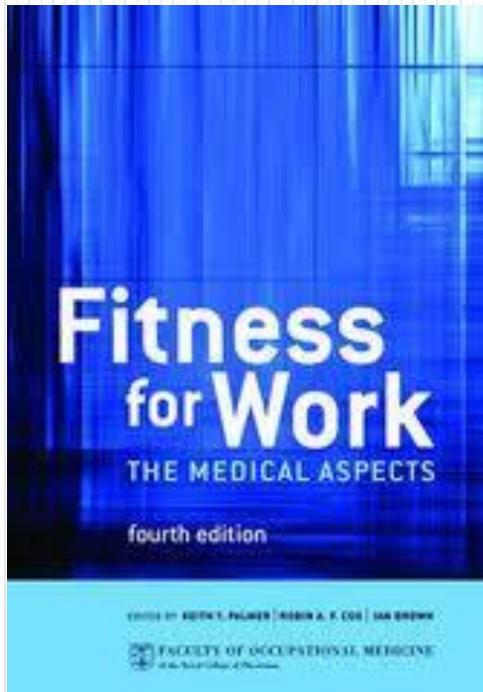


Fitness for Work: the medical aspects

2013



Musculoskeletal disorders and return to work

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Work is what defines us:

“..... and what is it you do?”

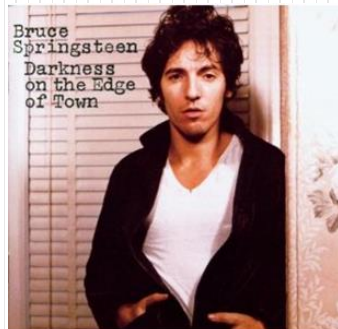
The WORK ↔ HEALTH double act

I see my daddy walking
through them factory gates
in the rain

**Factory takes his hearing,
factory gives him life**

The working, the working,
just the working life

Bruce Springsteen, 1978



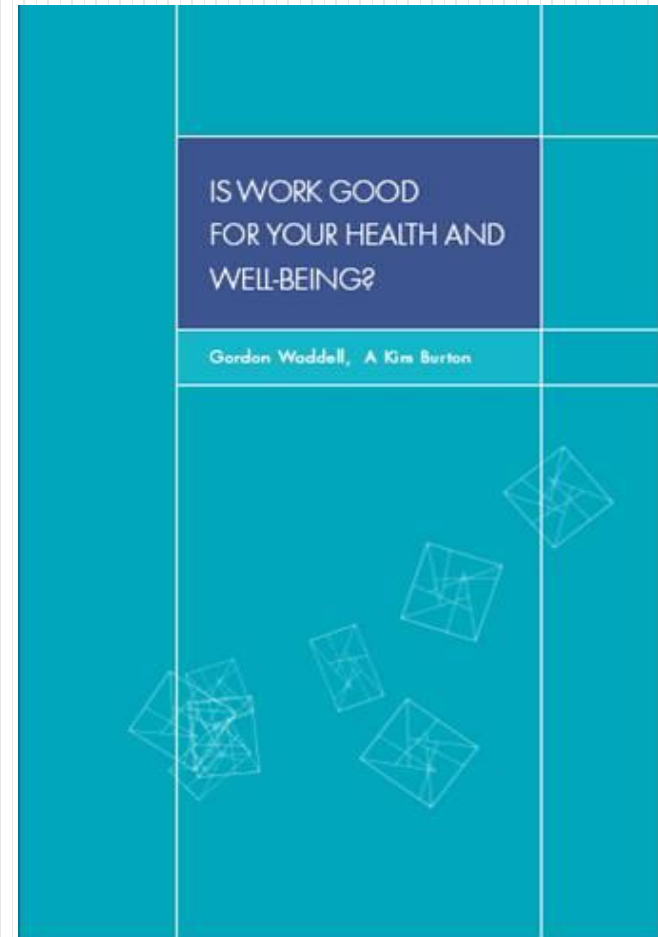
"Work is life, you know,
and without it, there's
nothing but fear and
insecurity."

John Lennon, 1969

But, is work healthy?

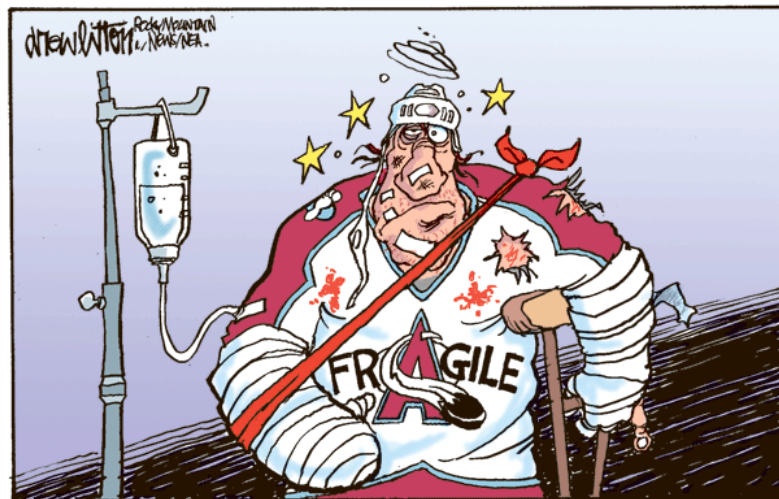
WORK ↔ HEALTH

- Review for DWP
 - *G Waddell, K Burton (2006)*
- Work is generally good for physical and mental health and well-being; prolonged sickness absence is not
 - Work can contribute to better health outcomes
- Proviso: good jobs are good for health



Work is an important health outcome

- Depends on who you are and where you are
 - Subjective reduction in symptoms
 - Improvement of functional limitation
 - Regain work participation
 - these are not equivalent and no linear path!



Huddersfield Dispensary and Infirmary

- model of charitable healthcare → OH



1814



1831

Traditional occupational health paradigm



Bernardino Ramazzini 1633-1714

Trauma \longrightarrow Injury / disease



\longrightarrow Focus on causal relationship \longrightarrow

.... a reasonable concept, but over simplistic

Safety v Health – conflicting paradigms

- Reduce risks → primary prevention
 - paradigm works for safety
 - e.g. falls from height
 - paradigm works for occupational disease with clear cause-effect
 - e.g. hazardous substances
- But, the paradigm does not work for most common health problems



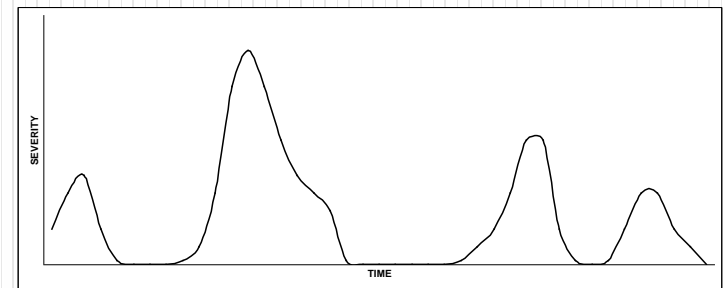
Common health problems

- Less severe illnesses and injuries
- Responsible for ~70% of absence and long-term incapacity
 - Musculoskeletal conditions
 - Mild/moderate mental health problems
 - 'Stress'

