

Assessment of pain management strategies and perception of the role of physiotherapists in the management of low back pain among motorcycle riders in south-eastern Nigeria

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Abstract

Introduction: LBP is the most common cause of activity restriction and work absence in much parts of the world, putting a heavy financial burden on people. This study is aimed at determining the management practices and the knowledge and utilization of physiotherapy services among commercial motorcycle riders in Nnewi north. It is very essential with the long-term objective of increasing the level of knowledge of physiotherapy and promote its utilization among motorcycle riders and general public.

Methodology: This was a cross-sectional study that involved commercial motorcycle riders that ply within the four major villages of Nnewi town in Nnewi-North local government area of Anambra state. An interviewer based semi-structured questionnaire was administered to the respondents at their muster points.

Results: One hundred and fifty-four riders were recruited and all were male. 76% of the respondent for their low back pain is pain relief (drugs) such as Paracetamol 15.6%, while 44.2% of the respondent used drugs unknown to them, 19.5% reported that only stretching was their home management for their pain, majority 96.8% had never utilized their services, most 68.8% accepted to utilize it if the need arises.

Conclusion: Our study suggests that only few riders sought proper medical care for their low back pain. Majority chose over-the-counter medications while others went for other home management for pain such as stretching, use of ointments etc. Also, most of the riders lack a good knowledge of physiotherapy and their roles in pain management. Although, majority had never utilized their services, most accepted to utilize it if the need arises.

Keywords: Low Back Pain; Motorcycle Riders; Pain Management; Physiotherapy

1. Introduction

Low back pain (LBP) being a prevalent health problem also happens to be a major source of disability worldwide. It is among the top ten illnesses/diseases that cause the most Disability Adjusted Life Years (DALYs) worldwide [1]. Low

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back pain affects people of all ages and walks of life and is one of the commonest reason for medical consultations. The prevalence of low back pain has been associated with the type of occupation such as in commercial driving, lifting of heavy equipment that involve poor postures and manual handling [2]. Several other risk factors for LBP include high body mass, some physical and psychosocial factors like stress, anxiety and depression and hereditary [3, 4, 5]. There is a rising incidence of low back pain in the transportation sector of the economy [6, 7, 8].

Physiotherapy is a healthcare profession concerned with the care of patients thereby improving the patient's quality of life (QoL). It is defined as the healthcare profession with evidenced theoretical and clinical applications in providing care and treating individuals to improve, retain and restore their functionality and movements throughout their lifespan. [9,10]. They are seen in Health institutions (institutional hospitals, government hospitals), private practices, work place, sports sectors, educational institutions, rehabilitation centers etc. [11, 12, 13]. Their services are needed in musculoskeletal, neurological, sports injuries, care in the intensive care units, Geriatrics etc. They apply wide range of physical therapies and techniques such as movement, ultrasound, heating, laser and other techniques in their several areas of specializations [14, 15].

Knowledge is simply the general understanding about something and the familiarity with that. The knowledge and awareness of a profession can influence it either by promoting its misconception in cases of poor knowledge or by promoting its adequate appreciation and use in cases of good knowledge, [16]. In other words, the recognition of a profession will certainly rely on knowledge, attitudes and perception of the public and even the profession's stakeholders towards that profession. [17]. Physiotherapy still faces great difficulty in acceptance and recognition, at least achieving a good status as an essential health care profession in most places in Nigeria. As stated, if the public are completely ignorant of the physiotherapy services it will result to poor acceptance of the physiotherapy roles as essential in health care system thereby resulting to therapy being sorted for from other healthcare providers or even non-healthcare providers as evident in patients with musculoskeletal problems sorting for care from traditional bonesetters. [18]

Motorcycle riding has always been a road safety concern as numerous crashes involving motorcycle riders are being recorded in our accident and emergency (A&E) departments and motorcycle riders are usually exposed to several musculoskeletal disorders that are usually being managed by physiotherapist but end up sorting for solutions in the wrong places, thus leading to a hike in significant quest for provision of accessible and affordable interventions for LBP. Therefore, a good understanding of the current health care seeking behaviours will be vital in providing these interventions. Several studies globally examined the knowledge, attitudes, perceptions of physiotherapy by health science students, medical practitioners, and even among aged residents of some selected areas; others also examined factors affecting the utilization of physiotherapy services among children with cerebral palsy etc., but no similar work has been done among commercial motorcycle riders considering the nature of their work. [19-24]. Hence this study is aimed at determining the management practices and the knowledge and utilization of physiotherapy services among commercial motorcycle riders in Nnewi- North Local Government Area of Anambra State. It is very essential with the long-term objective of increasing the level of knowledge of physiotherapy and promote its utilization among motorcycle riders and general public.

