

For Your Insight: Research and Practice From the Field

December 4, 2019

Have a tip or resource to share? [Email us!](#)

This biweekly update highlights relevant research for RETAIN states and summarizes key takeaways that may benefit program implementation. Each summary includes a link to the article, resource, or formal abstract.

Returning to Work Following Low Back Pain: Towards a Model of Individual Psychosocial Factors

Besen, Young, and Shaw (2015) explored how individual beliefs after the onset of pain—for example, pain catastrophizing and perceived support from an employer—affect return to work (RTW) outcomes. The authors surveyed a group of 241 patients who sought treatment for work-related low back pain within two weeks of their injuries. These surveys measured three domains to test how they interacted with one another: (1) perceived level of pain; (2) fear avoidance, pain catastrophizing, organizational support, and coworker support; and (3) RTW confidence and expectations. The authors found the following relationships among domains:

- A higher level of pain was associated with increased pain catastrophizing. Pain catastrophizing was associated with fear avoidance.
- Feeling more supported by the organizations in which they worked may have influenced workers' confidence in returning to work.
- As a person's fear avoidance beliefs increased, their time away from work before returning also increased. In contrast, feeling more confident about returning to work was associated with less time away from work after injury.

The authors conclude that injured workers who “... are struggling with fear avoidance, pain catastrophizing, and confidence issues [may] benefit from the application of cognitive behavioral therapy techniques,” which may help “... to promote confidence and coping skills, ultimately leading to more positive expectations and outcomes.”

Full text available: [Besen, E., Young, A. E., & Shaw, W. S. \(2015\). Returning to work following low back pain: Towards a model of individual psychosocial factors. *Journal of occupational rehabilitation*, 25\(1\), 25–37.](#)

Tags: Return to work, work disability prevention, employer support

Helping Workers Help Themselves: Empowering Physiotherapy Clients to Manage Musculoskeletal Problems at Work

Johnston and Shaw (2013) reviewed the literature to identify approaches physiotherapists can use to empower clients with musculoskeletal disorders (MSDs) remain at or return to work safely and quickly by helping clients “achieve their occupational goals.” The authors describe empowerment as providing “a combination of knowledge, skills and a heightened self-awareness regarding values and needs, so that

patients can define and achieve their own goals” in an attempt to help people manage the ways that their injuries affect their everyday lives. The article describes different ways that physiotherapists can empower their clients, including (1) encouraging people to stay at work whenever possible, (2) assessing a person’s ability to meet the physical demands of their job, (3) taking time to understand and consider the level of confidence each patient has in their ability to stay in, or return to, their job based on “...their current level of pain and disability.”

Abstract available: [Johnston, V., & Shaw, W. S. \(2013\). Helping workers help themselves: Empowering physiotherapy clients to manage musculoskeletal problems at work. *Physical Therapy Reviews*, 18\(5\), 373–378.](#)

Tags: Return to work, empowerment, health care providers, work disability prevention

Transition Back to Work: Policies to Support Return to Work After Illness or Injury

This Policy Action Paper by the Transition Back to Work Policy Working Group (PWG) explored strategies to help workers RTW as early as possible after illness or injury. The PWG provided policy recommendations for government and private sector employers to support workers as they attempt to RTW, including: 1) Facilitate the development of evidence of the effectiveness of transition-back-to-work strategies; 2) Promote coordination and collaboration among stakeholders; 3) Promote to employers the benefits of supporting transition back to work for employees who left the workforce due to injury, illness, or disability; 4) Provide financial incentives to employers; 5) Provide employers with technical resources; 6) Encourage employers to offer, and employees to take up disability income protection coverage; 7) Incorporate provisions for partial disability benefit payments into temporary disability insurance programs; 8) Implement RTW programs for state employees; [and] 9) At the national level, establish an executive level interagency coordinating committee to address RTW issues.” This document includes a resource map, organized by state, which “...presents an overview of state implementation of three key strategies that support the RTW transition: 1) Partial RTW; 2) Partial disability benefits; and 3) employer subsidies and incentives.”

Report available: [Ashley, J., Cashdollar, W., Etcheverry, R., & Magill, K. \(2017\). *Transition back to work: Policies to support return to work after illness or injury*. For SAW/RTW Policy Collaborative, U.S. Department of Labor, Office of Disability Employment Policy, IMPAQ International, LLC.](#)

Tags: Employers, return to work policies, coordination of services

Musculoskeletal Disorders, Workforce Health and Productivity in the United States

This white paper by Summers, Jinnett, and Bevan (2015) summarized findings of available research and evidence on the impact of MSDs on working-age adults in the United States. The authors reviewed “...existing clinical, epidemiological and labour [sic] market evidence on the prevalence and impact of MSDs in the U.S. working-age population.” Findings included information related to the prevalence of MSDs in working-age Americans, comorbidities, the economic burdens of MSDs, and more specific findings related to work, including estimated annual work-related costs of MSDs, lost workdays, and MSD prevalence by profession. Examples of these findings include:

- MSD prevalence increases with age, which will have substantial effects in the US as the workforce continues to work later in life.
- There are various links between MSDs and other conditions such as obesity, mental health, and cardiovascular disease.
- Between 2004 and 2006, direct medical costs of MSDs were \$576 billion, and lost wages totaled \$373 billion.
- MSDs cause the greatest number of lost workdays in the US
- Certain professions, such as homecare service and construction, are associated with a higher prevalence of MSDs.

The authors conclude that as people continue to work later in life, the incidence of MSDs in the US workforce will rise. The authors emphasized the importance of ensuring that people who have MSDs can reenter and participate in the US workforce in order to “...achieve a sustainable, stable labour [sic] market.” The authors also noted that “...[more] work is needed around the extent to which job retention and return

to work for people with MSDs is currently prioritized in the United States and identifying the factors that impede or enable people with MSDs to enter or remain in the labour [sic] market.”

Report available: [Summers, K., Jinnett, K., & Bevan, S. \(2015\). *Musculoskeletal disorders, workforce health and productivity in the United States*. London, UK: Lancaster University, the Work Foundation.](#)

Tags: Job retention, work-related injuries

This document was prepared for the U.S. Department of Labor (DOL) Office of Disability Employment Policy and Retaining Employment and Talent After Injury/Illness Network (RETAIN) state grantees, by the American Institutes for Research under DOL Contract Number 1605DC-18-F-00429. The views expressed are those of the authors and should not be attributed to DOL, nor does mention of trade names, commercial products, or organizations imply endorsement of same by the U.S. Government.