

# Subjective assessment & the **WORK** question

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## Objectives

- ▶ Understand the positive impact of work on health
- ▶ Identify ways in which physiotherapists may influence engagement with work
- ▶ Motivate you to think about work and health in everyday practice

Long-term worklessness is one of the greatest known risks to public health

What has the same effect on health as smoking 10 packs of cigarettes per day?

▶ **WORKLESSNESS**

(Ross 1995)



What makes suicide in young men  
increased 40 times more likely

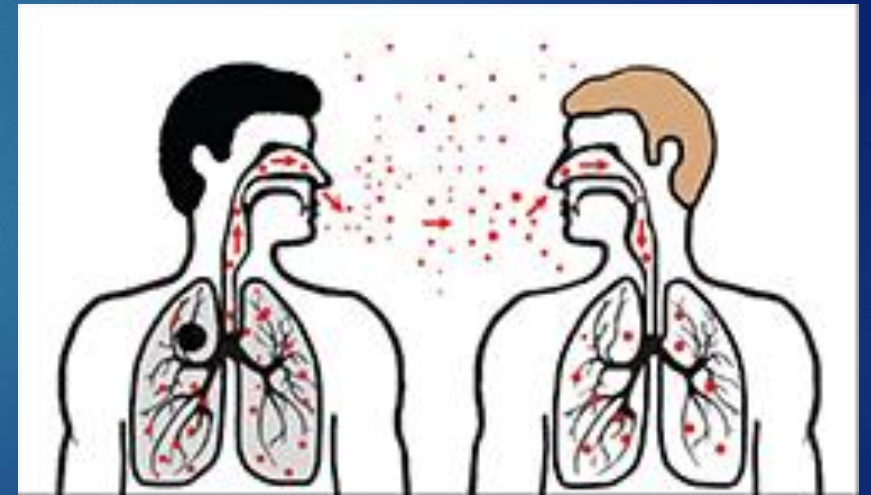
**WORKLESSNESS**

(Wessely, 2004)

What has greater health risks and impact on life expectancy greater than many “killer diseases”

## WORKLESSNESS

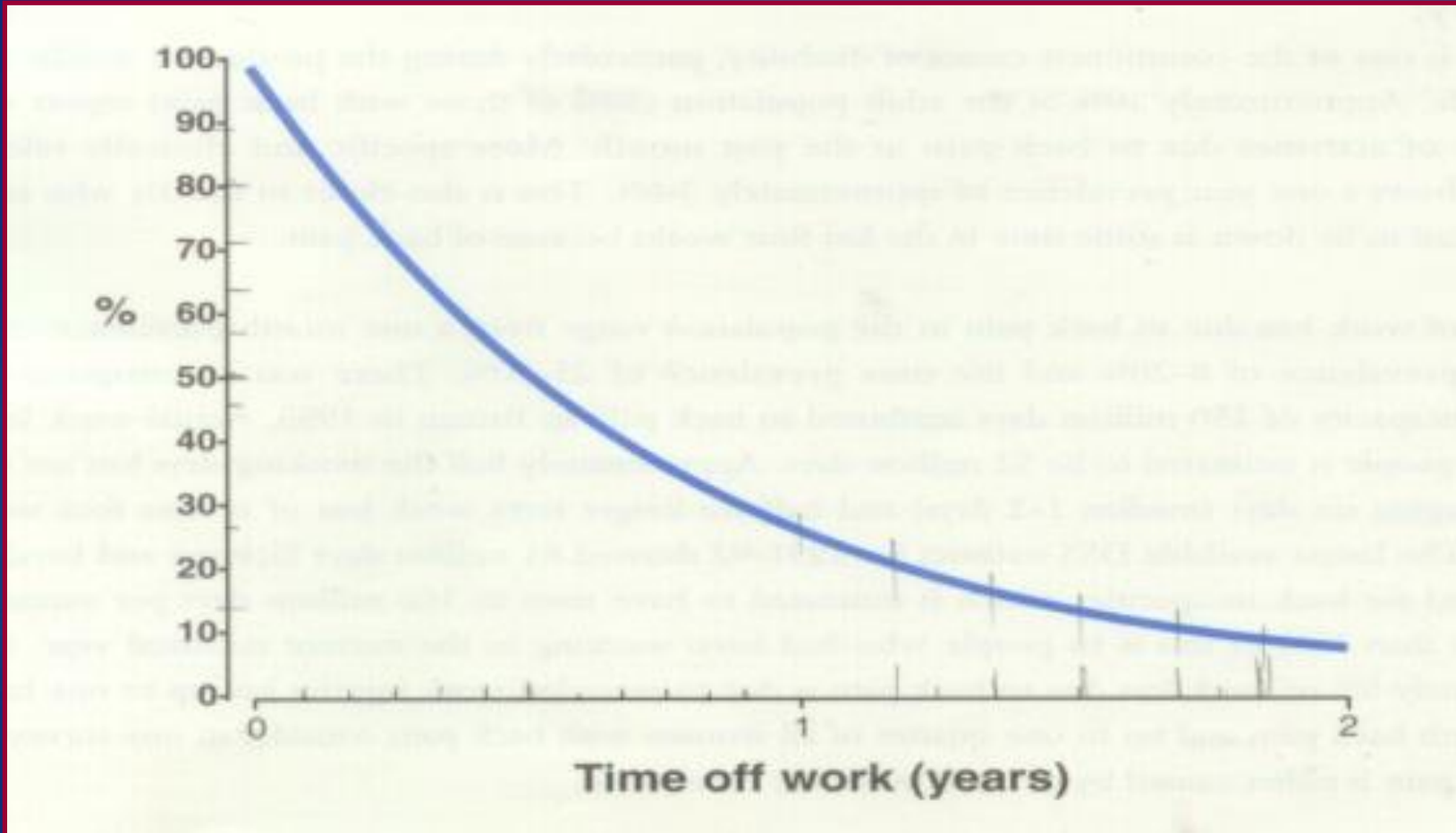
(Waddell & Aylward, 2005)