2. Material and methods

2.1. Study Location

Nnewi North is one of the 21 local government areas in Anambra state in the south-eastern part of Nigeria with Nnewi as its only town. It has four major villages namely: Umudim, Otolo, Uruagu and Nnewi-ichi. It is the second largest and second most populated city in Anambra state located in the southern part of the state. It has a population of approximately 500,000. It is the second most commercial and industrial town in the state. It is also a transit hub enabling many travellers to travel to many other cities in the country. It has various schools, banks, churches, hotels, malls, markets and hospitals. The main occupation of the indigenes are trading, production, and farming; therefore, they solely depend on agriculture, commerce and entrepreneurship [25]. Nnewi-North is commonly known for their deals on motorcycle and vehicle parts and accessories at their popular Nkwo market. Motorcycle is the dominant and most common means of transportation within Nnewi. Often motorcycles are used to ply within the vicinity or ply to other neighbouring towns and at least half of the people in this area has a motorcycle.

2.2. Study population

This consists of commercial motorcycle riders that ply within the four major villages of Nnewi town in Nnewi-North local government area of Anambra state. The four major villages are: Nnewichi, Otolo, Uruagu, Umudim.

2.3. Study design

The study was a cross-sectional analytical study

2.4. Study material

An interviewer-based semi-structured questionnaire was adapted according to the objectives of the study. The questionnaire had four (4) sections (sections I-IV). Section I was based on respondents' socio-demographic profile; Section II was based on the respondents' pain assessment using Oswestry Pain Assessment Scale; Section III was based on the respondents' management of low back pain; and Section IV was based on the respondents' knowledge and utilization of physiotherapy services.

2.5. Inclusion Criteria

Commercial motorcycle riders that ply within the four major villages Nnewi town in Nnewi north L.G.A and were willing to participate.

2.6. Exclusion Criteria

Commercial riders who do not ply within Nnewi North Local Government Area and those that ply Nnewi North Local Government Area but are unwilling to participate in the study.

2.7. Sample size

154 participants were recruited for this study.

2.8. Ethical consideration

This study was approved by the Scientific and Ethics Review Boards of Nnamdi Azikiwe University Teaching Hospital (NAUTH) Nnewi, Anambra State, with an ethical approval number NAUTH/ CS/66/VOL.15/VER. 3/318/2021/336. Informed consent was sought verbally from the riders before the questionnaires were administered. The recruitment script explained the purpose, significance and benefits of the study. The participants were assured of their responses' confidentiality. Participants who couldn't provide all the answers before picking up their passengers were regarded as invalid. LBP was defined as 'pain in the area on the posterior aspect of the body from the lower margin of the twelfth ribs to the lower gluteal folds, that lasts for at least one day, with or without pain referred into one or both lower limbs' [26, 27].

2.9. Data analysis

Data analysis was done using Statistical Package for Social Sciences (SPSS) version 23. For descriptive statistics, frequency and percentage were used to summarize categorical variables, while mean and standard deviation were used to summarize continuous variables. For bivariate analysis, Chi-square test was used to compare categorical variables.

3. Results

One hundred and fifty-four (154) participants met the inclusion criteria. All were male, majority of the respondents 91(59.1%) were high school graduates (SSCE). Of the 154 participants, 124(80.5%) were from Igbo tribe and majority, 139(91.6%) were Christians and 103(66.9%) were married. The socio-demographic characteristics of the respondents' is shown in Table 1 below.

Table 1 Socio-demographic information of the respondents

Variables	Frequency	Percentages
Age		
15-25	0	0.0
26-36	81	52.5
37-47	57	36.2
48-58	14	9.1
59-69	3	1.9
70 and above	0	0.0
Gender		
Male	154	100.0
Highest Educational qualification		
BSC	9	5.8
FSLC	50	32.5
SSCE	91	59.1
None	4	2.6
Marital status		
Married	103	66.9
Single	51	33.1
Ethnicity		
Hausa	15	9.7
Igbo	124	80.5
Yoruba	5	3.2
Others	10	6.5
Religion		
Christianity	141	91.6
Islam	11	7.1
None	2	1.3

Table 2 below depicts the assessment of pain among the respondents using pain assessment scale. Great majority of the respondents 144(93.5%) reported to have felt pain in the past. Using the pain assessment scale, majority 98(63.6%) reported their pain intensity to be within the range 0-20, followed by those 39(25.3%) that reported their pain intensity to be within 21-40 score.

