I really want to try and help this person. And why is he getting better?” And then you hear that other things are going on behind the scenes. In terms of our physio management we were struggling and we were just trying to isolate the different issues that he may have had. For instance, we were saying maybe try not to do these certain movements, try not to bend too far past this point, try not to lift heavy objects. This way we could see that if he is not doing trunk flexion and the pain is still there, then maybe it's something else and we should be referring onwards. You know if we're not getting anything from physio, maybe there's a bigger issue lying under there
Biopsychosocial factors overall	Biopsychosocial	Transcript 13_30_11_2021	I think it makes it a lot easier when you actually know what your condition is or what may be causing it as it can give you options as to how to deal with it and it can also sort of put that stress off of your brain if you actually know what you have and how to go about it. So already if you have that then the stress and anxiety goes away and that can help you to deal with your pain as well. I think also with the way the world is going, there is an impulse that there is a lot of different ways to deal with it. Often I would have patients saying that they are enjoying physio, other patients are asking me things about CBD and I have no idea about these things. There are many things that people are looking into to see how they can deal with chronic pain and what works best for them. Not everyone believes in Western medicine and many may prefer traditional medicines. I think it's just important for me to have an open mind to patients preferences and what I think will work and maybe also try to have opinions on other things as well, because often they'll come to you with trust that your health care professional and that you maybe know the benefits of CBD and if it something
Biopsychosocial factors overall	Biopsychosocial	Transcript 14_06_12_2021	Uh, like psychological and then I brought in the type of treatment that we would focus on. I would explain that you need to get serotonin and all the good hormones so I would explain how bringing joy is a good aspect to treatment. I would say listen to music. I would ask what their hobbies are and they would say going to church… then we would speak about support groups as well. Stuff like that.
Biopsychosocial factors overall	Biomedical factors	Transcript 14_06_12_2021	We used a heat pack, massage and then we gave her some lower back stretches.
Biopsychosocial factors overall	Biomedical factors	Transcript 14_06_12_2021	We massaged his trigger points out and gave him stretches and he was absolutely happy. He came in for a second time and he said he was fine so we then discharged him. I think that could be an element of chronic pain where the patient is just satisfied with a physio massaging and releasing the trigger points.
Biopsychosocial factors overall	Biomedical factors	Transcript 14_06_12_2021	I also used heat . Before we actually started the session, he told me to bring the heat pack becasue he said that helps. Heat and massage, I definitely think that was it.

Category	Code	Case	Text
Biopsychosocial factors overall	Biopsychosocial	Transcript 14_06_12_2021	Uhm… uhm…Definitely doing stuff that they enjoy. Going for a walk as it can loosen up the muscles and everything. And also…Uhm…what else? Also things to increase opioids, increased happy hormones and increase dopamine. Yeah, that's what I would suggest for them if it's more chronic pain
Biopsychosocial factors overall	Biopsychosocial	Transcript 14_06_12_2021	Definitely understanding the patient. So take time to listen to them and let them explain as much as they want and in the way that they want. I definitely think patience and respect are important. Do not disregard the patients' feelings and circumstances.
Biopsychosocial factors overall	Biopsychosocial	Transcript 14_06_12_2021	If I can understand a little bit better what they went through and how it is affecting them, then I can apply different skills to what I think they need.
Biopsychosocial factors overall	Biopsychosocial	Transcript 15_08_12_2021	In the beginning it was very difficult. I think the way that I was approaching the patient was not the way I should have but then the further I went into the block, it became easier. I approached them like an OPD patient, asked them OPD-type questions but more sports based. I play sports so because of that I could call on my own background knowledge. In terms of training, I could then ask, "so you hurt your ankle doing what exactly?" I could then be more ICF-like [International classification of function and disability] about treating the patient instead of saying, "OK ankle sprain, lateral ligaments instead I now see how will this affect their play.
