Early workplace and psychosocial risk factors for prolonged work disability for patients with low back pain—Can I identify and solve them in my clinical practice?

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Panel: Michael Erdil, M.D., FACOEM, OEHN, UCHC
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Jonathan Torres M.D., St Mary’s Work Med
Donald Murphy D.C., RI Spine Institute
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NECOEM Annual Conference Dec. 3, 2015
Natural History of LBP

• Spontaneous recovery in majority with plateau in remainder
  – Recovery 40-50% 1-2 wks, 80-90% 6 wks, 13% LBP 6 mo Mehling Spine 2012
  – Recovery 6 wks then plateau, low levels pain and disability 1 yr Menezes CMAJ 2012

• RTW
  – 68.2% 1 mo, 85.6% 1-6 mo, 93.3% 6+ mo Wynne-Jones OEM 2014

• Recurrence (pain vs. treatment vs. lost time) 20-80%
  – 54% by 6 mo Mehling Spine 2012
  – WC reinjury vibration, PMH LBP, 4 WC claims, fear avoidance Keeney Spine 2013
LM Workplace Safety Index 2011:

Overall cost of severe (OSHA recordable) injuries = $50 Billion

Top 10 causes of the most disabling injuries 2009

- Overexertion: $12.75, 25.4%
- Fall on same level: $7.94, 15.8%
- Fall to lower level: $5.35, 10.7%
- Bodily Reaction: $5.28, 10.5%
- Struck by object: $4.64, 9.3%

Other causes:
- Highway incident: $2.18, 4.3%
- Caught in/Compressed by: $2.04, 4.1%
- Struck against object: $2.01, 4.0%
- Repetitive motion: $1.97, 3.9%
- Assault/Violent act: $0.59, 1.2%
Median LBP intensity (0-10): IQR

Shaw et al., JOEM 2009; N = 519 workers with acute LBP
Self-reported outcome of RTW

One-month RTW

- Not working: 48%
- Working modified duty: 17%
- Working full duty but accomplishing less: 18%
- Working full duty: 17%

Three-month RTW

- Not working: 70%
- Working modified duty: 14%
- Working full duty but accomplishing less: 9%
- Working full duty: 7%

Shaw et al., JOEM 2009; N = 519 workers with acute LBP
Distribution of WC claims for LBP and costs by duration of work absence

10% claims = 83% costs

Hashemi et al., 1997, J Occup Environ Med, 39(10), 937-945.
Prognostic challenges

• Precise pain generators often unclear
• Diagnostic classifications ≠ prognosis
• Objective tests ≠ prognosis
• Limited evidence of treatment specificity
• Guidelines suggest watching and waiting

BUT:
• Source of chronic disability and suffering
NON-MEDICAL FACTORS
“YELLOW FLAGS”
Workplace factors influencing RTW

1) Heavy physical demands
2) Inability to modify work
3) High job stress
4) Job dissatisfaction
5) Lack of organizational, supervisor support
6) Poor expectation for RTW at present job
7) Fear that RTW will increase pain or re-injury
8) Short job tenure

Literature reviews: Shaw et al., 2001; Crook et al., 2002; Waddell et al., 2003; Hartvigsen et al., 2004; Steenstra et al., 2005; Shaw et al., 2009
Psychological factors influencing RTW

1) Catastrophizing
2) Fear of movement
3) High pain severity
4) Negative expectations
5) Preoccupation with health
6) Worry, distress, depression
7) Passive coping strategies

Literature reviews: Chou & Shekelle, 2010; Nicholas et al., 2011; Wertli et al., 2014a; Wertli et al., 2014b;
Conclusions of systematic reviews (back pain)

• **Chou & Shekelle, JAMA. 2010;303(13):1295-1302.**
  - Review of 20 prognostic studies (<8 weeks LBP)
    • “The most helpful components for predicting persistent disabling low back pain were maladaptive pain coping behaviors, nonorganic signs, functional impairment, general health status, and presence of psychiatric comorbidities.”

• **Shaw et al., J Occup Rehabil. 2009;19(1):64-80.**
  - Consolidation of 5 systematic reviews of occupational factors
    • “There is a clear indication that occupational factors influence back disability, but to expand clinician practices in this area will require that patient screening methods show greater conceptual clarity, feasibility, and linkages to viable options for intervention.”