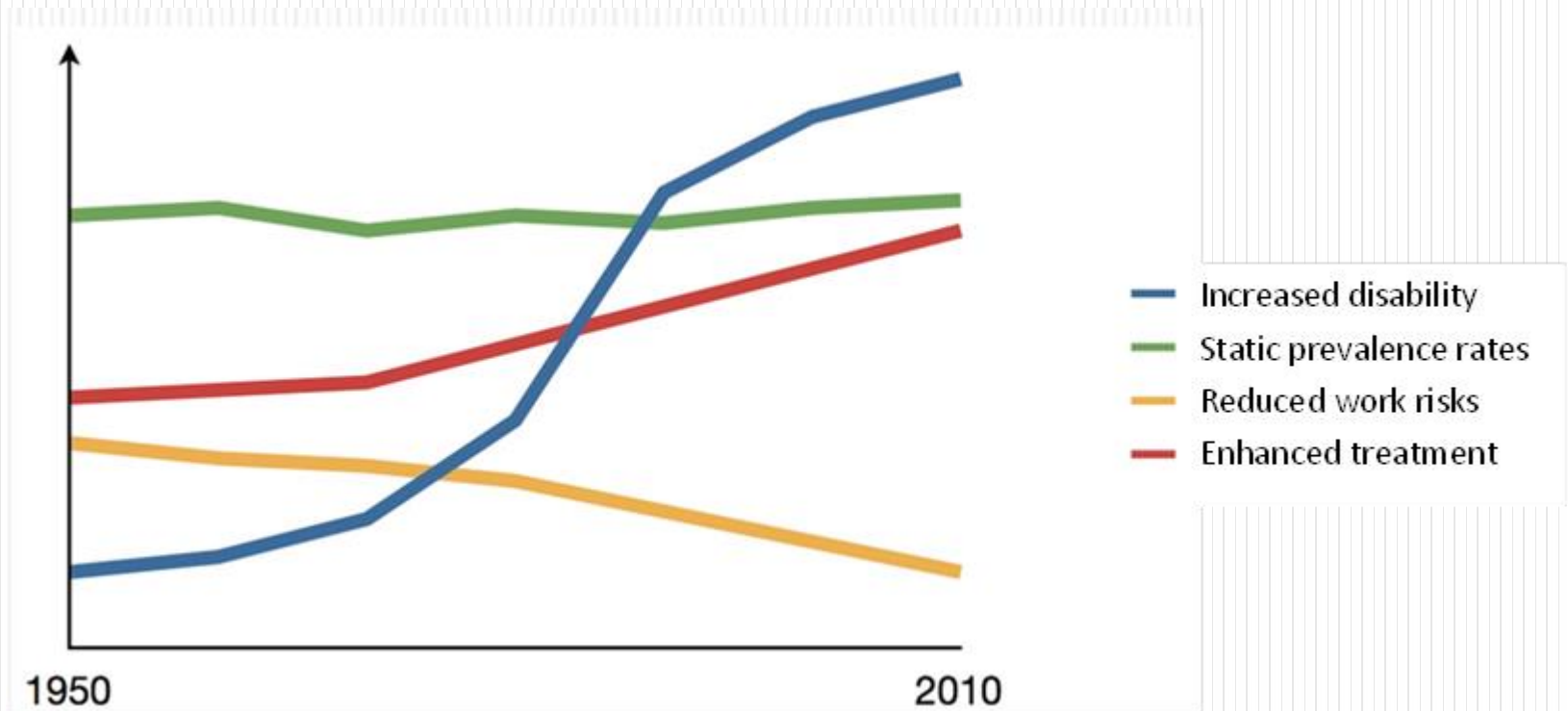


Musculoskeletal problems

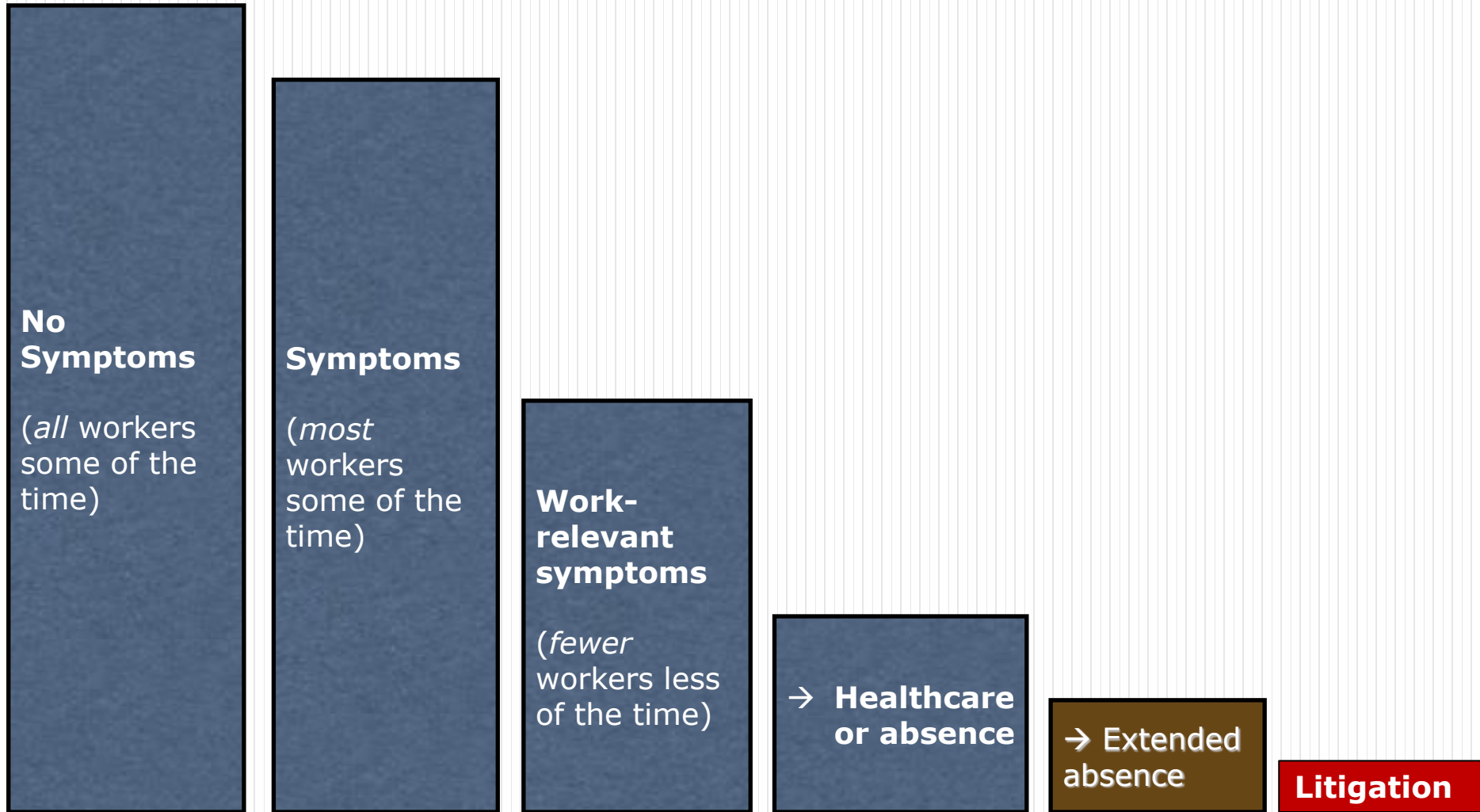
- High prevalence across population
- Characterised by symptoms more than disease or impairment
 - Coexisting symptoms common - physical and mental
- Untidy episodic pattern
 - varying severity at irregular intervals over life course
- Care seeking for ~10% of episodes
 - most episodes settle uneventfully
- Multifactorial causation
 - work usually only one contributory factor
- Most people remain at work or return to work quite quickly
- Essentially whole people, with a manageable health problem
 - *given support, opportunities and encouragement*



Prevailing paradox



CHP epidemiology – the key to understanding



The elephant in the room



Symptoms exist irrespective of the nature of work

Symptoms \neq care seeking, diagnosis or R

Work-relevant symptoms

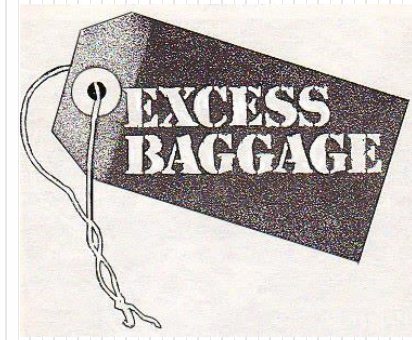
- Symptoms can affect workability
 - symptoms may be more pronounced at work
 - work may be difficult because of symptoms
- How we deal with work-relevant symptoms can have major repercussions



The slide to disaster

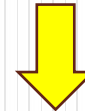
social constructs → escalating obstacles

