

“Return to Work” – Acute Low Back Pain management

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Introduction

Previous research results¹ indicated that the guidelines prescribed by general practitioners (GPs) concerning “return to work” in low back patients were ill defined. The aim of this study was therefore to investigate GP's knowledge and attitudes regarding the referral of patients with acute back pain to address work analysis and work adaptation.

Methods

The data for this descriptive study was obtained by means of a questionnaire constructed according to literature and then pilot tested. The study was approved by the Ethics Committee of the Faculty of Health Sciences, University of the Free State Ethics clearance number: 07/06.

All general practitioners (GPs) and family physicians in the Free State region (n=96) were selected from the 2005/06 telephone directory listing “Medical Practitioners”. The content of the questionnaire is represented by *Table 1*. Ninety-six questionnaires were distributed and 41 (44%) participated in the study by returning the questionnaire in a self-addressed enclosed envelope.

Results

The median age of the participants was 46 years. The participants' training history was representative of all South African medical schools. The median time of practising as a GP was 19 years. Half (53.7%) of the GPs had previous continued medical education (CME) exposure to low back pain related activities. All participants were consulted by patients suffering from low back pain during the preceding two years. Only 31.7% of participants indicated that they were aware of the new management strategies promoted by the Agency for Health Care Policy and Research (AHCPR)² for the treatment of acute low back pain.

Less than half (43.9%) of the participants indicated that they followed a specific management approach to facilitate “return to work”. Most (82.9%) regarded the occupational therapist theoretically capable of evaluating and modifying work, 51.2% the physiotherapist and 43.9% the biokineticist. Most (79.4%) of the GPs referred patients to the physiotherapist, 26.5% to the biokinethetist and 17.7% to the occupational therapist. The GPs' response to aspects of work evaluation and modification that they thought could be done by an occupational therapist are presented in *Table 1*.

Discussion

The Guidelines on Acute Low Back Problems in Adults compiled by the AHCPR conclude that patients recovering from acute low back problems should be encouraged to return to work or to their normal daily activities as soon as possible.² Literature suggests that work and its constructs, such as the nature of the work expectations and demands, the patient's physiological abilities and impairments, and the social and management construct of the workplace, should be analysed by a health worker. Results from this study indicate that 82.9% of the GPs regard the occupational therapist theoretically capable of evaluating and modifying work. However, 79.4% of the participating GPs referred to the physiotherapist and only 17.7% to the occupational therapist. The literature offers no explanation for this and the authors suggest a follow-up investigation into the low rate of referral to the occupational therapist with reference to ‘return to work’. In addition, Occupational therapists should ensure that the importance of, and reason for activity modification is made clear to both the patient and the employer, and reviewed on a regular basis.²

References

1. Hough PA, Van Rooyen FC, Bredenkamp E, Brough K, Ferreira M, Snyman C, Van Niekerk C. Guidelines prescribed by general practitioners to patients with acute low back pain regarding “return to work”. *SAfr Fam Pract* 2006; 48(10):15.
2. AHCPR Publication No. 92-0032. “Clinical Practice Guideline 12: Acute Lower Back Problems in Adults”. 1992. <<http://www.ucsf.edu/pain/orientation/acute%20low%20back.htm>> (Accessed 17/10/06)

GPs' response regarding the referral of patients for:	Percentage
Evaluation of work	
Evaluation of the biomechanical demands of the work	87.8
Evaluation of the psychological demands of the work	56.1
Evaluation of personality traits that relate to the handling of stress and conflict situations	68.3
Evaluating whether the patient's physical and psychological abilities match the work demands	68.3
Evaluating the patient's motivation to work	70.7
Identifying mechanical risk factors relating to the execution of the job	85.4
Investigating tools and apparatus that the patient handles in the execution of the job	70.7
Evaluation of work satisfaction	51.2
Investigation of anthropometric aspects with reference to the workstation design	51.2
Investigating the patient's perception of his/her abilities to meet work demands	68.3
Modification of work	
Selection of appropriate tools to match the worker's capacities	63.4
Redesigning of tasks to execute job effectively and in a safe manner	73.2
Improving the patient's confidence to resume work	60.9
Improving the patient's motivation to resume work	60.9
Teaching the patient methods to execute tasks in the most effective and safe way	73.2
Facilitating satisfaction of the patient with regard to work performance	41.5
Educating the employer regarding patient abilities and restrictions	73.2
Educating the patient to take responsibility for back care in the work place	85.4
Ensuring energy saving methods of performing the job	56.1
Designing joint saving methods of performing the job	65.9

Table 1: GPs' knowledge regarding referral to Occupational Therapy for the evaluation and modification of work (n=41)

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