• **Nicholas et al., Phys Ther. 2011;91:737-753.**
  - Review of 18 intervention trials for acute/sub-acute LBP
    • “…studies that targeted interventions on known psychological risk factors for disability seemed to report more consistently positive results relative to those interventions that ignored these risk factors or provided omnibus interventions to people regardless of psychological risk factors.”
PATIENT SCREENING
7 basic screening questions

1) How are you dealing with the pain?
2) How are you getting along right now?
3) Feeling overwhelmed or discouraged?
4) How long do you expect to be out of commission?
5) Afraid that resuming activity will make things worse?
6) Can you describe demands of your work/work setting?
7) What kind of help do you expect from your employer?
## Örebro Musculoskeletal Pain Screening Questionnaire (ÖMPQ)

### INSTRUCTIONS:
These questions and statements apply to your problem. This may include aches, pains or problems in the affected area. It is important you respond to each question. Please read and answer each question carefully. However, do not take too long. Just respond as you feel. There is always an answer for your situation.

1. Where do you have your pain/problem? Place a tick (✓) for all the appropriate sites.
   - back or neck
   - arm
   - leg
   - both sides
   - several body areas

2. Due to your pain/problem, how many days of work or 'normal daily routine' have you missed? Tick (✓) one:
   - 0 days
   - 1-2 days
   - 3-7 days
   - 8-14 days
   - 15-28 days
   - over 28 days

3. How long have you had your current pain/problem? Tick (✓) one:
   - 0-1 weeks
   - 1-2 weeks
   - 3-4 weeks
   - 4-5 weeks
   - 5-6 weeks
   - 6-7 weeks
   - 7-8 weeks
   - 8-9 weeks
   - 9-10 weeks
   - 10-11 weeks
   - 11-12 weeks
   - over 1 year

4. Do you feel your work or normal daily routine is a burden to you (e.g., heavy or monotonous)? Circle one:
   - Not at all
   - Somewhat
   - Extremely

5. How would you rate your pain/problem during the past week, or since the injury if less than a week ago? Circle one:
   - No pain/no problem
   - Mild
   - Moderate
   - Severe
   - Worst possible

Since your injury (or in the past three months if it is not a recent injury), in general:

6. How has your pain/problem been? Circle one:
   - Not at all
   - Somewhat
   - Extremely

7. How often is your pain/problem present? Circle one:
   - Never
   - Some of the time
   - Most of the time
   - All the time

Over the last week, or since the injury if it were less than a week ago, on an average day:

8. How well can you cope with or control your pain/problem? Circle one:
   - Not at all
   - Somewhat
   - Extremely

9. How tense or anxious have you felt? Circle one:
   - Not at all
   - Somewhat
   - Extremely

10. How depressed or ‘down’ have you felt? Circle one:
    - Not at all
    - Somewhat
    - Extremely
# The Keele STarT Back Musculoskeletal Screening Tool

Patient name: ________________________ Date: __________

Thinking about the **last 2 weeks** tick your response to the following questions:

<table>
<thead>
<tr>
<th>Question</th>
<th>Disagree</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  My pain has <strong>spread</strong> at some time in the past 2 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2  In addition to my main pain, I have had <strong>pain elsewhere</strong> in the last 2 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3  In the last 2 weeks, I have only <strong>walked short distances</strong> because of my pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4  In the last 2 weeks, I have <strong>dressed more slowly</strong> than usual because of my pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5  It's really not safe for a person with a condition like mine to be physically active</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6  <strong>Worrying thoughts</strong> have been going through my mind a lot of the time in the last 2 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7  I feel that my <strong>pain is terrible</strong> and that and that it’s <strong>never going to get any better</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8  In general in the last 2 weeks, I have <strong>not enjoyed</strong> all the things I used to enjoy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. Overall, how **bothersome** has your pain been in the last 2 weeks?

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Very much</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total score (all 9): __________ Sub Score (Q5-9): __________
Back Disability Risk Questionnaire

• Typical items:
  – Supervisor response
  – Mood and stress
  – Pain severity ratings
  – Expectations for recovery
  – Physical demands of work
  – Modified work options

• 3 levels of patient risk:
  – 48% low risk (0-1 “yellow flags”)
  – 37% medium risk (2-3 “yellow flags”)
  – 15% high risk (4-9 “yellow flags”)

(18 items)

Appendix: Patient Questionnaire

1. Please briefly describe what you were doing at the time of the injury or when the pain began: __________________________

