Supporting Return to Work

Work absence and musculoskeletal pain

- Over 9.5 million working days are lost each year in the UK due to musculoskeletal disorders.
- The majority of people on sick leave return to work within 2 weeks, but the longer the absence, the lower the probability of long-term successful return to work (Waddell & Burton, 2006).

<table>
<thead>
<tr>
<th>Length of work absence</th>
<th>At work 12 months later</th>
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<tbody>
<tr>
<td>less than 4 weeks</td>
<td>&gt; 90%</td>
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<tr>
<td>4 – 12 weeks</td>
<td>60 – 90%</td>
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<tr>
<td>more than 6 months</td>
<td>10%</td>
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- Unemployment and unnecessary prolonged sickness absence are generally bad for physical and mental health and wellbeing. In many people work can be therapeutic and help to promote recovery (Waddell & Burton, 2006).

Outcome of sickness certification in primary care

- In a cohort of 806 primary care consulters with back pain (BeBack), 14% received a sickness certificate. Patients receiving a sick note reported more pain, more disability, less confidence in managing their pain (‘self-efficacy’) and more anxiety and depressive symptoms (Lewis, Wynne-Jones et al. in preparation).
- Six months after the consultation for back pain, scores on these measures were still higher in those who had received a sick note (see figure). This group had also consulted their GP more often with back pain (mean 3.2 versus 1.9 consultations) and reported more work absence (mean 36.6 versus 7.8 days) during the 6 months following the consultation.

Mean scores at 6 months after receiving a sick note: higher scores indicate more pain, disability and anxiety but better self efficacy levels.
Obstacles to return to work

The “flags” framework has been introduced to help identify obstacles to being active and working, and to support people with musculoskeletal conditions to return to work. For more information about using these flags to help people back to work see Kendall et al. 2009 (http://www.tsoshop.co.uk/flags).

- **Yellow flags** are factors related to the patient, including negative beliefs about health and work, fear of re-injury, and low expectation of return to work.

- **Blue flags** are factors related to work, such as high physical or psychological job demands, lack of flexibility or ability to modify duties, perception of poor support from supervisors or co-workers, and low job satisfaction.

- **Black flags** are organisational obstacles and factors related to health care, such as ineffective treatments, long waiting times for specialist appointments, or lack of occupational rehabilitation service.

Key messages and practical recommendations for health care providers

- Most musculoskeletal problems can be accommodated at work
  - Need to identify obstacles and plan to overcome them
- Use fit notes to communicate with employers
- The worker knows best and can suggest workplace modifications
- Discuss a return to work date and record this in the notes
  - Agree clear and realistic goals
- Encourage the patient to keep in touch with work

Study of Work And Pain (SWAP)

- The Arthritis Research UK Primary Care Centre will soon start a pilot cluster-randomised trial to investigate the clinical and cost-effectiveness of providing a vocational advice service in primary care.
- Using a stepped care approach the vocational advisor will support patients to identify and overcome obstacles to returning to work.
- The main outcome measure will be the numbers of days of work absence over a period of 12 months follow up. Further outcomes will include self efficacy, pain interference, general health and work performance.

Useful Links (leaflet): http://www.tsoshop.co.uk/gempdf/Advising_Patients_About_Work.pdf