- Before symptoms
- At onset of symptoms
- At time of seeking healthcare
- If signed off work
- On failure to recover/participate



Person

Person



Patient



Beneficiary

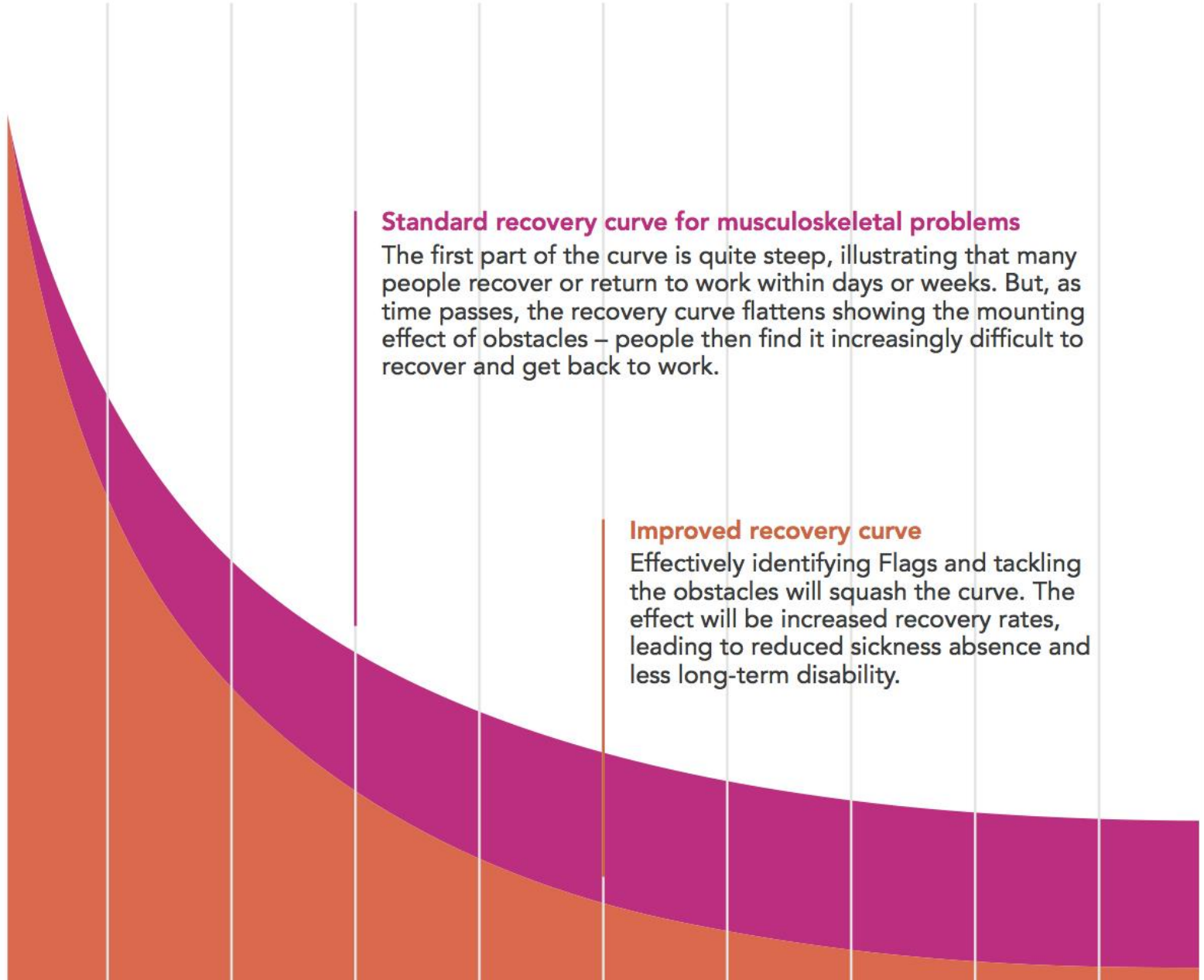


Dispossessed

The challenge: shifting the recovery curve

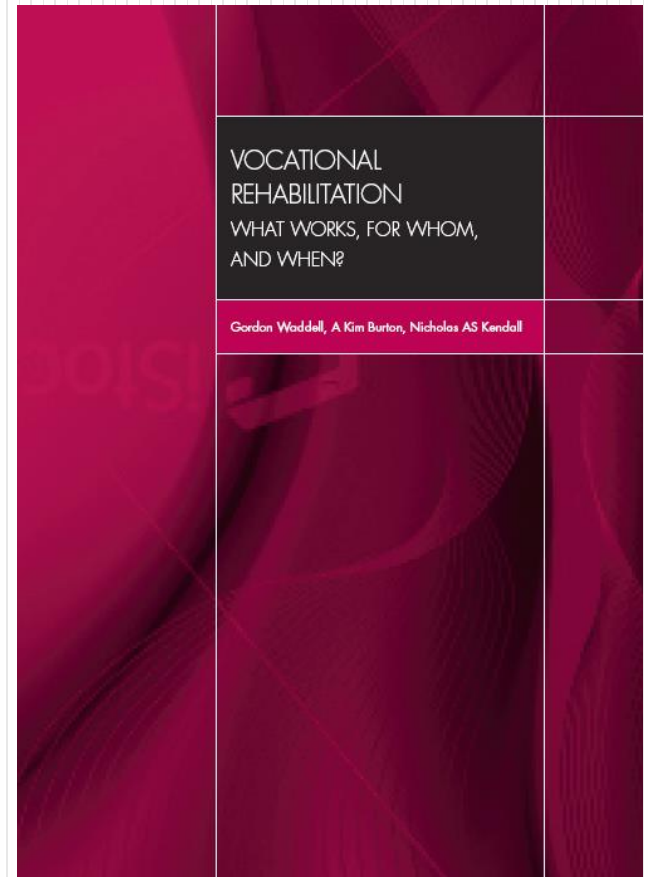
100%

Proportion of people **not** recovered or returned to work



Vocational rehabilitation

- A review for Vocational Rehabilitation Task Group (2008)
 - *G Waddell, K Burton, N Kendall*
- VR can be effective + has cost-benefits
 - *sooner rather than later*



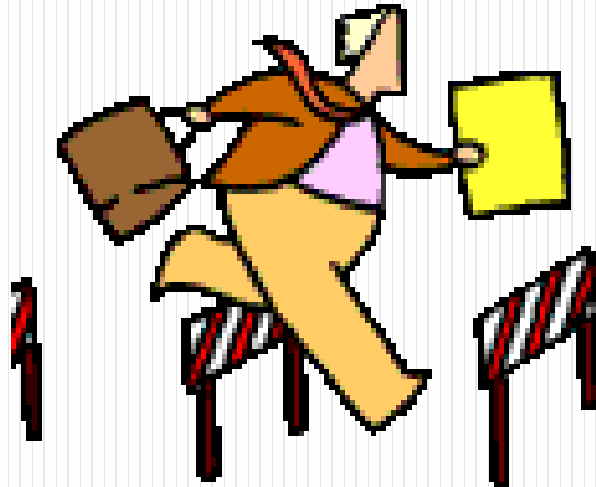
Integrated approach



- *VR is whatever helps someone with a health problem to stay at, return to, and remain in work*
- SAW and RTW don't just happen – action needed!
- Healthcare alone not enough
 - voc rehab not something to try after healthcare has finished/failed
- Workplace must be involved
 - from day #1
 - working whilst recovering

The obstacles model

- overcoming obstacles to work participation



Why do some people become disabled?