Biopsychosocial factors overall	Biopsychosocial	Transcript 15_08_12_2021	I tried not to use… uhhm… I know pain sometimes has a component of the mind. So when I did explain what the patient was feeling, I tried to avoid words like, "oh back is broken", "the disc is damaged" or "the disk is shifted". I feel like pain is not always physical, like does not always have physical damage to it. You could feel pain could feel pain from like a neurogenic level, central neurogenic level. So words that I would probably use are like problem. For a patient with mechanical lower back pain. I would say it's more muscular or the pain is due to a source therefore it can be fixed. If it's a chronic patient who's been here for very very long time, the words I would use are, "we will try to manage it as best as we can", "I am not 100% sure what is causing the pain because you've been here for so long and there's no physical damage, therefore we are going try to strengthen". I use words like strengthen a lot, strengthen the back so pain will be better. I try to use very positive imagery in terms of describing the pain.
Biopsychosocial factors overall	Biomedical factors	Transcript 15_08_12_2021	I would say it's more muscular or the pain is due to a source therefore it can be fixed. If it's a chronic patient who's been here for very very long time, the words I would use are, "we will try to manage it as best as we can", "I am not 100% sure what is causing the pain because you've been here for so long and there's no physical damage, therefore we are going try to strengthen".

Category	Code	Case	Text
Biopsychosocial factors overall	Biomedical factors	Transcript 15_08_12_2021	Uhm… the first session.. I took an hour for my assessment [laughter] and then obviously I did soft tissue release, gave her a heat pack and then gave her exercises, like cat and cow [type of exercise] and then the other one, she's on all fours and then she had to lift her one arm up and then do each limb 10 times. In the 4th session, I did the same thing- Soft tissue release, heat pack but then this time her cause was not too much with the back. I felt that it was more a strength thing and her glutes were very weak so we did exercises for glutes strengthening.
Biopsychosocial factors overall	Biomedical factors	Transcript 15_08_12_2021	With her my thinking of lumbar OA had changed because I thought, OK, she has lumbar OA, therefore it means the back is the problem. The discs are on it so we must strengthen the back so that the muscles can almost have like a lifting effect on the bones and give her back pain relief. I then learnt, no, this a myth. In the 4th week, my opinion changed and I felt like this had to do more with weakness and if she strengthened the glutes, she would have less pain when walking. I also did education and posture re-education which was also very important with her. She had like a hectic anterior pelvic tilt so changed that.
Biopsychosocial factors overall	Biomedical factors	Transcript 15_08_12_2021	The education had more to do with posture, so I explained to her how she arches arches her back and puts pressure on L4/L5, that is where her pain is and it is almost causing like compression on those bones. I told her that if she stands properly and trains those muscles to lift her and keep her erect instead of arching her pain, the pain would be less. We then did some pelvic tilting so she could know how it feels to just correct herself. She corrected herself in the mirror and then I gave her glutes exercises but more simple ones that she can do.
Biopsychosocial factors overall	Biomedical factors	Transcript 15_08_12_2021	Just the understanding of what was happening. I think I just didn't have enough understanding. I saw her in the first week and my knowledge was not the best at that point so just understanding that when the patient comes in with back pain, it is not always like the back. She was taking my mind off the back which made me think even though there is back pain, it does not always mean it is the back that is the problem. Even though pain is at L4/L5, it does not mean it is the back that is the problem. We should go to the source of the problem. We should looks closely, go back to the basics and see why can't she walk. We need glutes quite a bit so maybe it is that. It is not always the back that is the cause of the pain. Sometimes it could be other things like with her it was glutes strength and posture.

Category	Code	Case	Text
Biopsychosocial factors overall	Biomedical factors	Transcript 15_08_12_2021	So in the beginning I thought lumbar OA, that is the problem. The bones are crushing, therefore she has pain. However, it could also be glutes strength, it could be her gait, it could be posture. There are other things that can cause people to have back pain, like ergonomics is also a big one. She cleans for a living, we did not have time to go into her ergonomics, but that could also be a cause of her pain. I could be completely wrong with strength and posture, it could just be way that she cleans. That could be the problem for the back pain. Maybe also taking my mind away from the OA, not focusing on the diagnosis and focusing on the patient instead.
