

# Early Interventions for Musculoskeletal Disorders

Presenter: Michael Donovan

Thursday 18 June 2015

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- *Ask questions using the Q&A section*

- *on right of screen throughout the presentation*



- *Actively participate in polling questions*

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- *Complete the Webinar evaluation survey at the end to ensure the Workers' Compensation Regulator delivers topics to support you and your workplace.*

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# Webinar Presenter: Michael Donovan



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.

# Webinar Overview

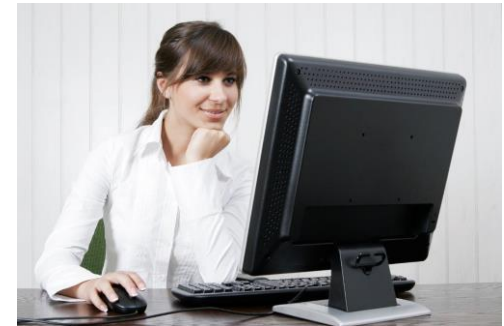
1. Background – musculoskeletal disorders, early intervention
2. Levels of prevention / intervention
3. Key components of successful intervention and examples
4. Questions

# 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**
- **Retails 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
  - Body stressing – 41% nationally (p22. Safe Work Australia, 2006).

# 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
  - <https://www.worksafe.qld.gov.au/injury-prevention-safety/hazardous-manual-tasks>
- Hierarchy of controls
  - [https://www.worksafe.qld.gov.au/\\_data/assets/pdf\\_file/0008/58166/hazardous-manual-tasks-cop-2011.pdf](https://www.worksafe.qld.gov.au/_data/assets/pdf_file/0008/58166/hazardous-manual-tasks-cop-2011.pdf) (page 21)
  - 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
  - <https://www.worksafe.qld.gov.au/injury-prevention-safety/hazardous-manual-tasks>
- Alternative / suitable duties.
  - <https://www.worksafe.qld.gov.au/retail/resources/guide-to-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](http://www.worksafe.qld.gov.au)
  - *Resources*
  - *Webinar Videos*
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**Awards close Monday 29 June 2015.**



*Shane Webcke Safety Ambassador*



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Gladstone	Longreach	Roma	Virginia

To register, go to [www.worksafe.qld.gov.au](http://www.worksafe.qld.gov.au) or phone 1300 362 128 or email [healthyworkers@oir.qld.gov.au](mailto:healthyworkers@oir.qld.gov.au)

# Upcoming Webinar

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

**Dr Venerina Johnston**

**Thursday 16 July 2015  
12:00pm**