2. On a scale from 1 to 10, how much pain in your back do you have RIGHT NOW? ________

3. Since this episode of back pain began, how has your pain changed?
   - greatly improved
   - somewhat improved
   - about the same
   - somewhat worse
   - a great deal worse

4. Have you missed work for at least one day as a result of your current back injury? ________
   - Yes
   - No

5. How long have you been with your present employer? ________

6. Employers, including supervisors or other managers, may have different kinds of reactions to a work injury. Right after your back pain began, did your supervisor...?
   a. blame you for the injury? ________
   b. try to help you? ________
   c. act angry at you for being off work? ________
   d. question whether you were really hurt? ________
   e. discourage you from filing an injury report or workers’ comp claim? ________

7. On a scale from 1 to 10 how physically demanding is your present job? (1 = very light work, 10 = very hard work): ________

8. Have you seen a medical doctor for back pain before this episode? ________
   - Yes
   - No

9. If yes,...
   a. Severe enough that you had to restrict your activities? ________
   b. Severe enough that you had to stay home from work? ________
   c. Ever had back surgery? ________

10. On a scale from 1 to 10 how much do you enjoy your present job? (1 = don’t enjoy it at all, 10 = enjoy it a lot; ________

11. How worried are you that future physical activity may increase your back pain or result in re-injury?
   - extremely concerned
   - very concerned
   - somewhat concerned
   - a little concerned
   - not concerned at all

12. Do you think that you will be able to do your regular job, without any restrictions, 4 weeks from now?
   - definitely
   - probably
   - not sure

13. Before this episode of back pain, how often did you engage in at least moderate exercise (activities like walking, jogging, and cycling)?
   - never
   - rarely
   - once per week
   - 2-3 times per week
   - more than 4 times per week

14. In general, would you say your health is...?
   - excellent
   - fair
   - very good
   - good

15. How much of the time during the past week have you felt downhearted and blue?
   - all of the time
   - most of the time
   - a good bit of the time
   - some of the time
   - a little of the time
   - none of the time

16. How much of the time during the past week have you felt under stress?
   - all of the time
   - most of the time
   - a good bit of the time
   - some of the time
   - a little of the time
   - none of the time
BDRQ and early LBP outcomes

EARLY STRATEGIES FOR HIGH-RISK CASES

1) Workplace support & assistance
2) Counseling & communication strategies
Emerging evidence for early interventions

1) More individualized job modification
2) Organizational intervention
3) Supervisor/worker communication
4) Early multidisciplinary rehabilitation
5) Intensify case management
6) Psychologically-informed PT
7) Cognitive-behavioral therapy
The RTW process and disability risk

Top-down process:
• Medical diagnosis
• Functional assessment
• Report of task limitations
• Job description
• Offer of modified duty
• Supervisor notification
• Worker acceptance

Bottom-up process:
• Monitor and revise as-needed
• MD review for medical clearance
• HR review for policy compliance
• Worker/supervisor draft RTW plan
• Supv. assesses leeway and support
• Worker identifies task limitations
• Worker/supv. list job tasks

Research support for bottom-up RTW process when:
✓ Self-limiting symptoms, no serious medical risk
✓ Adversarial relationships and problems exist
✓ Unusual job tasks and responsibilities
✓ Job offers substantial leeway and flexibility
Cognitive-behavioral strategies

- Understanding and altering pain beliefs
- Applying behavioral strategies to resume activity
- Problem-solving skills training
- Communicating needs effectively
- Pain and injury self-management
### Option 7: Psychologically-informed PT

<table>
<thead>
<tr>
<th>Risk level</th>
<th>Usual care</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>N = 73</td>
<td>No physiotherapy (N = 148)</td>
</tr>
<tr>
<td>Medium</td>
<td>N = 131</td>
<td>Psychologically-informed PT (LITE version) (N = 263)</td>
</tr>
<tr>
<td>High</td>
<td>N = 79</td>
<td>Psychologically-informed PT (Full version) (N = 157)</td>
</tr>
</tbody>
</table>

Sample = 1,573 primary care consulters with LBP

Cost-effectiveness: STarT Back Trial

Figure 3: Cost-effectiveness plane for the comparison of the stratified management approach (Intervention group) with current best practice (control group), based on 25,000 bootstrapped cost-effect pairs QALYs—quality-adjusted life years.

Screen and match?

