WHAT FACTORS INFLUENCE HEALTHCARE PROFESSIONALS RETURN TO WORK RECOMMENDATIONS IN LOW BACK PAIN?

Paul Scallan, BSc (Hons) Physiotherapy, MCSP, Committee Member ACPOHE
Clinical Lead of Occupational Health Physiotherapy Services, IPRS Health

Quiz…

Which of these has the WEAKEST link to back pain:

A – Posture
B – Depression
C – Income
D - Sleep

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WHY CHOSE THIS RESEARCH?

Poll…

Which of these has the WEAKEST link to back pain:

A – Posture
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MUSCULOSKELETAL (MSK) ISSUES IN THE WORKPLACE

1. Around **17.8 million people** live with an MSK condition in the UK
2. There is a direct cost to the NHS of **£10.2 billion**!
3. Each year **1 in 5 people** will see their GP for an MSK condition
4. There are **30.8 million working days** lost to MSK conditions every year

5. Approximately **£15 billion** estimated cost of injuries and ill health from current working conditions
6. LBP accounted for **40% of the total number of musculoskeletal disorders**

7. LBP leading cause of **disability & absence** in the working age group (Lancet LBP Series 2018)
8. LBP is responsible for people leaving work early more than respiratory disease, hypertension, neoplasm combined (Wieser *et al.*, 2011)

THE PREDICTOR SURVEY

PREDICTIVE FA**CT**ORS ASS**O**CIATED WITH WORK **R**ECOMMENDATIONS IN LOW BACK PAIN BETWEEN HEALTH CARE PROFESSIONALS

What did we do?

Cross Sectional Survey

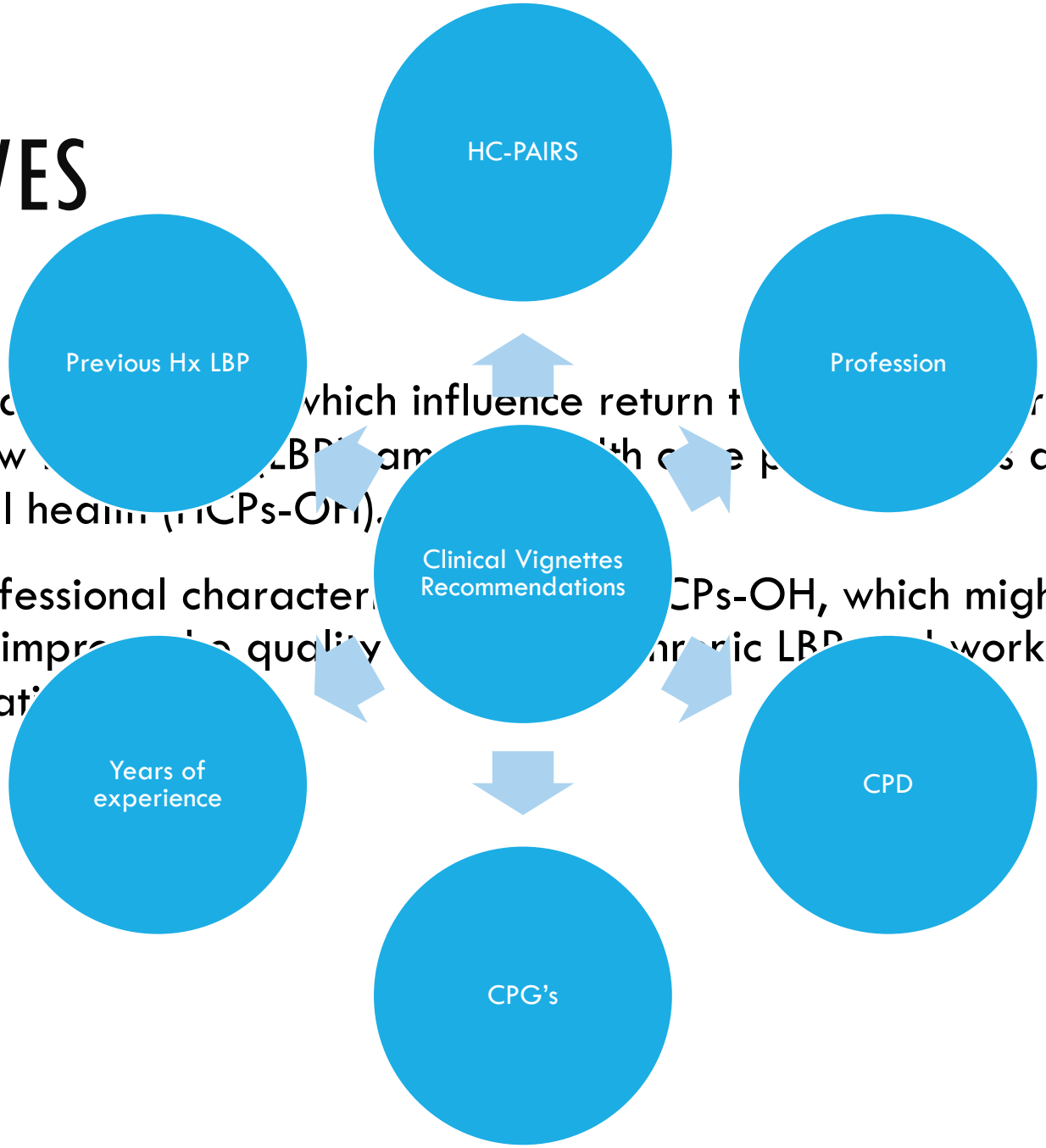
- Socio Demographic Survey
- Healthcare Professional LBP Behaviour and Attitude Survey (HC-PAIRS)
- Fitness for Work Recommendations based on 3 clinical vignettes

