

HEOPS Study Day Newcastle University

MSD Absence Management, Triage and the Flags System

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Contents



- About Connect
- Facts about MSDs
- Physiotherapy service at Newcastle University
- Flag system - psychosocial risk factors and obstacles to recovery

Proven Track Record

Connect
Physical Health



- Established in 1989
- National coverage
- Largest independent Physio provider in UK
- Employ over 60 Physio's, 15 doctors & other Health Professionals
- Assess and Treat over 60,000 people a year from corporate contracts, high street centres and the NHS
- Currently deliver to over 40 off-site clients & 50 on-site clients
- Contracted to 11 PCT's throughout England (NHS)
- Over 400 affiliated PhysioPartners throughout the UK

Service Aims



Connects services are designed and delivered to assist businesses (Occ Health, HR, & H&S) to:

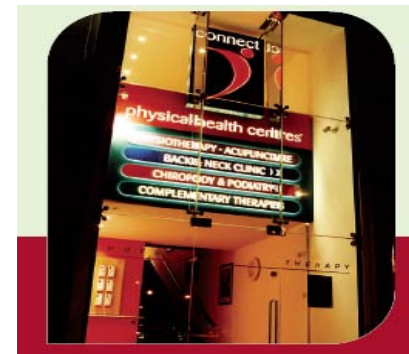
effectively and efficiently control, monitor, manage and prevent musculoskeletal problems, particularly those that may result in absence, reduced productivity and litigation.

Core Services

- **PhysioLine** - Subjective telephone assessment and advice service.
- **'On Site' Service** - regular weekly service on Company premises.
- **'Off Site' Service** - 'Ad Hoc' referrals to one of Connects clinics or 'Physio Partner' clinics.

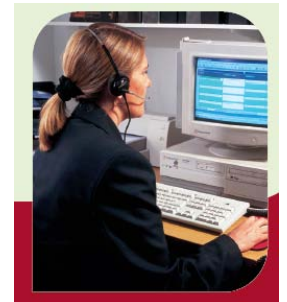


PhysioLine



Additional Services

- **Training & Education** - Management & employee training (e.g. DSE User, DSE Assessor & Manual Handling)
- **Workplace Assessments** - 'On Site' musculoskeletal / ergonomic risk assessments for individual employees or business areas
- **Ergonomic Advice** - Can be provided for production lines, offices, warehousing and transport



Musculoskeletal Disorders



- Scale of the Problem -

- Musculoskeletal disorders remain the most common work related ailment afflicting the general population in Great Britain 2008/2009
- In 2008/09 an estimated 538,000 people suffered from ill health which they thought was work-related (HSE 2010)
 - 227,000 (42%) of these suffered from a disorder mainly affecting their back
 - 215,000 from a disorder mainly affecting their upper limbs or neck
 - 96,000 affecting their lower limbs(Stress, depression or anxiety approx 442,000)

(HSE 2010)

Musculoskeletal Disorders

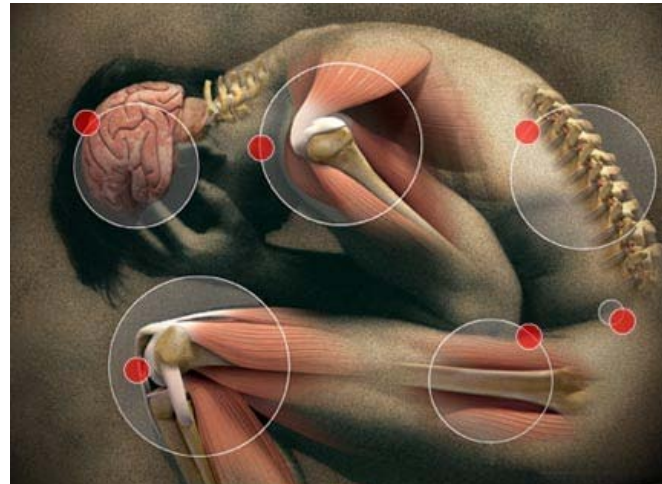
Working days lost 2008/2009

- 9.3 million days lost due to MSDs
 - 3.5 million days lost through MSDs, mainly affecting the back
 - 3.8 million days lost through MSDs, affecting the upper limb or neck

Average days lost per case

Upper limb or neck = 17.5 days

Back = 15.5 days



Musculoskeletal Disorders



Costs

In Great Britain, MSDs account for nearly one third of the total time taken off sick from work at an estimated cost of around £7.4 Billion a year.

Companies lose as much as £15 Billion a year through 'presenteeism' when staff are at work but are not performing to their full potential, because they are unwell.