Table 2 The Assessment of Pain Intensity among the Respondents using pain assessment scale

Variable	Frequency	Percentage
Have you ever felt pain in the last 12 months?		
No	10	6.5
Yes	144	93.5
Pain assessment scale for pain Intensity		
0-20	98	63.6
21-40	39	25.3
41-60	7	4.5
61-80	0	0.0
81-100	0	0.0
No Response	10	6.5

Table 3 represented the exposures to some factors related to low back pain. 140 riders reported excessive exposure to cold weather, prolonged sitting on motorcycle and incorrect sleeping posture. 137 reported prolonged sitting and standing at muster point. 118 reported heavy lifting of loads.

Table 3 The factors associated with risk of low back pain

Variables	Frequency	Percentage
Exposure to a very cold weather?		
No	2	1.3
Yes	140	90.9
Possibly	2	1.3
No response	10	6.5
Exposure to air condition /draft		
No	46	29.9
Yes	92	59.7
Possibly	6	3.9
No response	10	6.5
Do you have Family members with low back pain?		
No	66	42.9
Yes	71	46.1
Possibly	7	4.5
No response	10	6.5
Motor vehicle accident?		
No	53	34.4
Yes	91	59.1
No response	10	6.5

Sport injuries?		
No	101	65.6
Yes	42	27.3
No response	11	7.1
Do you smoke?		
No	105	68.2
Yes	36	23.4
No response	13	8.4
Prolonged sitting on the motorcycle?		
Yes	140	90.9
Possibly	4	2.6
No response	10	6.5
Prolonged sitting and standing at the muster point		
Yes	137	89.0
No	3	1.9
Possibly	4	2.6
No response	10	6.5
Incorrect body posture at home?		
No	4	2.5
Yes	140	90.9
No response	10	6.5
Lifting/moving heavy loads?		
Yes	118	76.6
No	23	14.9
Possibly	3	1.9
No response	10	6.5
Stress during and after work?		
No	9	5.8
Yes	135	87.7
No response	10	6.5
Conflicts at work?		
No	40	26.0
Yes	103	66.9
No response	11	7.1
Incorrect sleeping position?		
No	4	2.5
Yes	140	90.9
No response	10	6.5

Domestic tasks: ironing and others that gets you in poor posture?		
No	49	31.8
Yes	95	61.7
No response	10	6.5

Table 4 below depicts the pain management strategies used by the respondents to manage their low back pain. 117(76.0%) reported to using drugs for their LBP; and the commonly used drugs were paracetamol (15.6%), ibuprofen (5.8%), however huge number of the respondents do not know the drugs they used (44.2%). Majority (74.7%) sourced their drugs from over the counter. Only a few of the respondents (7.8%) use injectable, of which names they don't know and got majorly from over the counter too. 113 (73.3%) respondents agreed to the use of home care management such as; stretching 19.5%, hot packs 5.8%, use of ointments and skin cream 7.8%, and massage 5.8%. Some respondent also uses two or more combination of the home remedy such as stretching, hot packs, use of ointment and massage 8.4%, use of ointment and massage 4.5%, stretching and hot packs 7.1%.

Table 4 The pain management strategy used by the respondents for their low back pain

Variable	Frequency	Percentage
Do you use drugs when you have low back pain?		
No	22	14.3
No response	15	9.7
Yes	117	76.0
Name of drugs used?		
Paracetamol	24	15.6
Ibuprofen	9	5.8
Diclofenac	4	2.6
Aspirin	0	0.0
Unknown	68	44.2
Paracetamol and Unknown	2	1.3
No response	38	24.7
Ibuprofen and Diclofenac	4	2.6
Herbal and unknown	4	2.6
Ibuprofen and unknown	1	0.6
Source of the drugs used?		
From a friend	2	1.3
Hospital	3	1.9
No response	34	22.1
Over the counter	115	74.7
Do you use injections when you have low-back pain?		
No	130	84.4
Yes	12	7.8
No response	12	7.8
Name of injection used?		