- They do not have a more serious health condition or more severe injury
 - So, it's not about what has happened to them; rather its about why they don't recover
 - They face **obstacles** to recovery and participation
- biopsychosocial approach



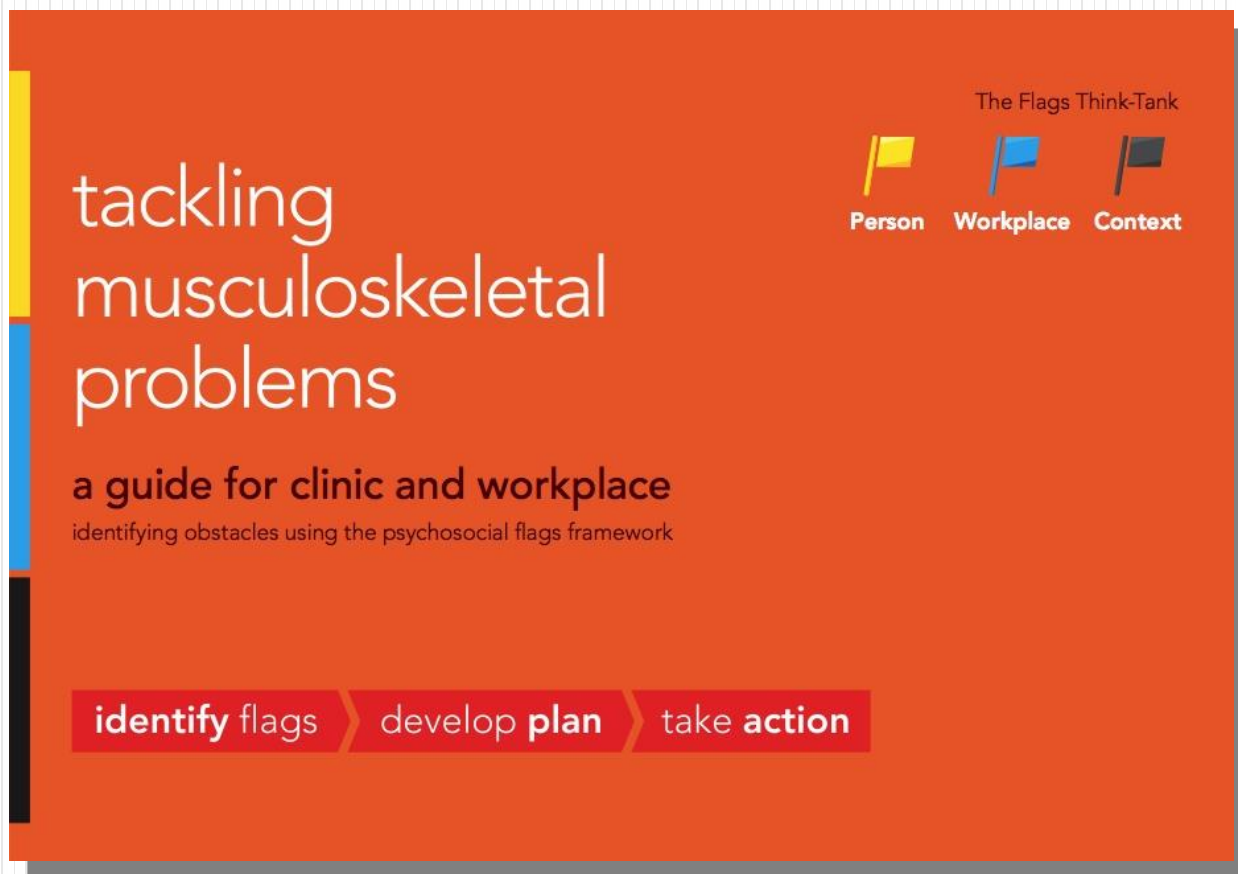
Tackling Musculoskeletal Problems

A GUIDE FOR CLINIC AND WORKPLACE

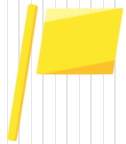
identifying obstacles using the psychosocial flags framework

Kendall, Burton, Main, & Watson: TSO Books, 2009

www.tsoshop.co.uk/flags



Psychosocial flags framework



PERSON



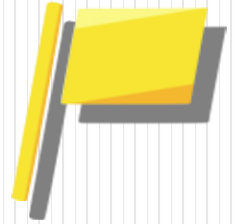
WORKPLACE



CONTEXT

- Flags are things we can observe that indicate problems ahead
- They flag up obstacles to being active and working
- They point to what needs to be done

Important flags to identify - Person



Psychological factors are associated with poor clinical recovery

Thoughts

- Catastrophising (focus on worst scenarios)
- Unhelpful beliefs and expectations about pain, work, and healthcare
- Low expectations of *recovery*
- Preoccupation with health

Feelings

- Worry, distress, low mood (\pm diagnosable anxiety or depression)
- Fear of movement
- Uncertainty (about the health problem)

Behaviours

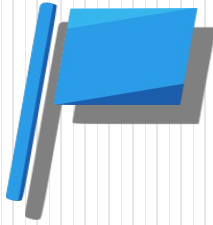
- Extreme symptom report
- Passive coping strategies
- Serial care seeking

identify flags

develop plan

take action

Important flags to identify - Workplace



Psychosocial workplace factors associated with persisting absence

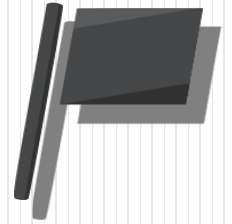
- **Employee**
 - Fear of re-injury
 - Low expectation of *resuming work*
 - High physical job demand (perceived or actual)
 - Perception of high mental job demand ('stress')
 - Low job satisfaction
- **Workplace**
 - Lack of employer communication with employees
 - Lack of job accommodations/modified work
 - Low social support or social dysfunction in workplace

identify flags

develop plan

take action

Important flags to identify - Context



- Significant others with negative expectations or beliefs
- Ineffective management
 - (lack of involvement/investment: poor line management)
- Unhelpful policies/procedures used by company
- Process delays
 - (e.g. waiting lists, claim acceptance)
- Role ambiguity or disagreements between key players
 - (employee <> employer <> healthcare)
- Financial, compensation or legal issues

identify flags

develop plan

take action



Identifying flags - simple stepped hierarchy:

- Observation
 - Open questions
 - Structured questionnaires

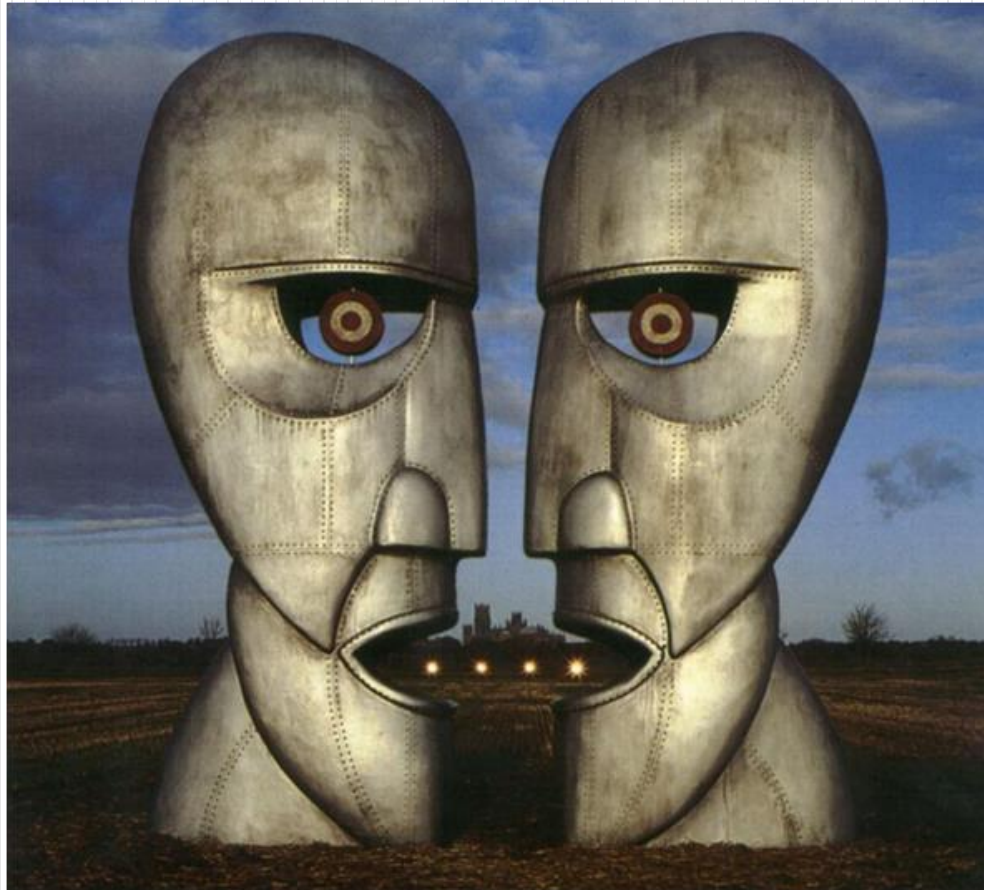
Useful questions to ask

- What do you think has caused your problem?
- What do you expect is going to happen?
- When do you think you'll get back to work?
- How are you coping with things?
- Is it getting you down?
- What can be done at work to help?