Biopsychosocial factors overall	Biopsychosocial	Transcript 15_08_12_2021	Maybe also taking my mind away from the OA, not focusing on the diagnosis and focusing on the patient instead.
Biopsychosocial factors overall	Biomedical factors	Transcript 15_08_12_2021	With her, it was not mental, it was more of like mismanagement. She had a hip replacement at the beginning of the year. She got the hip replacement, she was discharged and then obviously they must still come for physio after they have been discharged. She came for only two physio sessions and then the hospital burnt down so she had no more physio sessions. So she could no longer some for physio. Shame she was such a cute lady! All that time she kept doing those same exercises that were given to her from her last visit. I was so impressed with her and how she continued to do her exercises. She knew them off my heart. I thought she went to see another physio and then she said no, she has been doing the same ones since March. She couldn't come back when the hospital opened up because she was think she was in Free State so when I came for my external exam so, it was the first physio treatment since March. So when she came now she said she is having back pain. I think it was all because the muscles were not properly rehabilitated after the hip replacement and then because of the long time periods in between, the hip was
Biopsychosocial factors overall	Biomedical factors	Transcript 15_08_12_2021	When you say, “a mental thing”, what exactly are you referring to? What is your thought process here? Participant 15: My thought process is that… uhm… ok, with a stab wound, it has to heal and there is no way that this can become chronic. The wound is healed and there is no other physical damage. It cannot become chronic. With chronic pain, it is my thinking that it becomes more mental, there is no physical damage that is there or the diagnosis is there forever. The brain starts to process this based on these 2 things, either the diagnosis is there forever or there is no physical damage therefore something is wrong in terms of the connection.
Biopsychosocial factors overall	Biomedical factors	Transcript 15_08_12_2021	I tried to see the patient holistically and take away my mind from myself and all these big words like the lumbar OA, spondylolisthesis and see how the patient is and what else could be the source of the pain. Sometimes it's not so much that there's no physical damage. It could be just like biomechanics, a shifted biomechanics or it could be the ergonomics that is causing something… that is causing the pain.

Category	Code	Case	Text
Biopsychosocial factors overall	Biopsychosocial	Transcript 15_08_12_2021	Sports is more textbook things, it is easier in terms of your management and you don't always have to see them holistically. You can really just fix the hamstring, treat the hamstring and the patient will be fine. With a chronic pain patient, the pain has probably taken such an impact on their daily life so we need to start thinking more ICF-like compared to the acute injury patient.
Biopsychosocial factors overall	Biomedical factors	Transcript 2_05_11_2021	I definitely think with heat. I think heat and maybe manual therapy. I'm not sure though, the swelling could have been the problem. So I think the joint was able to move that much, but the swelling was there just a little bit, so I'm not sure if maybe also the swelling had a bit of impact on that, but definitely with the heat.
Biopsychosocial factors overall	Biomedical factors	Transcript 2_05_11_2021	So I thought, OK, let me do a lot of posture, try and do a bit of posture correction and change her gait through gait education. But with the pain she was in, she literally had to had to sit down and breathe. As I was talking, it's like she did not hear anything. She was listening to the pain and just waiting for it to subside before she could even listen to me. So I was thinking that if she's saying eight years ago, I just could not understand why it hasn't been dealt with, you know? I was more concerned with how long she's been having it and if she's not getting any help. So I was also amazed as to the fact that she had not had a physio so it was her first time at the physio in the eight years. So I was I was thinking, OK, maybe hopefully now you know she will see that the pain will be influenced in some way.
Biopsychosocial factors overall	Biomedical factors	Transcript 2_05_11_2021	That something has to be done, whether it's referral, whether it's x-rays so that whatever it is, it does not worsen. For instance, let's say the patient had broken a bone, she must be referred so that she does not have any further implications. I think that would be my first reaction- I'd want to refer, whether it is x-rays or the doctor, whether it's asking them if they've been to a check-up recently. How often do they go? I'd be more concerned in finding out the actual problem.
