

# RETAIN

Retaining Employment  
and Talent After  
Injury/Illness Network



## For Your Insight: Research and Practice From the Field

**May 13, 2020**

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 an article, resource, or formal abstract.

### Effects of Education on Return-to-Work Status for People With Fear Avoidance Beliefs and Acute Low Back Pain

Godges and colleagues (2008) conducted a study to determine whether education and counseling on pain management by a physical therapist helps people with lower back pain and fear avoidance beliefs return to work (RTW) earlier. The authors gave the Fear Avoidance Belief Questionnaire to 34 people unable to RTW due to lower back pain. High-scoring participants were randomly assigned to one of two groups. The first group, the comparison group, received only physical therapy. The second group, the education group, received physical therapy accompanied by an educational booklet on lower back pain. During treatment sessions, physical therapists discussed the topics covered in the booklet with members of the education group. These topics included:

- *Low back pain can be painful, but pain rarely means that there has been serious injury to the back.*
- *Most instances of lower back pain resolve quickly.*
- *The pain cycle repeats itself with inactivity and stress.*
- *Worrying about back pain can cause stress-related muscle spasms.*
- *The mind can control stress and pain through relaxation techniques.*
- *Inactivity causes weak or stiff muscles that are more likely to be reinjured.*
- *Activity benefits overall health and well-being.*

Compared with the education group, participants in the comparison group took an average of 18.6 days longer to RTW. The authors concluded that physical therapy interventions for people with lower back pain and fear avoidance beliefs should include education on pain management with a focus on physical activity and exercise.

Abstract available: [Godges, J. J., Anger, M. A., Zimmerman, G., & Delitto, A. \(2008\). Effects of Education on Return-to-Work Status for People With Fear-Avoidance Beliefs and Acute Low Back Pain. \*Physical Therapy\*, 88\(2\), 231–239.](#)

Tags: return to work, fear avoidance, low back pain, pain management

## Return to Work—Enhancing Productivity and Managing Costs

This resource from Continental National American Group outlines key elements that organizations should consider for developing a successful RTW process. These key elements include: (1) organization support—ensuring there is widespread support throughout the organization for RTW and gathering input from key stakeholders (i.e., healthcare providers); (2) constant communication—requiring continuous communication between the supervisor, the injured worker, and the medical provider ensures that injury reporting requirements are followed and that the injured worker’s well-being is regularly assessed; (3) preferred medical providers—partnering with medical professionals with expertise in occupational hazards (i.e., physicians who are board-certified in Occupational Medicine); (4) identifying physical demands—evaluating the physical demands of each job by performing task analyses to help organizations comply with any physician-specified restrictions for the injured worker; and (5) trust—following through on commitments and demonstrating concern for the worker’s well-being will build trust in the RTW process. The resource also offers recommendations on how to measure process effectiveness and outcomes by recording important dates (i.e., employer notification of injury, first treatment, assignment to full or modified duty) and tracking indirect costs (i.e., cost of rework, training expenses, lost productivity). The resource concludes with suggestions on how to implement the RTW process, including developing an official RTW policy, assigning a process coordinator, identifying alternate job duties, and reviewing the RTW process on a regular basis.

Abstract available: [Continental National American Group. \(2015\). \*Return to work—Enhancing productivity and managing costs\*. Chicago, IL: Author.](#)

Tags: RTW, work productivity, cost management, employers

## Do Opioids Slow Return to Work After Injuries?

Neumark and Savych (2018) examined whether long-term opioids prescriptions prolonged the RTW process for individuals with lower back pain. The authors looked at variations in opioid prescribing patterns (i.e., short-term/long-term prescriptions) from hospital referral regions across 28 states to examine how opioid prescriptions differ among workers with similar injuries and jobs. The authors found no evidence that opioids prescribed for short-term pain relief affected the RTW duration. However, the authors found that long-term opioid prescriptions for workers with lower back pain tripled the duration of RTW (251% longer) when compared with workers with similar injuries who were not prescribed opioids. In addition, the authors found no evidence that opioids help individuals RTW sooner, even when used for temporary pain relief. The authors concluded that since long-term

opioid use is not recommended for treating lower back pain, their findings should motivate policymakers to enact policy interventions aimed at reducing long-term opioid use among these individuals.

Report available: [Neumark, D., & Savych, B. \(2018\). \*Do opioids slow return to work after injuries?\* San Francisco, CA: Federal Reserve Bank of San Francisco.](#)

Tags: RTW, opioids, pain relief

## **Factors Affecting Return to Work After Injury or Illness: Best Evidence Synthesis of Systematic Reviews**

Cancelliere and colleagues (2016) reviewed the literature to identify common factors that predict RTW across different injury conditions. Fifty-six articles were included in this review, and half of them focused on musculoskeletal conditions. The other half focused on a combination of mental health or cardiovascular conditions, stroke, cancer, and multiple sclerosis. The authors found both positive and negative factors affecting RTW outcomes. Positive factors associated with RTW outcomes focused on personal and environmental aspects, specific intervention components, and early employer engagement were. Personal aspects included higher education, socioeconomic status, higher optimism, and severity level of injury. Environmental aspects included stakeholder participation in the RTW process, work accommodation, and RTW coordination. Interventions with occupational training, education, psychological treatment, and outpatient service components were found to be associated with positive RTW outcomes. Early intervention by the employer within the first six weeks after injury was also linked to positive RTW outcomes. Factors associated with negative RTW outcomes included “older age, being female, higher pain or disability, depression, higher physical work demands, previous sick leave.” The authors conclude that understanding factors that predict RTW across injury conditions may help employers and health care professionals facilitate the RTW process.

Report available: [Cancelliere, C., Donovan, J., Stochkendahl, M. J., Biscardi, M., Ammendolia, C., Myburgh, C., & Cassidy, J. D. \(2016\). \*Factors affecting return to work after injury or illness: best evidence synthesis of systematic reviews. Chiropractic & Manual Therapies, 24\(1\), 32–55.\*](#)

Tags: RTW, predictive factors, injury conditions

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.