develop **plan**

take **action**



Develop a plan *with* the person

Key Players Communicate:

- agree the specific obstacles and actions
- agree timeframe and communication channels
- use (conditional) confidentiality waivers
- emphasise ability rather than disability
- all players sign up to the plan
- key players work together to ensure accommodating workplace



identify flags

develop plan

take action

Action:

- Stepped care approach
 - just what's needed when its needed
- Identify and tackle obstacles
- Myth-busting info/advice
- Work-focused healthcare:
 - deal with biomedical issues whilst supporting early return to work
 - psychosocial problem-solving
- Workplace accommodation
 - ease the worker back to usual duties
- Communication between the players to interweave the actions



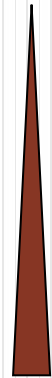
identify flags

develop plan

take action

Who is involved in RTW

Person  Line Manager

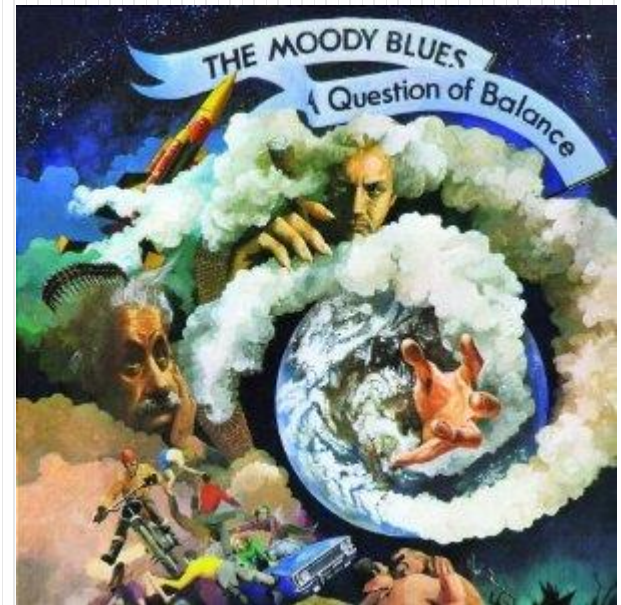


Clinician
Ergonomist

**can facilitate or
sabotage**

Question of balance

- Enough of what's good
- Minimise what's not
- Stepped care is optimal
 - recognising the limitations of medical/clinical intervention
 - not all health problems are medical issues



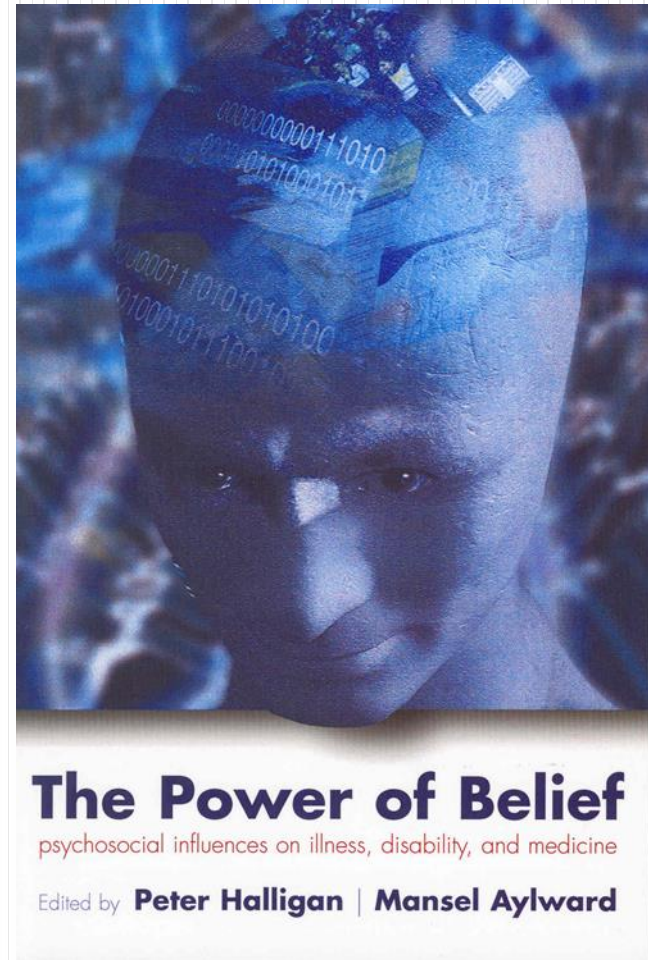
Stepped approach “just what’s needed when it’s needed”



Timeframes - progressively fewer people remain as time passes - step times are approximate

Beliefs

- Beliefs are central to what we do about injury and disease
 - about whether to rest
 - about whether to seek treatment
 - about whether to work
 - about what it means for the future
- People don't cope too well when they are uncertain
- Health myths abound
 - held by clinicians as well as by the public
- Myths are major obstacles to work participation



Popular myths:

Rest always needed until pain goes

It's a health problem, so there must be a cure....