Acute LBP Screening (100%)

Some risk (50%)

Physical (30%)

Emotional (40%)

Work (30%)

Low Risk (50%)
### Pain Recovery Inventory of Concerns and Expectations (PRICE) (46 items)

**PRICE (Pain Recovery Issues, Concerns, and Expectations) Questionnaire**

**Instructions:** The following survey will ask you about your current limitations due to back pain, your workplace setting, your beliefs and expectations about recovery, and your current levels of pain and distress. Your responses will help your clinicians provide the most appropriate levels of treatment and support. The survey consists of 48 questions that should take approximately 5-10 minutes, but you may complete the survey at your own speed. Please answer every question unless you find it inappropriate or irrelevant to your situation.

**Today, would you find it difficult to perform the following activities because of your back pain?**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not at all</th>
<th>Slightly difficult</th>
<th>Moderately difficult</th>
<th>Very difficult</th>
<th>Unable to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Stand up for 20-30 minutes.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Climb one flight of stairs.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Walk a few blocks (1000 feet).</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Walk several miles.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Reach up to high shelves.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. Throw a ball.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. Run one block (about 300 feet).</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. Take food out of the refrigerator.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. Make your bed.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. Put on socks (or pantyhose).</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. Bend over to clean the bathtub.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. Move a chair.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. Pull or push heavy doors.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. Carry two bags of groceries.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. Lift and carry a heavy suitcase.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**We would like to know about thoughts and feelings you have when experiencing pain:**

When I’m in pain...

<table>
<thead>
<tr>
<th>Not at all</th>
<th>To a slight degree</th>
<th>To a moderate degree</th>
<th>To a great degree</th>
<th>All the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. I can’t seem to keep it out of my mind.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17. I keep thinking about how much it hurts.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

When I’m not in pain...

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. My body is telling me I have something dangerously wrong</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. People aren’t taking my medical condition seriously enough</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. My accident has put my body at risk for the rest of my life</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. I wouldn’t have this much pain if there weren’t something potentially dangerous going on in my body</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. This episode of pain will jeopardize my job/career</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. This episode of pain is a significant event in my life</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. This pain episode will affect my future</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

25. Please indicate your current level of back pain by circling a number from 0 to 10 on the scale below:

- No pain
- 1 - 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (Worst pain imaginable)

We would like to know your opinion of the organization you work for:

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Moderately disagree</th>
<th>Slightly disagree</th>
<th>Neither agree nor disagree</th>
<th>Slightly agree</th>
<th>Moderately agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>26. The organization values my contribution to its well-being.</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. The organization fails to appreciate any extra effort from me.</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. The organization would ignore any complaint from me.</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. Even if I did the best job possible, the organization would fail to notice.</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. The organization cares about my general satisfaction at work.</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. The organization shows very little concern for me.</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. The organization takes pride in my accomplishments at work.</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following is a list of the ways you might feel or behave. We would like to know how often you felt this way in the past week:

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>disagree</th>
<th>agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>33. I did not feel like eating; my appetite was poor.</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. I felt that I could not shake off the blues even with help from my family or friends.</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. I had trouble keeping my mind on what I was doing.</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36. I felt depressed.</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37. I thought my life had been a failure.</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38. I felt fearful.</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39. I felt lonely.</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40. People were unfriendly.</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41. I had crying spells.</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42. I felt sad.</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>43. I felt that people dislike me.</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>44. I could not get &quot;going&quot;.</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

45. How soon do you expect to be able to resume your normal job without any limitations?

- 0-2 days
- 2-3 days
- 3-7 days
- 7-14 days
- 14-21 days
- 21-30 days
- 30-60 days
- > 60 days

46. How long do you expect to limit your physical activities at home due to back pain?

- 0-2 days
- 2-3 days
- 3-7 days
- 7-14 days
- 14-21 days
- 21-30 days
- 30-60 days
- > 60 days

Case Discussion
7 mistakes doctors commonly make

2. Ordering an imaging test to make a diagnosis. Doctors shouldn’t immediately order an MRI or CT scan to determine the cause of back pain if a patient doesn’t have any red flags such as tingling in the legs — a sign of a nerve problem such as spinal stenosis — or a previous history of cancer. Such tests are warranted only when the physical exam points to a serious underlying condition, the guidelines state, and only if surgery or other invasive treatments may be options to treat it.

3. Blaming the pain on bulging disks. This stems from ordering too many imaging tests for nonspecified back pain. Often these tests reveal disk problems, but studies have shown that the majority of people develop abnormalities in their spinal disks as they age, often without pain.