No response	142	92.2
Unknown	12	7.8
Source of the injection?		
Hospital	2	1.3
Over the counter	10	6.5
No response	142	92.2
What home care management do you use when you have low-back pain?		
Stretching and strengthening	30	19.5
Hot packs	9	5.8
Use of ointments and skin cream	12	7.8
Massage	9	5.8
Others	9	5.8
No response	41	26.6
Stretching and strengthening, hot packs, use of ointments/cream and massage	13	8.4
Use of ointment/cream and massage	7	4.5
Stretching and strengthening, use of ointment/cream	2	1.3
Stretching and strengthening and hot packs	11	7.1
Stretching and strengthening and massage	4	2.6
Stretching and strengthening, use of ointment/cream and massage	4	2.6
Hot packs, use of ointments and massage	1	0.6
Hot packs and massage	2	1.3

Table 5 below represents some variables in the respondents' view of physiotherapy and their roles in pain management. Only 18% of the riders reported to have heard of physiotherapist and their roles. In responding to their idea of the roles of physiotherapist, 9.1% responded not to know what they do, 9.1% described their role as massage only, 0.6% stated that they do not have a role in human health and 81.2% gave no response. Out of the respondents, 1.9% have visited a physiotherapist while 96.8% have not and 1.3% gave no response. When those who have visited a physiotherapist were enquired on the reason(s) for the visit, 1.3% followed a friend to visit a physiotherapist, while 0.6% had skeletal injuries and muscular disorder; and the number of times of their visits were, once 0.6%, and twice 1.3%, respectively. Of all the respondents who had visited a physiotherapist, 1.3% visited a physiotherapy clinic, 0.6% visited the general hospital for physiotherapy services and only 0.6 reported their experience as good. Majority of the respondents 68.8% and 75.3% stated that they would visit a physiotherapist if asked to and would advise their friend to visit a physiotherapist when the need arises respectively.

Table 5 The respondents' perception of Physiotherapy and their Roles in pain management

Variables	Frequency	Percentage
Heard of physiotherapist and their roles?		
Yes	29	18.8
No	125	81.2
What do they do?		
I don't know what they do	14	9.1

They do massage only	14	9.1
They don't have any role in human health	1	0.6
Have you visited a physiotherapist?		
No	149	96.8
No response	2	1.3
Yes	3	1.9
Reason for the visit?		
Followed a friend	2	1.3
Had skeletal injuries and muscular disorder	1	0.6
Frequency of the visit?		
Once	1	.6
Twice	2	1.3
Venue of the visit?		
General hospital	1	.6
Physiotherapy clinic	2	1.3
Experience during visit?		
Can't say	2	1.3
Good	1	.6
Would you visit again?		
No	38	24.7
Yes	106	68.8
Can't say	10	6.5
Why not?		
Due to bad experience	27	17.5
Due to the cost	2	1.3
Would you advise your friend to visit a physiotherapist?		
No	28	18.2
Yes	116	75.3
Don't know	8	5.2
No response	2	1.3
Would you visit a physiotherapist if asked to after undergoing Surgery?		
No	133	86.4
Yes	14	9.1
No response	7	4.5

Table 6 below shows the relationship between some socio-demographics and pain intensity. There was no statistically significant relationship between age, marital status and pain intensity (p -value >0.05).

Table 6 The relationship between Age, marital Status and Pain Assessment Scale

		PAIN ASSESSMENT SCALE FOR PAIN INTENSITY						Chi-square(x ²)	df	p-value(<0.05)	
		0-20	21-40	41-60	61-80	81-100	No response	Total			
Age	15-25	0	0	0	0	0	0	0	12.0	9	0.21
	26-36	55	19	1	0	0	6	81			
	37-47	32	14	6	0	0	4	56			
	48-58	10	4	0	0	0	0	14			
	59-69	1	2	0	0	0	0	3			
	70 and Above	0	0	0	0	0	0	0			
	Total	98	39	7	0	0	10	154			
Marital Status	Single	29	18	0	0	0	4	51	7.2	3	0.06
	Married	69	21	7	0	0	6	103			
	Divorced	0	0	0	0	0	0	0			
	Total	98	39	7	0	0	10	154			

Table 7 depicts the relationship between the factors associated with low back pain and pain intensity. It was found that all the factors assessed were statistically significant at p-value <0.05.