It hurts at work, so I was damaged by my work

Working whilst ill or 'injured' will just make matters worse

No return to work until 100% fit

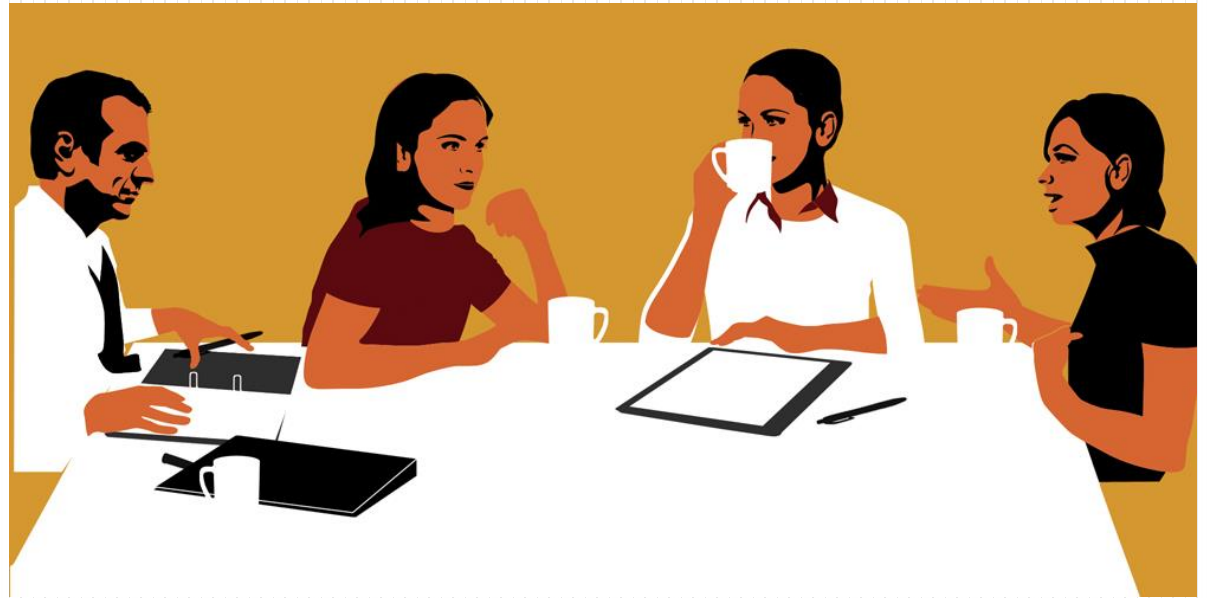
Modified work means work was unsafe



We need to shift the culture

Working while recovering

Key players must be onside and acting

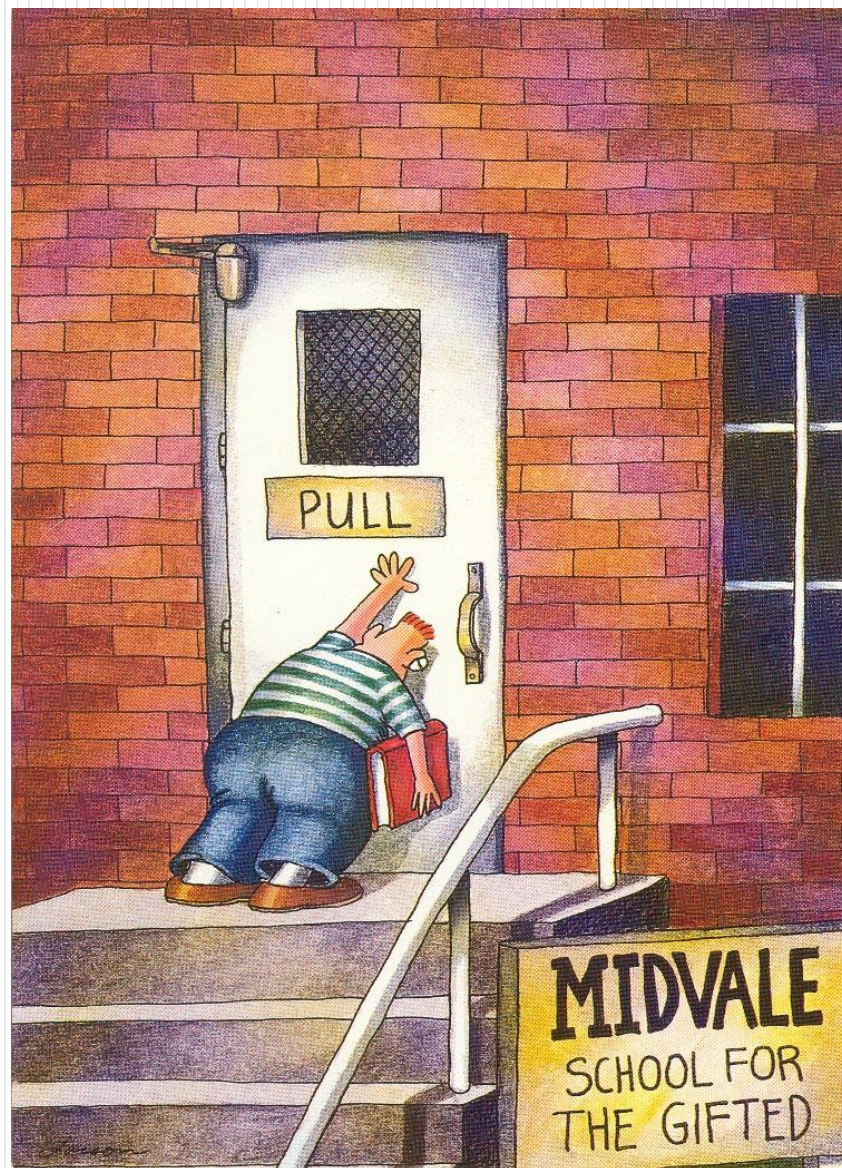


- Poor communication is a major obstacle

Dispelling myths and shifting the culture

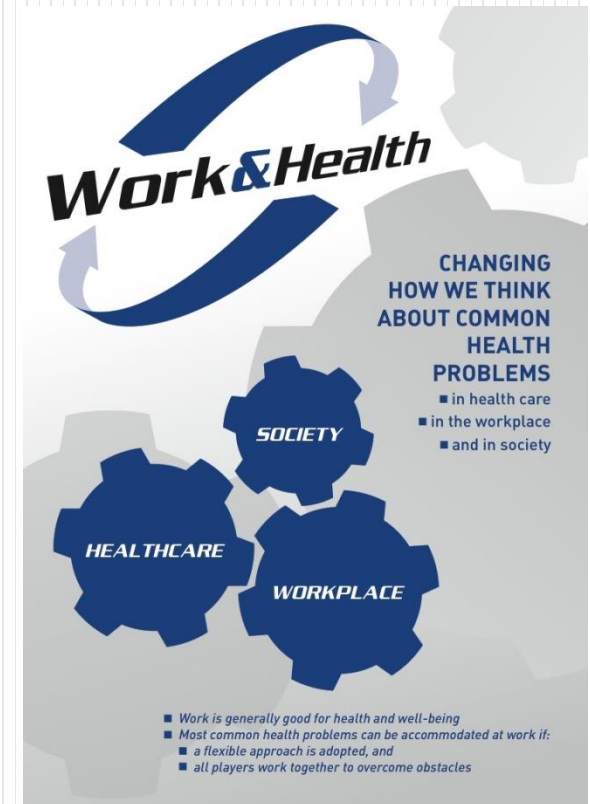


- Set of guidance material developed
 - 3 leaflets
 - common set of messages
 - focus on how players interact
 - evidence-based
 - believable and doable
 - wide stakeholder support
 - target the key players



Workplace

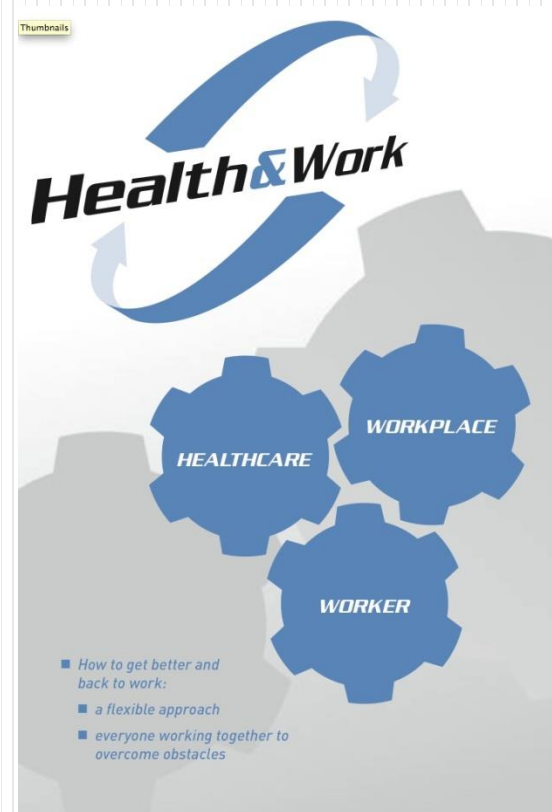
- Players in and around the workplace
 - senior management
 - line managers
 - human resources
 - small employers
 - unions
 - health & safety advisers
 - occupational health professionals
 - rehabilitation providers
 - employment advisers
 - claims handlers
 - lawyers
- 6 pages of information + practical advice on RTW procedures
 - PDF downloads



www.tsoshop.co.uk/evidence-based

Workers-patients

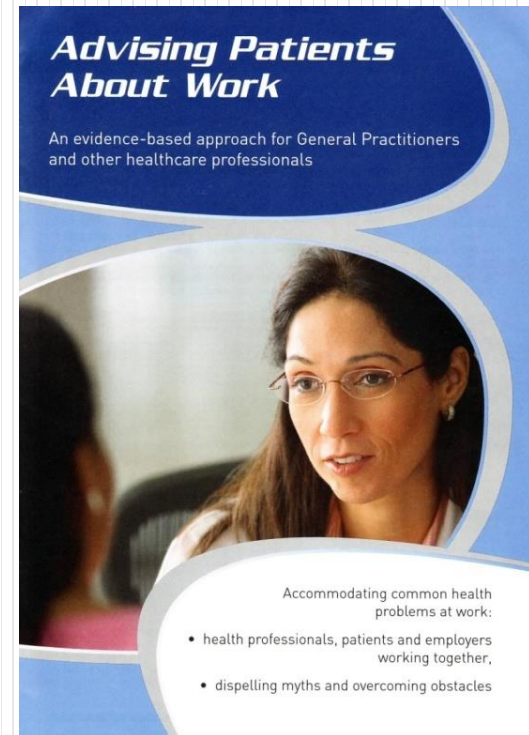
- Leaflet for patients/workers
 - straightforward language
 - distribution by healthcare and employers
 - information, practical advice + stories
 - PDF downloads
 - Also 20 page booklet in style of *The Back Book*



www.tsoshop.co.uk/evidence-based

Healthcare

- Leaflet for health professionals
 - discusses evidence on work and health
 - practical advice on how to tackle this difficult topic
 - 6 pages
 - + 1-page e-summary
 - PDF downloads



www.tsoshop.co.uk/evidence-based



Downloadable resources

www.tsoshop.co.uk/flags

tackling musculoskeletal problems psychosocial flags for clinic and workplace

This guide is for everyone involved. Key players include: employees, clinicians, occupational health, and case managers