Biopsychosocial factors overall	Biomedical factors	Transcript 2_05_11_2021	I think, especially if they've had an injury, I would explain it more in terms of the injury, how our body reacts, and the different responses that we would have. But if the patients did not necessarily have an injury, I think I would try and express it in sense of stiffness, sometimes muscle, sometimes fatigue or strain. I wouldn't explain necessarily the straight pain gate theory, but explaining it in a sense that if they could look after all the other elements that causes the pain, then the pain would be influenced in some way.
Biopsychosocial factors overall	Biomedical factors	Transcript 3_12_11_2021	So even though I struggle to describe chronic pain to them, I can describe the pathology. So if it's saying like “oh, hey, you can't see the injury of the surface but you can try to imagine that there's two things, and I know it's not exactly correct, but rubbing together. It’s the easiest way to explain it.

Category	Code	Case	Text
Biopsychosocial factors overall	Biomedical factors	Transcript 4_15_11_2021	I think that one was the most memorable but the other one, I'm just thinking, he was working in a butcher carrying meat from one place to another and picking it up from the floor to the table all time. Now he is no longer working there or he is taking time off because it was causing him pain. And then yeah, that pain has been there for more than six months. I don't remember exactly, I just know that he's still not that old and he's also a male patient.
Biopsychosocial factors overall	Biomedical factors	Transcript 4_15_11_2021	So. More or less the same as the other one. So we did TENS, heat therapy and then we did some stretches which helped a lot. I then gave him stretches as home exercise and also some strengthening of the core.
Biopsychosocial factors overall	Biomedical factors	Transcript 4_15_11_2021	So for this one patient who was lifting the meat off the floor. I told him that “you are using your lower back muscles to do heavy lifting and then you're doing repetitively and then they're not really assigned to do that. You can't take so much weight. And then the pain that you are getting is because you're getting spasms, muscle spasms on your lower back. You should rather use this and this and that.
Biopsychosocial factors overall	Biomedical factors	Transcript 5_16_11_2021	Yes, definitely. It changes a bit from how we explain it to a patient because I mean that person is seeing the patient but this patient is having to live with that pain. The sibling or the family member isn't experiencing that pain themselves so it's obviously important to explain to the sibling or the family member in terms of SIN [Severity, Intensity, Nature]. If they're having to massage their gran or family member, then it's important for this to be explained to them- like this person has a very high SIN, so obviously you would explain it in layman's terms that the person has a very low pain threshold so it's important to not massage too hard.
Biopsychosocial factors overall	Biomedical factors	Transcript 5_16_11_2021	No, he wasn't. He wasn't using a crutch, but he just he was just limping. I can't actually remember if he came in with a crutch or not but the second time, he definitely didn't. He was trying not to weight bear on his one leg. Yeah, the doctor basically diagnosed him with peripheral neuropathy but he wasn’t on any medication for like diabetes or anything like that. So I don't know why the doctor would have diagnosed him with peripheral neuropathy. There was no reason as to why he did. He just told him not to weight-bear and I think that that definitely exacerbated the condition and it obviously made him become very fearful of movement, very fearful of walking. And then during our first session with him, in fact, I actually treated him with one of my supervisors and one of my friends. So during our first session with him, we told him that he needs to start weight bearing on that leg. During the second session, he was a little bit better, but he was still very fearful of weight bearing and his pain is definitely influenced by fear.

Category	Code	Case	Text
Biopsychosocial factors overall	Biomedical factors	Transcript 5_16_11_2021	He took it well to it. He's the main breadwinner and because he works in a factory, he could not do his job properly so his boss told him that he should stop work for now until he feels better, because obviously the Walking around in the factory was making it a lot worse for pain and he wasn't being productive. So his boss just said ok, you need to go and seek medical help and once you better then you can come back. I think of that kind of also motivated him.