(CSP 2010)

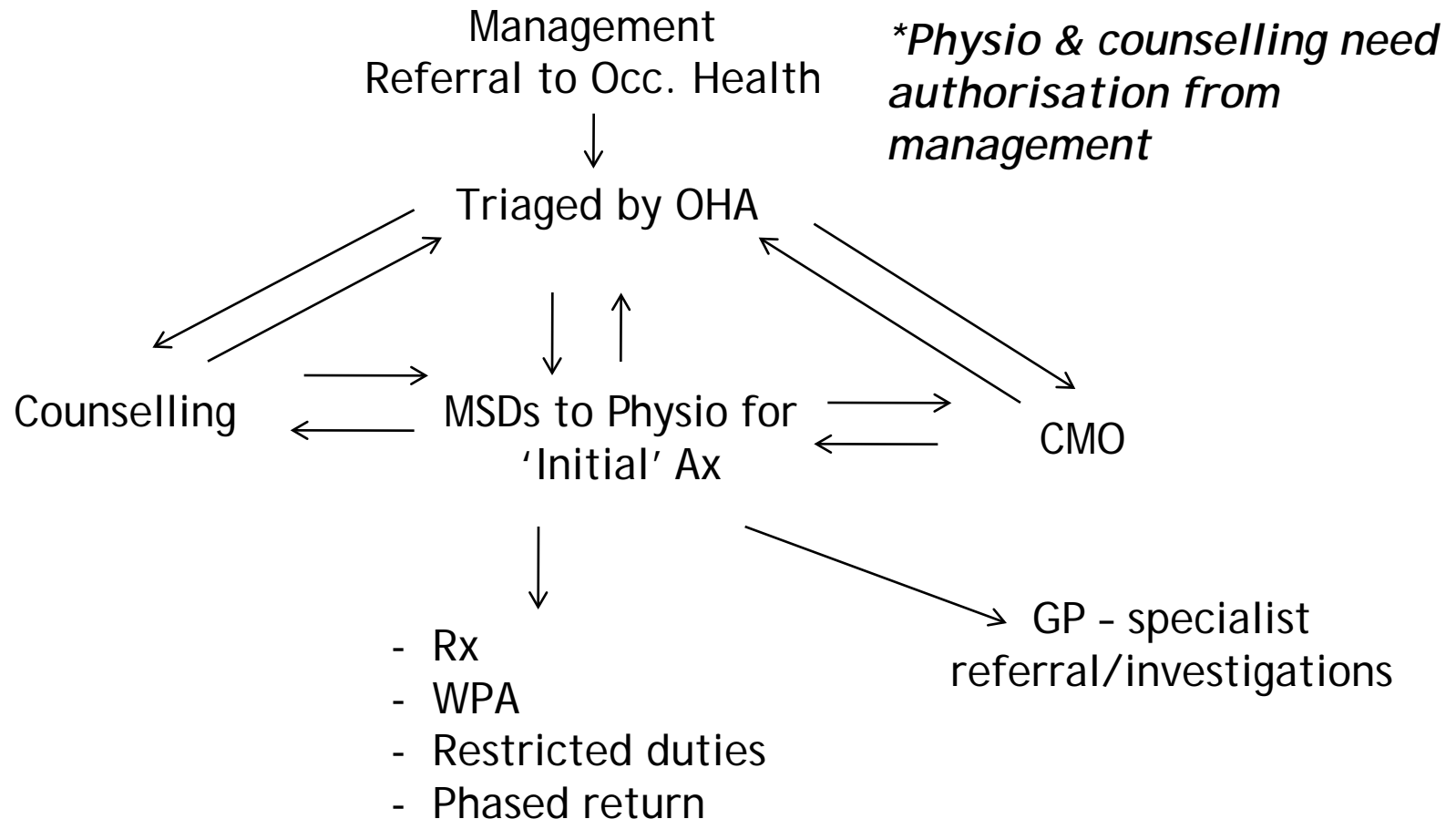
Likelihood of Injured Workers Returning to Full Duties



- Injured workers remaining off work more than 6 months have a **35-50%** chance of returning to work.
- Injured workers remaining off work more than 12 months have a **10-25%** chance of returning to work
- Injured workers remaining off work more than 24 months have a **0-3%** chance of returning to work

(C D Hochanadel & D E Conrad. J O M vol.35 No 10 Oct 93)

Newcastle University MSD Management



April - Sept 2010 (12 clinical hrs per week)

- 72 employees → 35 received Rx
- 376 appointments utilised compared to 282 in previous 6 months (25% increase)
- 5 not authorised Rxs
- 28 WPAs conducted
- 20 out of 35 had been absent (only 9 out of 20 seen, were still on the sick)
- 26% of employees equated MSDs to working practices

The Concept of Flags

In the field of back pain, the concept of risk has been explained in terms of 'flags'.

Flags can be :

- Red



- Orange



- Yellow



- Blue



- Black



What risk factors do each flag represent?

