

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

**August 5, 2020**

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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.

### **Preventing and Treating Musculoskeletal Disorders: New Strategies for Employers**

Nobel and colleagues (2017) present a pyramid framework for understanding musculoskeletal disorders in relation to the workplace. The pyramid is composed of three tiers, including (1) prevention; (2) nonsurgical interventions for acute and chronic pain; and (3) surgery. Prevention represents the bottom of the pyramid—the largest tier—because it refers to all employees within a workplace. Employers need to be willing to encourage employees to participate in cost-effective prevention activities, such as on-site ergonomics training, online ergonomics courses, and workplace redesign. For example, the Adventist Health hospital system implemented an ergonomic online assessment for employees, which led to a decrease in the number of work-related injuries. Nonsurgical interventions for acute and chronic pain represent the middle tier and refers to employees with musculoskeletal disorders. Recently developed nonsurgical interventions may shorten recovery time for employees with musculoskeletal disorders and help employers save on costs. These recent nonsurgical interventions include providing online pain education, encouraging access to physical therapy, and emphasizing patient-centered primary care. For instance, White and Care, a law firm in New York City, provides on-site physical therapy to its employees, which reduced lost work time by 1 million billable hours from employees who would have otherwise needed to miss work for off-site physical therapy sessions. Surgery for individuals with musculoskeletal disorders represents the top tier of the pyramid and refers to the smallest segment of the employee population. Health professionals and employers need to develop strategies to enable employees with musculoskeletal disorders to receive high-quality surgery performed in a cost-effective manner. This may include strategies such as bundled payments for services related to surgery, contracts with hospitals that offer savings on surgery in exchange for volume, and programs that reward employees with lower out-of-pocket costs for receiving surgery at hospitals that charge below top market price. For example, the 32BJ property union partnered with Mount Sinai to develop a bundled price for all services related to total joint replacement. As a result, 32BJ experienced instant savings along with high-quality care for union members. The success of any strategy in the pyramid for helping employees manage musculoskeletal disorders will require effective communication with employees, coordination with other services, success metrics, and attention from senior executives.

Resource available: [Nobel, J., Sherman, C., Sasser, E., & Pickering, L. \(2017\). \*Preventing and treating musculoskeletal disorders: New strategies for employers\*. New York, NY: Northeast Business Group on Health.](#)

Tags: Musculoskeletal injuries, employer strategies, RTW

## The Management of Work-Related Musculoskeletal Injuries in an Occupational Health Setting: The Role of the Physical Therapist

Prall and Ross (2019) reviewed the literature to examine the role of physical therapists in helping individuals with musculoskeletal disorders stay at work/return to work (SAW/RTW). The authors found that physical therapist-provided ergonomic education sessions may increase employee awareness of the risk factors associated with work-related musculoskeletal disorders. The authors also found that employers with an on-site ergonomics program had higher work productivity among employees. In general, on-site physical therapy, which may include physical therapists from either independent health organizations or on-site employee health clinics, has a positive impact on occupational health. On-site physical therapists may provide “pre-employment screenings, ergonomic trainings, injury prevention methods, work hardening programs, on-site treatments of injured workers, and assisting human resources with case management duties.” Physical therapists may also provide on-site therapeutic exercise to decrease incidences of musculoskeletal disorders and decrease the costs associated with such injuries. The authors conclude that physical therapists can play a valuable role in occupational health by providing several options to help employees and employers manage work-related musculoskeletal disorders.

Research available: [Prall, J., & Ross, M. \(2019\). The management of work-related musculoskeletal injuries in an occupational health setting: The role of the physical therapist. \*Journal of Exercise Rehabilitation\*, 15\(2\), 193–199.](#)

Tags: Musculoskeletal injuries, physical therapy, ergonomics, occupational health

## Preventing Work Disability After Musculoskeletal Injuries: Underlying Issues Surrounding Policies and Guidance

This brief from the SAW/RTW Policy Collaborative examines common challenges associated with musculoskeletal injuries among people who experience a work injury, which, if not addressed, may lead to permanent job loss for these individuals. These challenges include (1) the use of opioids to treat pain; (2) psychosocial screeners that ask too many questions; (3) providers attributing poor pain outcomes to health literacy issues or character flaws; (4) depression and other psychological effects from the injury; (5) the role that health coaching and education on self-managing pain should play in medical care; and (6) a lack of employer incentives to provide accommodations. The use of opioids may hinder RTW efforts by reducing motivation and drive. Helping individuals with musculoskeletal injuries who are taking opioids to manage pain to focus on resuming regular activity as soon as possible may improve RTW outcomes. Some psychosocial screeners include too many questions on too many different topics, which may identify a host of health conditions unrelated to the work injury. Using a brief self-report psychosocial screener may help focus the questions on the work injury. Some providers may incorrectly attribute poorer musculoskeletal pain outcomes on health literacy issues or character flaws. Instead, providers should help individuals with persistent musculoskeletal pain access additional support, counseling, and encouragement. Depression may make it difficult to treat musculoskeletal injuries without also addressing the psychological effects of the injury. Some providers have difficulty deciding how much health coaching and education on self-managing pain should be included in medical care. Evidence indicates that health coaching and education on self-managing pain can increase confidence in performing daily activities after a musculoskeletal injury, which is critical for RTW. Growing evidence indicates that cognitive behavioral therapy may improve RTW. Lastly, the lack of employer incentives for providing accommodations is another barrier associated with musculoskeletal injuries. Policies and guidelines are needed to incentivize employers to provide accommodations and communicate with health care providers.

Report available: [Stay-at-Work/Return-to-Work Policy Collaborative. \(n.d.\). Preventing work disability after musculoskeletal injuries: Underlying issues surrounding policies and guidance. Princeton, NJ: Author.](#)

Tags: Musculoskeletal injuries, barriers, RTW