Biopsychosocial factors overall	Biomedical factors	Transcript 6_17_11_2021	Uhm, thinking about that and back to the patients that I've seen, to be honest, I've never actually had a patient that actually asked me why does it not heal? But to answer that, let's say a patient asks why it doesn't heal. Uhm, I'd say that it is dependent on the condition, yes it will be dependent on the condition. So for example, someone with arthritis, which is like a chronic condition. So I would relate the pain to the condition. So if it's someone, maybe it's a patient with arthritis, I would explain it to them in terms of how arthritis actually happens or like I'll tell them that the exposure of the nerves and everything is the cause of the pain. I would actually then say that we because we can’t heal, can’t cure arthritis, that's why the pain is always there. So yeah, that's one of the examples I would explain that it is more dependent on the condition of the patient than more of like chronic pain in general.
Biopsychosocial factors overall	Biomedical factors	Transcript 6_17_11_2021	I would actually then say that we because we can’t heal, can’t cure arthritis, that's why the pain is always there.
Biopsychosocial factors overall	Biopsychosocial	Transcript 6_17_11_2021	Uhm, the good thing that actually helped us was talking to her. It was me and another student and at first she was a bit irritated because we were asking her the same questions that were asked by the other students, but we were very patient with her. We managed to actually calm her down by listening to her cries. We told her, sit down and listened to her story, because like fortunately we didn't have patients to see after so we had time. So actually I feel like talking to her, listening to her more actually helped. So during the treatment and also during the assessments as well, after talking to her she was very calm. When she left, she said that her pain is much better than when she actually came in. I don't remember the scale in terms of the Visual Analogue Scale (VAS), but it much better than it was before.
Biopsychosocial factors overall	Biopsychosocial	Transcript 6_17_11_2021	With chronic pain, most of them are really affected by their emotions so it is important to give them something to calm them down. In this instance, talking to them sometimes helps or doing something it may not be part of the actual treatment. Maybe putting heat or something on their spine if they are having lower back pain, something to actually calm them down or activate the PNS [Parasympathetic Nervous System] or something.
Biopsychosocial factors overall	Biomedical factors	Transcript 6_17_11_2021	Maybe putting heat or something on their spine if they are having lower back pain, something to actually calm them down or activate the PNS [Parasympathetic Nervous System] or something.

Category	Code	Case	Text
Biopsychosocial factors overall	Biopsychosocial	Transcript 6_17_11_2021	The first one would be education, like education, about the condition and also like what pain is. The other thing would actually be talking to their family members or whoever that they are always with. You have to talk to them about the pain and also educate them about the pain and then the other thing would be to get them motivated. I feel like if I educate them well, then they know actually what's wrong with them. I feel like they will be motivated with the treatment and do the exercises if they are more educated about what's happening in their body and understanding what they're supposed to do.
Biopsychosocial factors overall	Biopsychosocial	Transcript 6_17_11_2021	So from how I was managing it this year, I think I will change my approach to chronic pain. So something that I will do differently is actually think about pain and chronic pain and all the factors that can actually be attributed to the pain. I would also treat the patient as a whole and not just the condition I would also want to know more about the patient and get more input from them, then I would understand what the patient is going through I would also try to get some of the reasons, some of the things that is hindering them from getting better. Also to listen more than I am telling them things.
Biopsychosocial factors overall	Biopsychosocial	Transcript 6_17_11_2021	Uhm, so like if I'm going to prescribe exercises, it needs to be part of their hobbies. We have to get them to do it as part of their day. It must be the same if they missed their hobbies wand their home programme. Yeah, if a patient did not go to gym then they are unlikely to go now. If they go, then it must be part of their routine. Some people like chores so then make the exercises part of that. Yeah, like make it part of things that they do on a daily basis.
Biopsychosocial factors overall	Biopsychosocial	Transcript 7_18_11_2021	Well, the thing that I found really interesting was the whole sympathetic trunk and using rotations and that sort of thing to activate it and how that can help pain. So I think definitely including a lot more of those exercises then just including a lot more movement in your sessions rather than like physical hands on treatment if there's not that much but need for it. So, I think just encouraging exercise and movement in. Then also a positive touch as well as a lot of education, I think a lot of what I have gathered is that this needs a lot of education and almost making them aware of, "this is how the brain works and this is how we kind of need to reset the brain".