Flags are guidelines



They assist the clinician with:

- Evaluation
- Triage
- Augmentation of treatment

Red Flags

- Main aim is to exclude serious pathology
- It may not be possible to arrive at a diagnosis based on detectable pathology
- International acceptance of the diagnostic triage
 - serious spinal pathology < 1%
 - nerve root < 5%
 - non specific LBP 95%

(CSAG 2004)

Red Flags

- List of prognostic variables for serious pathology ie.
 - tumour - benign or malignant
 - infection
 - cauda equina
 - fracture

- Consensus (75-99%)
 - weight loss
 - previous history of cancer

Red Flags

- Majority view (51-74%)
 - night pain
 - age of onset < 20 > 50
 - violent trauma
 - fever
 - saddle anaesthesia
 - difficulty with micturation
 - intravenous drug misuse
 - progressive neurology
 - systemic steroids
- Focus is clinical, rather than occupational

Recommendations for Action

- Triage for specialist medical opinion/further investigations
- Re assess if appropriate

Orange Flags



Abnormal Psychological Disorders:

- Active psychiatric disorder
- Clinical Depression
- Declared suicidal attempt
- Major personality disorder
- Illicit drug use
- Major communication problems

Focus is clinical rather than occupational

(Main 2004)

Recommendations for Action

- Triage to mental health specialist
- Re assess after specialist treatment

Yellow Flags

- Derived from psychosocial predictors of chronicity
- Include beliefs, emotional and behavioural responses to pain and disability
- Original yellow flags contained both clinical and occupational risk factors
- Later divided into:
 - Yellow Flags = focus on health
 - Blue Flags = focus on work aspects
- Psychological issues have been shown to demonstrate the likelihood of poorer outcomes

(Linton 2000, Kendall et al 2003, Sterling 2004)

Yellow Flags



The following factors consistently predict poor outcomes:

- A belief that the pain is harmful or potentially severely disabling (catastrophising)
- Fear avoidance
- Reduced activity levels
- Tendency to low mood and withdrawal from social interaction
- Expectation of passive treatment(s)
- Belief personal health is controlled by others

(Kendall et al 1997, Main 2003)

Yellow Flags



Acronym

- A - Attitudes and beliefs about pain
- B - Behaviours (activity avoidance)
- C - Compensation issues
- D - Diagnosis and treatment
- E - Emotions
- F - Family (overprotective, lack of support)
- W - Work



Psychological Screening Tools

- Distress Risk Assessment Method (DRAM) (Main et al 1992)
- Acute Low Back Pain Screening Questionnaire (Linton & Hallden 1996)
- Brief structured interview (Main & Watson 2002)
- Orebro Screening Questionnaire for Pain (OSPQ) (Boersma & Linton 2002)

Aiming to identify obstacles to recovery and targets for intervention

Yellow Flags

Pain Questionnaire

*Nine "yellow flag" questions to ask your patients with back pain
(the term "back pain" includes neck pain)*

Thinking about the last 2 weeks tick your response to the following questions:	Agree 1	Disagree 0															
1. My pain has spread to other areas																	
2. My pain has got worse since the onset																	
3. I have been walking shorter distances recently																	
4. I find I am dressing more slowly than usual because of pain																	
5. It's not really safe for a person with a condition like mine to be physically active																	
6. Worrying thoughts have been going through my mind a lot of the time																	
7. I feel that my back pain is terrible and it's never going to get any better																	
8. Since the start of this pain I have not been able to enjoy things as before																	
9. Overall, how bothersome has your back pain been in the last 2 weeks?																	
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Total Score (all 9): _____	Sub Score (Q5-9): _____																
© Keele University																	
<i>If the Total Score is 4 or more AND the Sub Score is 4 or more it is recommended that the patient is referred for an assessment to determine their suitability for a Functional Restoration Programme</i>																	

Yellow Flags



Recommendation for Action

- Medical reassurance / patient trust
- Biopsychosocial management including
 - Emotional disclosure to reduce catastrophizing thinking
 - Exposure techniques to reduce fear
 - Activity participation to target disability beliefs
 - Treatment within the workplace
 - Time-dependent stepped care approach
 - If not working explore nature of concerns - function based goals or other management options (education, physical conditioning, psychology)

Integrated approach to reactivation with removal of perceived obstacles to recovery

Blue Flags



Perceived features of work:

- Physical demands
- Psychological demands
- Social / Managerial beliefs
- Work place beliefs



(Main & Williams 2000, Main 2003, Shaw et al 2001, Cook et al 2002)

Blue Flags

How to Assess Blue Flags

'The Big 7'

- Physical job demands
- Ability to modify work
- Job stress
- Social support / dysfunction
- Job satisfaction
- Expectations of return to work
- Fear of re-injury



Recommendations for Action

- Identify modifiable work perceptions
- Develop integrated approach to reactivation with removal of perceived obstacles to recovery
- Liaise with employer in context of RTW or work retention plan
- Workplace focused intervention
- Workplace assessment

Black Flags



These are objective work characteristics and organisational obstacles to recovery:

National:

- Rates of pay
- Benefits system
- Nationally negotiated entitlements
- Sick Certification

Local conditions:

- Sickness policies, systems & management
- TU involvement
- OH requirements for 'full fitness'
- Ergonomic demands of job
- Working hours/Shift patterns

(Main & Williams 2000, Main 2003)

Work is Good For You!

Management of someone 'at risk'?

- Appropriate information
- Avoid unnecessary/excessive investigation
- Enhance accurate beliefs
- Promote positive self management
- Increase confidence
- Coping techniques
- Keep active, grade activity
- Shift focus from pain to function
- Expectation to RTW



(Kendall et al 1997, Main & Williams 2002)

THANK YOU FOR LISTENING

Connect
Physical Health



Any
Questions?

www.connectphc.co.uk / find us on

facebook.