Table 7 The relationship between the respondents' pain assessment score and factors associated with low back pain

Factors associated with low back pain		PAIN ASSESSMENT SCALE FOR PAIN INTENSITY							Chi-square (x ²)	df	p-value (<0.05)
		0-20	21-40	41-60	61-80	81-100	No Response	Total			
Exposure to a very cold weather	Yes	96	37	7	0	0	0	140	160.7	9	0.00
	No	2	0	0	0	0	0	2			
	No Response	0	0	0	0	0	10	10			
	Possibly	0	2	0	0	0	0	2			
	Total	98	39	7	0	0	10	154			
Exposure to air condition/draft	Yes	63	24	5	0	0	0	92	154.5	9	0.00
	No	31	13	2	0	0	0	46			
	No Response	0	0	0	0	0	10	10			
	Possibly	4	2	0	0	0	0	6			
	Total	98	39	7	0	0	10	154			
Family members with low back pain	Yes	48	21	2	0	0	0	71	157.6	9	0.00
	No	46	15	5	0	0	0	66			
	No Response	0	0	0	0	0	10	10			
	Possibly	4	3	0	0	0	0	7			
	Total	98	39	7	0	0	10	154			
	Yes	61	24	6	0	0	0	91	155.7	6	0.00

Motor Vehicle Accident	No	37	15	1	0	0	0	53			
	No Response	0	0	0	0	0	10	10			
	Possibly	0	0	0	0	0	0	0			
	Total	98	39	7	0	0	10	154			
Sports Injury	Yes	23	15	4	0	0	0	42	145.1	6	0.00
	No	74	24	3	0	0	0	101			
	No Response	1	0	0	0	0	10	11			
	Possibly	0	0	0	0	0	0	0			
	Total	98	39	7	0	0	10	154			
Do you smoke?	Yes	23	11	2	0	0	0	36	116.4	6	0.00
	No	73	27	5	0	0	0	105			
	No Response	2	1	0	0	0	10	13			
	Possibly	0	0	0	0	0	0	0			
	Total	98	39	7	0	0	10	154			
Prolonged sitting on the motorcycle	Yes	96	37	7	0	0	0	140	155.2	6	0.00
	No	0	0	0	0	0	0	0			
	No Response	0	0	0	0	0	10	10			
	Possibly	2	2	0	0	0	0	4			
	Total	98	39	7	0	0	10	154			
Prolonged sitting and standing at the muster point	Yes	93	37	7	0	0	0	137	156.7	9	0.00
	No	3	0	0	0	0	0	3			
	No Response	0	0	0	0	0	10	10			
	Possibly	2	2	0	0	0	0	4			
	Total	98	39	7	0	0	10	154			
Incorrect body posture at home	Yes	94	39	7	0	0	0	140	140.6	6	0.00
	No	3	0	0	0	0	0	3			
	No Response	1	0	0	0	0	10	11			
	Possibly	0	0	0	0	0	0	0			
	Total	98	39	7	0	0	10	154			
Lifting /moving heavy loads	Yes	79	33	6	0	0	0	118	155.6	9	0.00
	No	16	6	1	0	0	0	23			
	No Response	0	0	0	0	0	10	10			
	Possibly	3	0	0	0	0	0	3			
	Total	98	39	7	0	0	10	154			
Stress during and after work	Yes	91	37	7	0	0	0	135	154.7	6	0.00
	No	7	2	0	0	0	0	9			
	No Response	0	0	0	0	0	10	10			
	Possibly	0	0	0	0	0	0	0			

	Total	98	39	7	0	0	10	154			
Conflicts at work	Yes	66	31	6	0	0	0	103	142.9	6	0.00
	No	32	7	1	0	0	0	40			
	No Response	0	1	0	0	0	10	11			
	Possibly	0	0	0	0	0	0	0			
	Total	98	39	7	0	0	10	154			
Incorrect sleeping position	Yes	96	37	7	0	0	0	140	139.5	6	0.00
	No	2	1	0	0	0	0	3			
	No Response	0	1	0	0	0	10	11			
	Possibly	0	0	0	0	0	0	0			
	Total	98	39	7	0	0	10	154			
Domestic tasks: Ironing	Yes	64	28	3	0	0	0	95	156.4	6	0.00
	No	34	11	4	0	0	0	49			
	No Response	0	0	0	0	0	10	10			
	Possibly	0	0	0	0	0	0	0			
	Total	98	39	7	0	0	10	154			

4. Discussion

The sample for this study included male youths between the ages of 26-69 with senior secondary certificate as their highest qualification and 66.9% were married. 93.5% of the participants reported to have felt pain before in their body within the past 12 months. LBP was not significantly associated with marital status. This finding is in contrast to the findings by Jiman et al and Ike et al. [28, 29]