HCPs in VR / OH

- Occupational Therapists (OTs), Physiotherapists (PTs), OH Nurses (OHNs) and OH Physicians (OHPs)

OBJECTIVES

1. Identify pred… which influence return t… recommendations in chronic low … LBP am… th c… p… s associated with occupational healt… (HCPs-OH).
2. Identify professional character… CPs-OH, which might guide further research to impr… qual… …ric LB… work recommendat…



Poll…

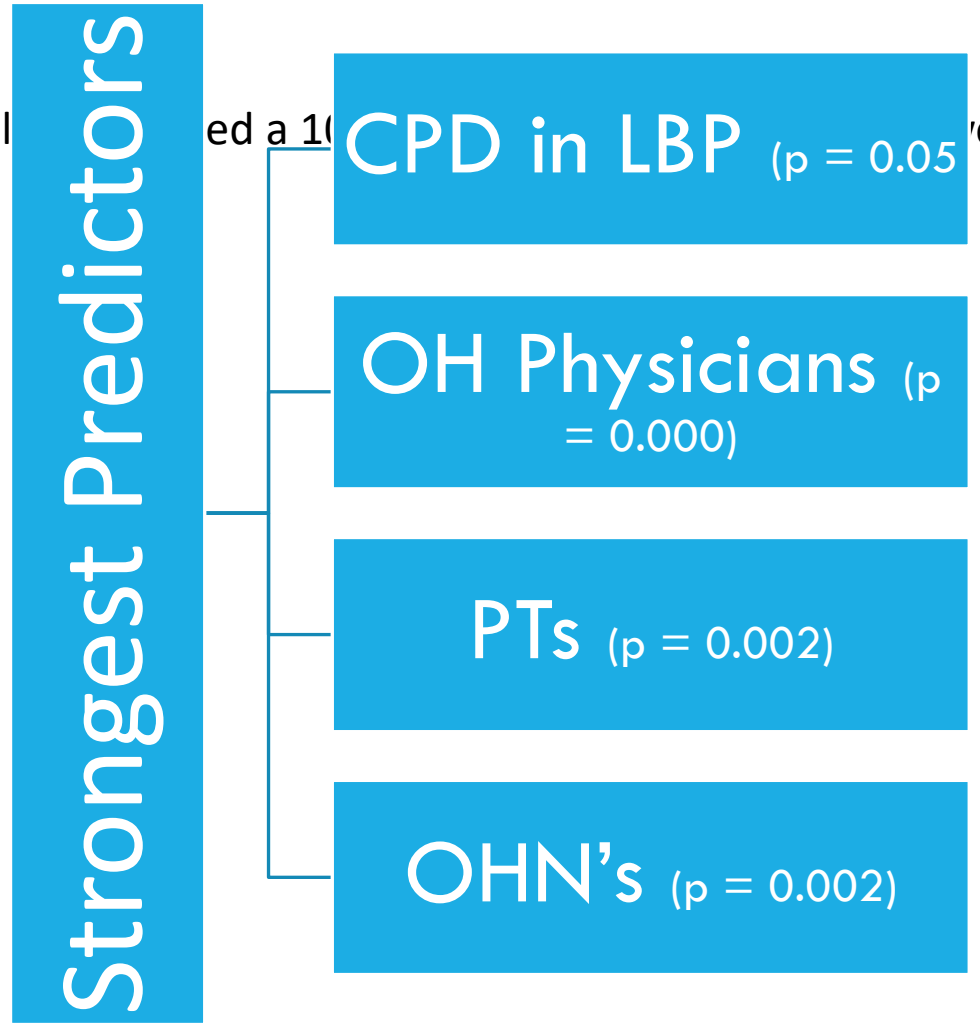
Among HCPs - Which of these has the strongest association of evidence-based RTW recommendations in LBP:

A – Profession Type
B – Years of Experience
C - Age of HCP
C – Past Experience of LBP
D – Postgraduate CPD in LBP

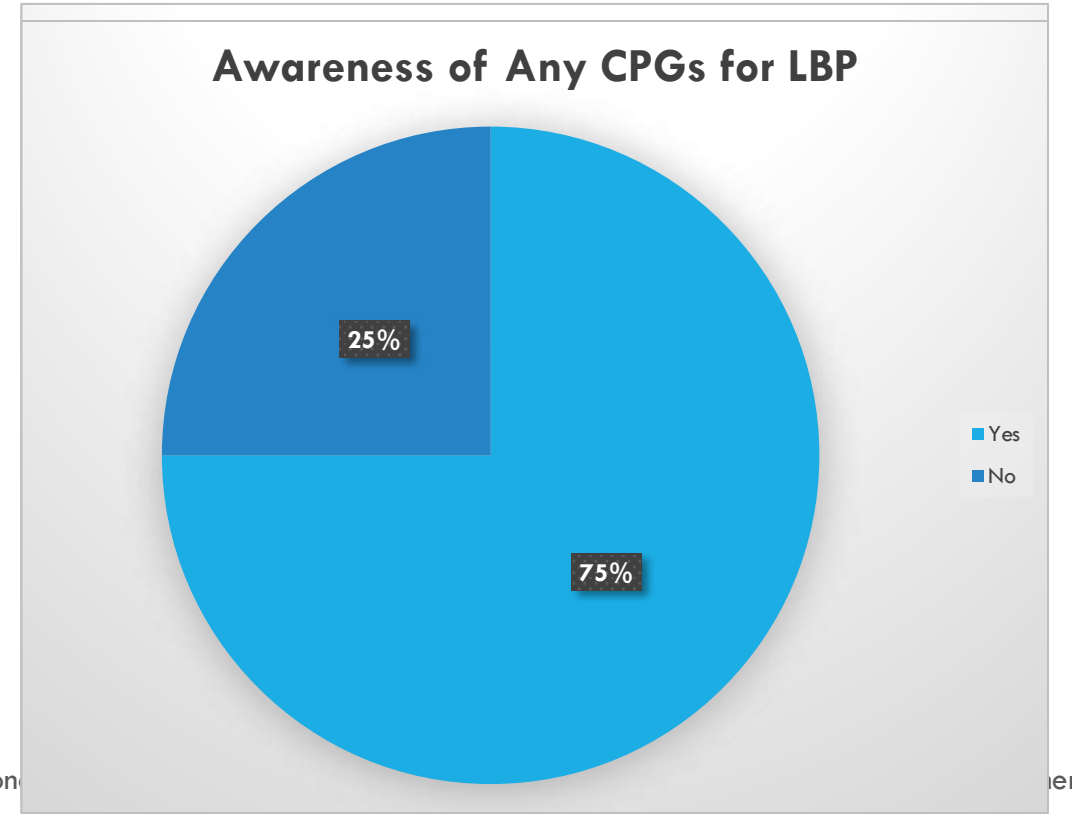
THE PREDICTOR SURVEY RESULTS

PREDICTIVE FACTORS INFLUENCING RTW RECOMMENDATIONS

The Predictor variabl ed a 1(ork recommendations, (p < 0.003)



DEMOGRAPHIC RESULTS



CPD IN LBP AND WORK

Increased active work recommendations (Aleshri 2020)

Improved work outcomes post LBP CPD (Cougot et al, 2015)

Functional Capacity Evaluation Training & RTW recommendations (Ikezawa (2010)

7-hour psychological informed training improved CLBP outcomes (Jacobs 2016)

Pain Neuroscience Education improves HCP attitudes and beliefs in LBP (Mankelow 2020)

E-modules on work & health improved work outcomes in patients (Chance-Larsen 2018)

CPD IN LBP AMONG PROFESSIONS

	ANY CPD COMPLETED IN LBP IN THE LAST 12 MONTHS
Occupational Health Nurses (n = 67)	12%
Occupational Health Physicians (n = 37)	65%
Occupational Therapists (n = 27)	22%
Physiotherapists (n = 135)	69%