- > The reason people don't return to being active and working is because they face obstacles
- > Psychosocial obstacles can be more important than biomedical factors
- > Flags are warning signals that psychosocial issues are acting as obstacles

This guide covers common musculoskeletal problems: not major injury or serious pathology

all players need to

- Identify flags - they point to the obstacles
- Develop a plan to tackle obstacles - agree who does what and when
- Take action to help people get active and working - overcome the obstacles

to do list

- Remind the person that symptoms are common, and usually short-term. While some people need treatment, many settle with self-management
- Emphasise that activity is helpful, and prolonged rest isn't
- Don't tell the person work was the cause, it probably wasn't
- Remember most people can stay at work, perhaps with adjustment to tasks or schedule
- Take steps to achieve an early return to activity/work. It helps recovery, and usually does no harm
- Tell the person that long-term inactivity and time off work is detrimental to health and well-being

Key players can solve problems together to help the person get active and working by overcoming obstacles

Tackle musculoskeletal problems effectively by identifying flags and addressing obstacles - use a combination of work-focused healthcare and an accommodating workplace

- Helping people stay active and working is an imperative
- Address psychosocial issues promptly. Act sooner, rather than later
- Address both psychosocial and biomedical issues at the same time

identify flags looking for obstacles should be a routine activity by all key players

why flags?

Flags point to obstacles in need of action

All players have a role in spotting flags related to the person with the problem. Their Workplace and the wider Context of their lives

Help people by identifying obstacles to recovery and activity/work

Start looking as soon as symptoms are reported or the person goes off work

Do it in steps - start simple, then define deeper

when to look for flags

- What do you think has caused your problem?
- What do you expect is going to happen?
- How are you coping with things?
- Is it getting you down?
- What are they doing at work to help?

everyone ask

- What do you think has caused your problem?
- What do you expect is going to happen?
- How are you coping with things?
- Is it getting you down?
- What are they doing at work to help?

everyone look for

- Flags of workplace context during absence
- Inappropriate or unnecessary healthcare
- Contradictory approaches
- Delays in healthcare or workplace facilitation
- Lack of engagement or willingness to participate
- Progress undermined by relevant others

workplace

- Lack of workplace context during absence
- Inappropriate or unnecessary healthcare
- Contradictory approaches
- Delays in healthcare or workplace facilitation
- Lack of engagement or willingness to participate
- Progress undermined by relevant others

employee

- Worried, stressed, low mood (may or may not be discernible anxiety or depression)
- Uncertainty about what's happened, what's to be done, and what the future holds
- Excessive symptom report
- Persistent coping strategies
- Serial ineffective therapy

context

- Misunderstandings and disagreements between key players (e.g. employee and employer, or with healthcare)
- Financial and compensation problems
- Process delays (e.g. due to mistakes, waiting lists, or claim acceptance)
- Overreliance on non-evidence-based reports, fears or beliefs
- Social isolation, social dysfunction
- Unhelpful policies/procedures used by company

person

thoughts

- Catastrophising (focus on worst possible outcome, or interpretation that uncorroborated experiences are unbearable)
- Dysfunctional beliefs and expectations about pain, work and healthcare
- Negative expectation of recovery
- Preoccupation with health

feelings

- Worried, stressed, low mood (may or may not be discernible anxiety or depression)
- Uncertainty about what's happened, what's to be done, and what the future holds
- Excessive symptom report
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behaviours

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develop plan key players communicate

think obstacles!

- Key players combine information to identify the important obstacles for this person. In this workplace, in this context
- Use written confidentiality waivers

develop a plan

For the Person with the problem

- Tackle specific obstacles by taking specific actions
- Each Action has agreed timelines
- Responsible player
- Emphasise ability
- All players
- Set common goals
- Ensure accommodating workplace
- Copy of plan to all players and person
- Provision for reviewing plan

revising a plan

Lack of progress, or lower level of activity and not returning to work indicate the need to re-assess flags and identify new or changing obstacles

active and working everyone has a role to play

- Misunderstandings and disagreements between key players (e.g. employee and employer, or with healthcare)
- Financial and compensation problems
- Process delays (e.g. due to mistakes, waiting lists, or claim acceptance)
- Overreliance on non-evidence-based reports, fears or beliefs
- Social isolation, social dysfunction
- Unhelpful policies/procedures used by company

take action stepped approach, just what's needed, when it's needed

| | initial phase < 2 weeks Focus - symptomatic relief; maintain activity level | early phase - 2 to 12 weeks Focus - early return to activity/work; everyone must have a work focus | persistent phase > 12 weeks Focus - optimal level of function; consider shifting goals |
|------------|---|--|---|
| | TIME FROM ONSET OR GOING OFF WORK | | |
| healthcare | always <ul style="list-style-type: none"> Provide advice to stay active Reassure and give rational explanation Advise person on symptom relief, and employer on work Set realistic expectations Reassure and explain typical pattern of discomfort Listen with empathy Suggest suitable modifications to enable RTW to begin Cease ineffective therapy | then add <ul style="list-style-type: none"> Select cases for psychosocial management Use cognitive behavioural principles Provide a 'fit note', emphasise ability not disability Reassure and explain typical pattern of discomfort Listen with empathy Suggest suitable modifications to enable RTW to begin Cease ineffective therapy | then add <ul style="list-style-type: none"> Maintain communication with workplace Multidisciplinary programme that delivers cognitive-behavioural pain management and occupational rehabilitation Avoid aerial ineffective therapy Emphasise self-efficacy |
| workplace | <ul style="list-style-type: none"> Assign someone to keep in contact with employee Ask about any problems with work tasks or the way work is organised If necessary, modify the work; temporarily reduce exposure to problematic elements Educate and inform staff about effective return to work (RTW) approaches | <ul style="list-style-type: none"> Assign responsibility to ensure RTW is discussed early, and implemented practically Agree a RTW plan, implement graded RTW plan Check reliable (e.g. occupational health) advice if needed Maintain regular contact Encourage attendance at work meetings and team events Use traditional work arrangements (modified work) to help early return to work Continue liaising with other players to facilitate RTW Review return status with specialist occupational health provider Reiterate workers worth to company | <ul style="list-style-type: none"> Consider temporary re-deployment, or need for re-training |
| everyone | <ul style="list-style-type: none"> Encourage activity & participation Promote staying-at/returning to work Use workplace for rehabilitation Dispel myths Encourage self-management Ensure timely healthcare access Communicate with other players Stay in touch with person Facilitate communication | <ul style="list-style-type: none"> Use problem-solving approach to tackle obstacles Monitor progress objectively Listen with empathy Cease ineffective therapy Consider 'light' multidisciplinary programme Deliver cognitive behavioural pain management and vocational rehabilitation Ensure timely start to RTW process Emphasise ability, not disability | <ul style="list-style-type: none"> Refine and adjust goals Be alert for serial ineffective therapy Seek support from other agencies |

tackling muscle and joint pain a quick guide for the workplace

You - the employer, line manager, or supervisor - have an important role to play: use this guide to help you help your colleagues

what

Most people get episodes of muscle and joint pain. The onset may be from physical activity but more often there's no obvious cause. Usually there is nothing to worry about: it's a minor injury or damage is rare.