Biopsychosocial factors overall	Biopsychosocial	Transcript 7_18_11_2021	I think it's the ability to communicate on a level that they understand and not using any of this medical jargon, or just being really relatable. Yeah and to be able to explain something in a way that they able to understand it. I think just promoting better health and more, yeah, I don't wanna say movement but more education, pain education, health education, mental health education, or even if you need referrals. I think referrals are quite important. If someone really needs to be seeing a psychologist or needs help to cope with emotional things that are difficult.

Category	Code	Case	Text
Biopsychosocial factors overall	Biopsychosocial	Transcript 8_22_11_2021	I'd say during the subjective, be calm and making sure they're comfortable. Uhm, addressing the psychosocial issues, so don't just brush over them. I would say like the way you approach the patient, like when starting the objective be gentle and that sort of thing.
Biopsychosocial factors overall	Biopsychosocial	Transcript 9_23_11_2021	Uhm, yes it was. It was quite interesting in that a lot of the time they would come back and it was almost like a mental problem because you couldn't find anything wrong when you were doing it. Not all the time, but a lot of the time something that happened a long time ago and then all of a sudden their back started hurting again that in that place. Then if you ask about their personal life, they've moved from Durban to here and they've lost their job and they used to be selling mielies or something and now they can't. So I think sometimes it does definitely relate to their mental health more than the actual pain itself.
Biopsychosocial factors overall	Biopsychosocial	Transcript 9_23_11_2021	Sometimes you could find the link between them. Sometimes…like a lot of the time… you also have like a nurse or something that would come in. She has just been sitting for long periods of time, or has been leaning over a bed and picking up patients. So sometimes, I definitely think that the social and the mental does come into play, but it does link to their pain. Sometimes maybe it makes it a bit worse then it actually is.
Biopsychosocial factors overall	Biomedical factors	Transcript 9_23_11_2021	I guess it depends on what exact pain they are feeling. I might describe the anatomy, so I might say muscles, muscle tightness and neural tension and then I'd have to try and explain. I'd speak about the spine and discs. Well, maybe numbering on the VAS [Visual Analogue] scale or the numerical pain rating scale 1 to 10.
Biopsychosocial factors overall	Biomedical factors	Transcript 9_23_11_2021	Probably after my assessment, I would think more on the muscle side of things and then try to see how if it is so chronic. There's been chronic pain for so long that the muscles are probably in spasm or something like that. I don't think that the muscles would be the underlying cause of the problem, but it's something that I can help to reduce their pain, and often a lot of the times if they feel like it helps then their pain is going to be less anyway. So again, it's a mental game, like if they feel I was not massaging hard enough then they might come back with more pain the next time even if I didn't treat the actual cause.
Biopsychosocial factors overall	Biomedical factors	Transcript 9_23_11_2021	Definitely like soft tissue release and their TENS machine and all that stuff wasn't working, no surprise, I probably would have done something like that on her. She might have responded well to that, but I didn't try it. I did some OMT, some core and glute exercises, strengthening and then just like some back stretches.
Biopsychosocial factors overall	Biomedical factors	Transcript 9_23_11_2021	No, I think she was doing everything fine. It was just painful but she could still do her nursing.

Category	Code	Case	Text
Biopsychosocial factors overall	Biomedical factors	Transcript 9_23_11_2021	I think medication also plays a big role in it. If they are experiencing really severe pain and they cannot do physio immediately, medication really does help. I don’t know… I am actually not sure.
Biopsychosocial factors overall	Biomedical factors	Transcript 9_23_11_2021	Definitely their work environment. For example, it's difficult to lift and lower the beds at Bara so even if we did all the techniques and I showed her how to transfer properly and all these things, if the bed isn't the right height, she still might get that same pain and we just have to try and work around that. I would probably have to go into her environment as well to see exactly what's happening. Luckily for her, it was right around the corner. I think also like their home situation and their time. For her I think a big problem was that she didn't have time because she would work long shifts and then when she got home she was tired and had children to look after and all that stuff. So I would you try to put things in like instead of walking to work just do an extra block around and make it a bit faster and you'd have to try and modify in different ways.