MUSCULOSKELETAL (MSK) ISSUES IN THE WORKPLACE

1. Inconsistencies in the application of **CPGs** in regards to LBP between HCPs, where Foster et al (2018)

2. HCPs over-emphasise on **low value care** compared to **higher value care** recommended in CPGs. (O Keefe 2020)

3. **Lack of CPG awareness** = more likely to adapt a **biomedical approach** (Foster, O'Keefe)

4. HCPs with a stronger **biomedical orientation** were more likely to limit recommendations for **returning to normal daily activities** (Simmonds 2010)

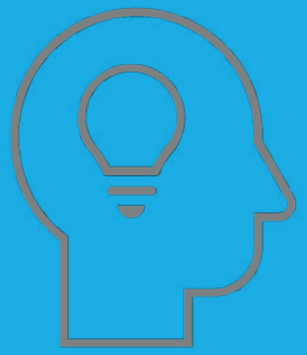
5. HCPs with **fear avoidance beliefs** in LBP more likely to recommend **sick leave** from work (Linton 2002)

PAIN ATTITUDES AND BELIEF'S (A&B) AMONG HCP'S

Authors	Profession	HC-PAIRS Score	Normalised HCPAIRS Score
Scallan et al (2021)	OCHP	34	-1.091075749
Briggs (2013)	Chiro students	41	-0.38576293
Epstein-Cher (2016)	Family Physicians	32	-1.292593697
Rainville et al (2000)	Family Physicians	47	0.218790915
Slater (2012)	GPs	34	-1.091075749
Domenech et al (2013)	GPs	54	0.924103735
Briggs (2013)	Med Students	43	-0.184244981
Briggs (2013)	Medical students	46	0.118031941
Scallan et al (2021)	OHP	35	-0.990316775
Burnett et al (2009)	Nurses	58	1.327139631
Chen et al (2011)	Nurses	60	1.52865758
Scallan et al (2021)	OHN	38	-0.688039852
MacDonald (2017)	Osteo	42	-0.285003956
Cross et al (2014)	Ots	29	-1.59487062
Scallan et al (2021)	Ots	33	-1.191834723
Briggs (2013)	Ots	47	0.218790915
Briggs (2013)	Pharmacists	51	0.621826812
Beneciuk & George (2015)	Physio	30	-1.494111646
Jacobs (2016)	Physio	31	-1.393352671
Scallan et al (2021)	Physio	33	-1.191834723
Houben et al (2004)	Physio	40	-0.486521904
Overmeer and Boersma (2016	Physio	47	0.218790915
Burnett et al (2009)	Physio	50	0.521067838
Magalhaes et al 2012)	Physio	51	0.621826812
Jesus-Moraleida (2015)	Physio	60	1.52865758
Jesus-Moraleida (2015)	Physio	60	1.52865758
Alshami & Albahrani (2015)	Physio	62	1.730175528
Cox et al 2016	Physio PHD	52	0.722585786
Briggs (2013)	Physio students	35	-0.990316775
Latimer (2004)	Physio students	43	-0.184244981
Ryan et al (2010)	Physio students	47	0.218790915
Domenech et al (2011)	Physio students	52	0.722585786
Domenech et al (2013)	Physio students	54	0.924103735
Ferreira et al (2004)	Physio students	57	1.226380657
Rainville et al (2000)	Surgeons	41	-0.38576293

Lower score = positive A&B's

LBP CLINICAL PRACTICE GUIDELINE (CPG) AMONG PROFESSIONS



CPG Awareness in each Profession

	Awareness of Any LBP CPGs
Occupational Health Nurses (n = 67)	51%
Occupational Health Physicians (n = 37)	81%
Occupational Therapists (n = 27)	48%
Physiotherapists (n = 135)	90%

CONCLUSION

1. Identify predictive factors which influence return to work (RTW) recommendations in chronic low back pain (LBP), among health care professionals associated with occupational health (HCPs-OH)

2. Identify professional characteristics, among HCPs-OH, which might guide further research to improve the quality of care for chronic LBP and work recommendations

WHAT CAN WE DO DIFFERENTLY?

1. More MSK training in post-graduate curriculum - lets start the conversation!
2. Post Graduate CPD training education in LBP and Pain Education
3. Join OH and MSK groups and societies (i.e. VRA, ACPOHE, MSKR, AMRA, SOM, etc)
4. Review updated LBP Guidelines (i.e. NICE and FOM LBP Guidelines)
5. Increase culture of ‘evidence-based practice in OH’
6. Update OH CPGs in LBP

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QUESTIONS .....