Recovery is expected, but the pain may recur. Back pain is a good example: activity is generally helpful - prolonged rest is not. Most people get better and back to work quickly - but some hit problems.

Muscle and joint pain is very costly when people are off work for too long. The old approach of staying off work actually makes matters worse. Early return to work is usually beneficial.

But people need help to stay at or get back to work. And it's not enough to rely on doctors and other clinicians - the workplace needs to be accommodating.

People often struggle to get back to work. It's usually not because of a more serious injury. It's because they face obstacles: things about the person, the workplace, or the context.

Manu's Story
HOW IT ALL GOES WRONG

I got a back problem that made my work a bit difficult. The doc signed me off work, saying work probably caused the injury. The people at work didn't call, so I couldn't discuss getting back to work. The company have this rule that you have to be fully fit to go back - the pain had been and going to work was stuck. I got really worried and depressed. I don't get out much now and I've lost the job. To start with it wasn't too bad - all I needed was some help with the job for a while and I could have stayed in work.

identify obstacles

You can spot the obstacles by looking for flags - signals that things will get in the way. Mostly you'll be looking for workplace obstacles, but you need to work with the other players (doctors, health and safety reps, etc).

Identification is about looking for unhelpful behaviours and circumstances. Anything about the person, the workplace or the circumstances (including influential others) that stands in the way of early return to work is an obstacle.

myths are obstacles

- These are all myths:
- Muscle and joint pain means something is seriously damaged
 - Work/activity is the cause
 - Time off work is needed as part of the treatment
 - Cannot return to work until 100% pain free
 - Contacting the absent worker is intrusive

What's the truth? Muscle and joint pain is very common, and often not caused by work, yet work may make the pain worse. Time off work is often not needed. Early return to work (with temporary modifications) is helpful. Funders, payers, & insurers support early return to work. Workers appreciate you staying in touch and having your support to get back to work.

plan of action

Goals set a time for getting back to modified duties and to usual work. Can do? list can-do tasks and jobs (not just can't do)

Obstacles: list what's getting in the way of getting back to work: job factors, personal factors, context factors - list who needs to tackle them

What and when? figure out the steps needed to overcome the obstacles, set a timeline, support someone to act as a support buddy/case manager.

- Ask the doctor what the worker can do: use a confidentiality waiver the worker gives explicit written consent for (selected) people to talk, freely with the doctor/therapist
- Assess the job, and offer modified work (if necessary) for a fixed period
- Allow graduated return to work plans, that offer gradual increase in hours and participation
- Monitor progress: revise the plan if any setbacks

identify flags | develop plan | take action

how to act

Taking action is all about overcoming obstacles at work. It means providing an accommodating workplace, with helpful policies and coordinated actions. It's not rocket science!

- Contact the absent person within a day or two
- Tell them the workplace will be supportive
- Point out the return-to-work buddy who will be their case manager (perhaps the supervisor)
- Ask the person to come in to work to sort out the return plan
- Get their permission to talk with the doctor: use a confidentiality waiver the worker gives explicit written consent for (selected) people to talk, freely with the doctor/therapist
- Assess the job, and offer modified work (if necessary) for a fixed period
- Allow graduated return to work plans, that offer gradual increase in hours and participation
- Monitor progress: revise the plan if any setbacks

modified work

Early return to work can be helped by simple modifications to the person's job. This is a temporary step simply to gradually ease them into usual work. Getting over the obstacles:

Alter the work to reduce physical demands: e.g. reduce teaching; provide seating; reduce weight; reduce pace of work/effort; ensure help from co-workers; vary tasks

Alter the work organisation: e.g. reduced work hours/days; additional rest breaks; graded return to work; home working

Flexibility: e.g. daily planning sessions with a buddy; allow time to attend healthcare appointments; help with transport

Kamala's Role
The supervisor can make things happen

We're a small company with a simple process for managing pain and injury. It's my job to get it into action. Basically, I act as a case manager with support from professionals, to coordinate things. I get informed at day one of absence, and stay in contact. I liaise with the doc, but also send our people to a local clinic. They tell me what my colleague can do (we use a confidentiality waiver), which helps me figure out how best to help my colleague back to work. They point out the obstacles and what needs to be done to overcome them, as well as giving treatment. I devise the plan with my colleague and we sort out any work modifications as a team. I also use information leaflets to help beat the myths. It works well!



sick note

Statement of Fitness for Work

A guide for General
Practitioners and
other doctors



to



fit note

This guide has been
developed in
partnership with the
Royal College of
General Practitioners
and the British
Medical Association.

DWP Department for
Work and Pensions



Fit note



It's a great idea, but the doc generally has limited understanding of the work or workplace.



Recommendations will need to be interpreted.....

Statement of fitness for work For social security or Statutory Sick Pay

Patient's name

I assessed your case on:

and, because of the following condition(s):

I advise you that:
 you are not fit for work.
 you may be fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:

- a phased return to work
- amended duties
- altered hours
- workplace adaptations

Comments, including functional effects of your condition(s):

Sample

This will be the case for

or from to

I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement

Doctor's address

Interpreting the work modification boxes

● Altered hours

- Reduced work hours/days
- Additional rest breaks
- Allow work at home

Statement of fitness for work
For social security or Statutory Sick Pay

Patient's name: Mr, Mrs, Miss, Ms

I assessed your case on: / /
and, because of the following condition(s):

I advise you that: you are not fit for work.
 you may be fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:
 phased return to work general duties
 altered hours workplace adaptations

Comments, including functional effects of your condition(s):

This will be the case for / / to / /
or from / / to / /

I notified you need to assess your fitness for work again at the end of this period.
Please print or sign below

Doctor's signature: / /
Date of statement: / /
Doctor's address:

Med3 0610

● Workplace adaptations

- Reduce reaching
- Provide seating
- Reduce weights
- Different department

● Phased return to work

- Flexible start-finish times
- Graded return to work
- Start work on a Wednesday
- Selected duties

● Amended duties

- Achievable goals, scheduled at start of day
- Reduce pace of work
- Reduce task frequency
- Increase task variety
- Co-worker as buddy

The nature of workplace accommodation

- Temporality is key
- Transitional work arrangements
 - *Temporary* facilitation of SAW or RTW
 - Goal is return to usual work
 - *Not* an indictment of the job

DON'T SIT DOWN CAUSE I'VE MOVED YOUR CHAIR

- Arctic Monkeys 2011



Worker knows best

- Participatory ergonomics
 - Involve person:
 - identifying the obstacles
 - selecting the solutions
- Communication

person



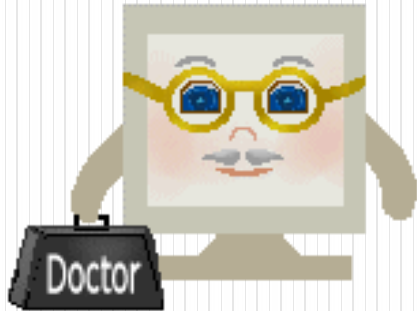
line manager



clinician



Whither healthcare?



- Treatment may be needed, but
 - beware iatrogenesis:
 - what is said can undo what is done
- More and better health care alone is not the answer!
- Health care needs to work to a new integrated paradigm:
 - recovering while working
 - work *with* employer and worker

Whither prevention?



- Preventive intervention alone will have little impact on common health problems among workers.
 - Undue emphasis on ergonomic solutions may engender counterproductive beliefs
- More and better ergonomics alone is not the answer!
- Yet, ergonomics does have a major role in return-to-work and work-retention programs.
 - Workplace accommodation
 - Implementing fit note recommendations

**‘work should be comfortable
when we are well, and
accommodating when we are
ill or injured’**

Nortin Hadler (1997)



Thanks for letting me talk with you

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