This study discovered that the most common pain management strategy used by 76% of the respondent for their low back pain was pain-relief drugs such as Paracetamol 15.6%, Ibuprofen 5.8%, Diclofenac 2.6%, Herbal/unknown 2.6%, while 44.2% of the respondent used drugs unknown to them. Although this study is not focused to estimate the level of education of commercial riders, a high percentage (59.1%) attained secondary level of education but only 2.6% of the rider's preferred herbal medicine. However, this is not in agreement with the findings of Olorufemi et al where a high proportion of motorcyclists (64%) attained a secondary level of education and thus a lack of education might not explain their poor health seeking behaviour and preference for herbal medicine [30]. A higher percentage of the respondent 74.7% got their drugs from over the counter while 1.3% and 1.9% of the respondent got theirs from a friend and hospital respectively. This may be linked to their financial status and accessibility of these over-the-counter drugs. 84.4% of the respondent reported not using injectable when they have low back pain while 7.8% affirmed to using injectable but could not identify the names of the medication. This is probably because of where they got them; 6.5% of the respondent got the injectable from over the counter while 1.3% of the respondent got theirs from the hospital. This shows that only a few respondents sought proper medical attention in managing their pain. This agrees with the findings of Haetzman et al and also Akinpelu et al, both of which reported that non-prescription medication were been taken by a high number of individuals with chronic pain [31, 32]. 113 (73.3%) respondents agreed to the use of home care management such as; stretching 19.5%, hot packs 5.8%, use of ointments and skin cream 7.8%, and massage 5.8%. Some respondent also uses two or more combination of the home remedy such as stretching, hot packs, use of ointment and massage 8.4%, use of ointment and massage 4.5%, stretching and hot packs 7.1%.

Studies that show the motorcycle rider's view of physiotherapy and their roles in pain management is scare. This study shows some variables in the respondents' view of physiotherapy and their roles in pain management. Only 18% of the riders reported to have heard of physiotherapist and their roles. In responding to their idea of the roles of physiotherapist, 9.1% responded not to know what they do, 9.1% described their role as massage only, 0.6% stated that they do not have a role in human health and 81.2% gave no response. Out of the respondents, 1.9% have visited a physiotherapist while 96.8% have not and 1.3% gave no response. This can be linked to the fact that the knowledge and awareness of a profession can influence it either by promoting its misconception in cases of poor knowledge or by

promoting its adequate appreciation and use in cases of good knowledge and in our study, an inadequate appreciation was observed among the riders. When those who have visited a physiotherapist were enquired on the reason(s) for the visit, 1.3% followed a friend to visit a physiotherapist, while 0.6% had skeletal injuries and muscular disorder; and the number of times of their visits were, once 0.6%, and twice 1.3%, respectively. Of all the respondents who had visited a physiotherapist, 1.3% visited a physiotherapy clinic, 0.6% visited the general hospital for physiotherapy services and only 0.6 reported their experience as good. Majority of the respondents 68.8% and 75.3% stated that they would visit a physiotherapist if asked to and would advise their friend to visit a physiotherapist when the need arises respectively. This could be as a result of their belief in doing what is right and following instructions.

5. Conclusion

Although Physiotherapy has a massive growth in evidence based, its scope of practices through research and genuine demand in services, it still faces great difficulty in acceptance and recognition and at least achieving a good status as an essential health care profession in Nigeria. This can never get better if the public are completely ignorant of their services [11]. Our study suggests that only few riders sought proper medical care for their low back pain. Majority chose over-the-counter medications while others went for other home management strategies for pain such as stretching, use of ointments etc. Also, most of the riders lack a good knowledge of physiotherapy and their roles in pain management. Although, majority had never utilized their services, most accepted to utilize it if the need arises. It can be concluded that providing education to the riders may enhance their knowledge regarding the relationship between physiotherapy and pain management.

There is therefore an urgent need to improve education regarding physiotherapy and rehabilitation services for all riders and other populations. Physiotherapists need to be proactive in this area and need the support of health service and training institutions and government.

Recommendation

It is recommended that the professional body of physiotherapy organize programs aimed at improving the knowledge of motorcycle riders about the practice of physiotherapy, treatment and modalities. Physiotherapy professionals should also use the mass media to create more awareness among the general public. There is need for Physiotherapists in this population to offer more voluntary services to communities in an effort to educate and create awareness.

Compliance with ethical standards

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Disclosure of conflict of interest

The authors declare that they have no competing interests.

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Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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