Four common mistakes in back pain treatment
Why you probably don’t need an MRI, strong drugs, bed rest, or back surgery
Published: August 2014

Mistake 1: Rushing to test
Mistake 2: Lying down
Mistake 3: Taking the wrong drugs
Mistake 4: Having needless surgery

Prescription Painkiller Overdoses in the US

Nearly 15,000 people die every year of overdoses involving prescription painkillers.

Deaths from prescription painkillers have reached epidemic levels in the past decade. The number of overdose deaths is now greater than those of deaths from heroin and cocaine combined. A big part of the problem is nonmedical use of prescription painkillers—using drugs without a prescription, or using drugs just for the “high” they cause. In 2010, about 12 million Americans (age 12 or older) reported nonmedical use of prescription painkillers in the past year.

In 2010, 1 in 20 people in the US (age 12 or older) reported using prescription painkillers for nonmedical reasons in the past year.

Enough prescription painkillers were prescribed in 2010 to medicate every American adult around-the-clock for a month. Although most of these pills were prescribed for a medical purpose, many ended up in the hands of people who misused or abused them.

http://www.cdc.gov/VitalSigns/PainkillerOverdoses/index.html
The Dangers of Painkillers: A Special Report
Every year, Percocet, Vicodin, and other opioids kill 17,000 Americans and acetaminophen sends 80,000 people to the ER
Published: July 2014

Opioids: Deadly misconceptions
One of the biggest misconceptions people have about opioids is that the risks apply to other people, not themselves. But the “typical” victim of overdose might not be whom you think. About 60 percent of overdoses occur in people prescribed the drugs by a single physician, not in those who “doctor shopped” or got them on the black market. And a third of those were taking a low dose.

Used properly, opioids can ease severe short-term pain from, say, surgery or a broken bone, and manage chronic pain from an illness such as cancer. But people run into trouble when they inadvertently misuse the drugs—combining them with alcohol or

Imaging tests for lower-back pain
You probably do not need an X-ray, CT scan, or MRI

Treating lower-back pain
How much bed rest is too much?

Back pain is one of the most common reasons why people visit the doctor. The good news is that the pain often goes away on its own, and people usually recover in a week or two. Many people want to stay in bed when their back hurts. For many years, getting bed rest was the normal advice. But studies show that staying in bed longer than 48 hours won’t help. Here’s why:

Staying in bed won’t help you get better faster. If you’re in terrible pain, lying down for a day or two can help ease pain and reduce the load on your spine. But research suggests that if you find comfortable positions and move around sometimes, you may not need bed rest at all.

Research shows that:
- Lying down longer than two days doesn’t help.
- Many people recover just as quickly without any bed rest.
- The sooner you start physical therapy or return to activities such as walking, the faster you are likely to recover.

Systematic review of prognostic factors for workers’ time away from work due to acute low-back pain: An update of a systematic review

FINAL REPORT TO WORKERS COMPENSATION BOARD OF MANITOBA

http://www.iwh.on.ca/sbe/factors-affecting-rtw-following-acute-low-back-pain
Working Together

Successful Strategies for Return to Work

http://www.iwh.on.ca/working-together
Employer’s Return-to-Work Guide

Financial incentives available from L&I

http://www.lni.wa.gov/IPUB/200-003-000.pdf
Attending Provider’s Return to Work Desk Reference

“Employment is nature’s physician and is essential to human happiness”

Galen (Greek physician – AD 172)

http://www.lni.wa.gov/IPUB/200-002-000.pdf
Help getting back to work
L&I Early Return-to-Work Teams

- Everett: 253-290-1300
- Seattle: 206-515-2800
- Spokane: 509-324-2600
- Tacoma: 253-396-3800
- Tumwater: 360-902-8799
- Yakima: 509-454-3700

On the Web
Claim and Account Center: Use this secure site to check the status of your claim and exchange information with L&I.

General information about workers’ compensation:
www.InjuredWorker.Lni.wa.gov

Ideas to modify your job and eliminate risk factors:

U.S. Department of Labor’s Job Accommodation Network:
www.JAN.wvu.edu

L&I toll-free hotline
1-800-547-8367

Getting Back to Work:
It’s Your Job
and Your Future

Getting injured on the job is hard enough.
We want to help you recover and get back to work as soon as possible. It's money in your pocket.

More about return-to-work options
If your employer needs more information about return-to-work options and how they benefit both workers and employers, request a copy of the Employer’s Return-to-Work Guide from an L&I office or go to www.Lni.wa.gov/IPUB/200-003-000.pdf on the Web.

