Early Interventions for Musculoskeletal Disorders

Presenter: Michael Donovan
Thursday 18 June 2015
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• Ask questions using the Q&A section
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Michael is an occupational health physiotherapist with over 20 years’ experience in both clinical and occupational settings. As well as treating clients in private practice, he consults with industry on musculoskeletal workplace injury prevention and also works with insurers, facilitating return to work after injury.

Michael is also currently researching the effectiveness of early intervention injury management in reducing work related musculoskeletal disorders.
1. Background – musculoskeletal disorders, early intervention
2. Levels of prevention / intervention
3. Key components of successful intervention and examples
4. Questions
Poll questions – two part

1. What are the most common types of physical injuries at your workplace?
   
a) Neck
b) Back
c) Shoulders
d) Upper limbs
e) Lower limbs

2. Do you have an early intervention strategy in place to manage these types of injuries?
   
a) Yes
b) No
Work-related Musculoskeletal Disorders (WMSDs)

- Muscle – e.g. low back strain
- Tendon – e.g. rotator cuff tendonitis
- Joint – e.g. knee ligament sprain
- Neural – e.g. carpal tunnel syndrome
- Skeletal – e.g. fractures
Poll question

Which industry is most represented from the first poll question? *(please use Poll on your right)*

- Accommodation and Food Services
- Administration and Support Services
- Agriculture, Forestry and Fishing
- Construction
- Education and Training
- Electricity, Gas, Water and Waste Services
- Financial and Insurance Services
- Healthcare and Social Assistance
- Information Media and Telecommunications
- Manufacturing
- Mining
- Other Services
- Professional Scientific and Technical Services
- Public Administration and Safety
- Rental, Hiring and Real-estate
- Retail Trade
- Transport, Postal and Warehousing
- Wholesale Trade
- Other
WMSDs prevalence and costs

• Greatest % of claims lodged
• Males : Females evenly distributed
• Large proportion of compensation costs
• Higher risk industries
Mechanism of WMSD injury

- Those that build up over a period of time – a definite episode is sometime not so clear.
- Those that occur suddenly - a definite episode can be recalled.

WMSDs
Injury Prevention

• “action to reduce or eliminate or reduce the onset, causes, complications or recurrence of disease” (National Public Health Partnership, 2006)
  – Primary
  – Secondary
  – Tertiary
Primary Prevention

• Hazard reduction and risk management approach

• Hierarchy of controls
    • Elimination
    • Substitution
    • Isolation
    • Engineering
    • Administrative
    • PPE

• Safety and rehabilitation culture
• Reduce psychological risk factors
Secondary Prevention

• Reduce workers exposure to physical risk factors – e.g. ergonomic assessment, task rotation.
• Appropriate early medical management
• Co-ordinated multidisciplinary care improves RTW outcomes (Bültmann et al., 2009; Iles et al., 2012).
• Safety and rehabilitation culture
• Reduce psychological risk factors
• *****Early reporting without penalty*****
• Recording and reporting system
Workplace early interventions examples

- Risk management
- Elimination and substitution
- Ergonomic change – e.g. office redesign, reduce reach by bringing work closer
- Alternative duties - still at work
- Task rotation – away from the injurious tasks
- Medical intervention – as prescribed individually by appropriate health professional.
- Education on working postures and manual tasks
Early Intervention – what does it look like?

- Multidisciplinary
- Engagement from multiple levels of management
- Engagement from the worker.
- Open and prompt communication

“Are you OK?”
Evidence for early intervention

- Studies vary – 24 hours (Iles 2012); 2 weeks to 3 months. (Carroll et al 2010, Anema et al 2007).
- Improved RTW outcomes such as reduced sickness duration and reduced productivity loss
  - Workplace involvement and co-ordinated rehabilitation (J. R. Anema et al., 2007; Bültmann et al., 2009; Loisel et al., 2003),
- Early intervention approaches to MSD’s can prevent work loss in those symptomatic workers (Loisel et al 2005).
- Workplace involvement with stakeholder consensus improves RTW for chronic LBP (Carroll et al 2010)
Early Intervention Study

• Reduced rate of claims

• Reduced cost per claim

• Reduced duration of work absence
Benefits of early intervention

- Reduce risk the condition will progress to a claim or a co-morbid condition
- Keeps the worker at work
- Aids activities of living outside of work
- Reduces time off work
- Reduce cost of work absence
- Reduces rate and incidence of workers’ compensation claims
- Cost benefit and effectiveness savings (Arnetz et al., 2003; Phillips et al., 2012)
Barriers to early intervention

• The impression it is “too costly”

• Employer behaviour –
  – “Open the Floodgates”

• Employee behaviour
  – Fear of dismissal
  – Don’t want to look “soft” or come across as a “whinger”

• Return to work not considered an important outcome.
Summary

- Reporting and recording systems.

- Risk management approach

- Alternative / suitable duties.

- Use co-operative and collaborative health providers

- Track reports and complaints / injuries
Questions
Resources

- Sign up for free eNEWS email subscription service

- Visit www.worksafe.qld.gov.au
  - Resources
  - Webinar Videos
  - Safe Work Month Events
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Interested in learning how to improve injury management and workers compensation performance through workplace health and wellbeing?

Workshops will be held in the following locations from June to September 2015:

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Upcoming Webinar

What do supervisors need to ensure positive outcomes for injured workers?

Dr Venerina Johnston

Thursday 16 July 2015
12:00pm