Other formats for persons with disabilities are available on request. Call 1-800-547-8367. TDD users, call 360-902-4685. L&I is an equal opportunity employer.

http://www.lni.wa.gov/IPUB/200-001-000.pdf
family doctor discussing your medical condition with your employer, your doctor can contact WorkSafeBC. We'll work with your doctor and employer to arrange a return-to-work plan.

Once your doctor has approved a plan, you should understand your obligations. Discuss your doctor’s recommendations with him or her, so that you know what you’re expected to do to assist your recovery.

Your employer’s role
Your employer will develop a return-to-work plan based on your capabilities and whatever alternative work is appropriate. WorkSafeBC is available to assist in this area.

It’s a team effort
You, your doctor, your employer, WorkSafeBC, or your treatment provider can start a return-to-work plan. Anyone can start the process. In fact, many individuals can become involved in the process, including workers, their representatives, their employers, doctors, treatment therapists, and one or more WorkSafeBC employees.

If you’re enrolled in a WorkSafeBC-approved rehabilitation program, a registered therapist may contact your employer to discuss safe return-to-work opportunities. Contributions from all members of the team will ensure a successful outcome.

WHAT ABOUT RE-INJURY?
Both employers and employees may have concerns regarding the possibility of re-injury during the course of a return-to-work program. However, a gradual return-to-work plan, established with the involvement of your doctor, will reduce the risk of further injury.

IN SUMMARY
• A safe and timely return-to-work plan benefits you, your family, and your employer.
• Involving your doctor in your recovery timelines increases the success of a return-to-work plan.

http://www.worksafebc.com/publications/how_to_work_with_the_wcb/assets/pdf/rtw_goodtherapy.pdf?_ga=1.137035769.853546654.1441750830
The issues

1. Being away from work for long periods is a significant health risk.

2. People with compensation claims have worse health outcomes than those who have the same condition without compensation.

Both require action to change. This website provides information and resources to help improve outcomes.

The information on this site is designed for employees and their families, RTW coordinators and managers, supervisors, human resource staff, senior managers, claims and injury managers, treating practitioners including doctors and physiotherapists, unions, rehabilitation professionals and policy makers.

For further information on this site please contact admin@rtwmaters.org

The Return To Work Knowledge Base is sponsored by Return To Work Matters Pty Ltd

Research and Resources on Return to Work

This site is designed to help with return to work. The information is evidence based and encourages best practice and cooperation. It includes:

1. Research papers translated into plain language. The articles can be browsed in interest group collections - employee, employer etc. Alternatively all articles can be seen via the 'View all Articles' tab. On the summary pages the article title is the link to the full text. A search facility is available on all pages.

2. Resources - links to useful information on work disability such as patient handouts, work disability reports, treatment guidelines. The link to the Resources Page for each group is at the top of the left navigation menu on the summary pages.

The site is designed to inform the reader and to encourage sharing of information with others.

Further information, details on navigating the site and how to share information with others is in the article on how to use this site.

Return to Work Knowledge Base http://www.rtwknowledge.org/
Resources

Örebro Musculoskeletal Pain Questionnaire


Welcome to STarT Back

• http://www.keele.ac.uk/sbst/

Patient Health Questionnaire (PHQ-2) and Generalized Anxiety Disorder Scale (GAD-7, GAD-2)

• http://www.cqaimh.org/pdf/tool_phq2.pdf


• http://www.aafp.org/afp/2008/0815/p501.html
Resources

DRAM (Distress and Risk Assessment Method)
• http://www.orthopaedicscore.com/scorepages/psychological.php

Pain Catastrophizing Scale
• http://aaompt.org/education/conference10/Break_Out_Sessions/Pain_Catastrophizing_Scale.doc

Fear Avoidance Belief Questionnaire
• http://www.udel.edu/PT/PT%20Clinical%20Services/journalclub/caserounds/05_06/mar06/FABQ1.pdf

Tampa Scale for Kinesiophobia

Injustice Experience Questionnaire
• http://sullivan-painresearch.mcgill.ca/ieq.php
Resources

Resources


Resources


• Shaw, W.S. & Huang, Y. (2005). Concerns and expectations about returning to work with low back pain: Identifying themes from focus groups and semi-structured interviews. Disability & Rehabilitation, 27, 1269-1281.
Resources


Resources