Mansel Aylward 2008

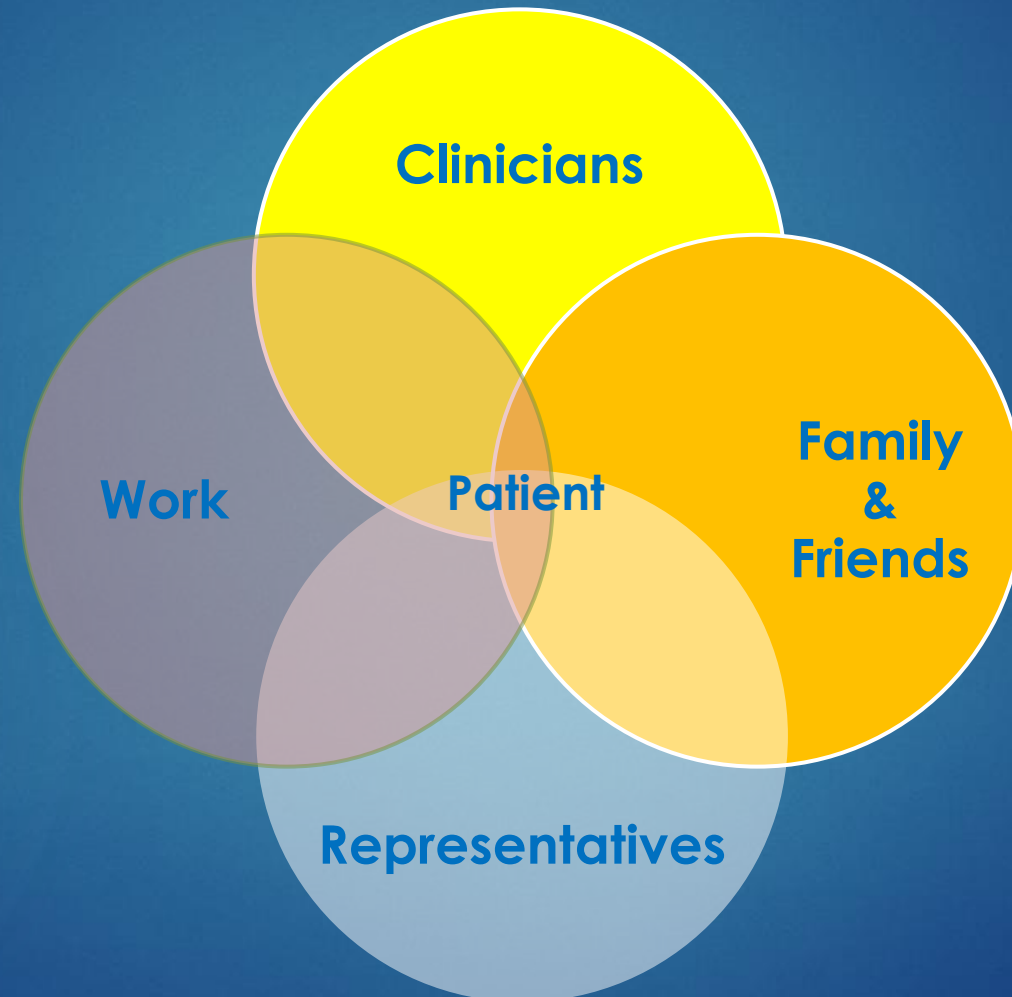
Sickness and disability are among the main threats to a full and happy life; work incapacity has the most significant impact on individual, the family, economy and society.”

A few days off wont kill you, but.....



The longer someone is off work, the chances of returning get lower

# Key influencers on recovery





# IT COULD BE YOU.



Players must be 16 or over.

 THE NATIONAL LOTTERY™

# Quick shoulder test

I'm a javelin thrower



What sport do you do?

We need to work on range, stability and dynamic strength to get you throwing again

I'm a joiner

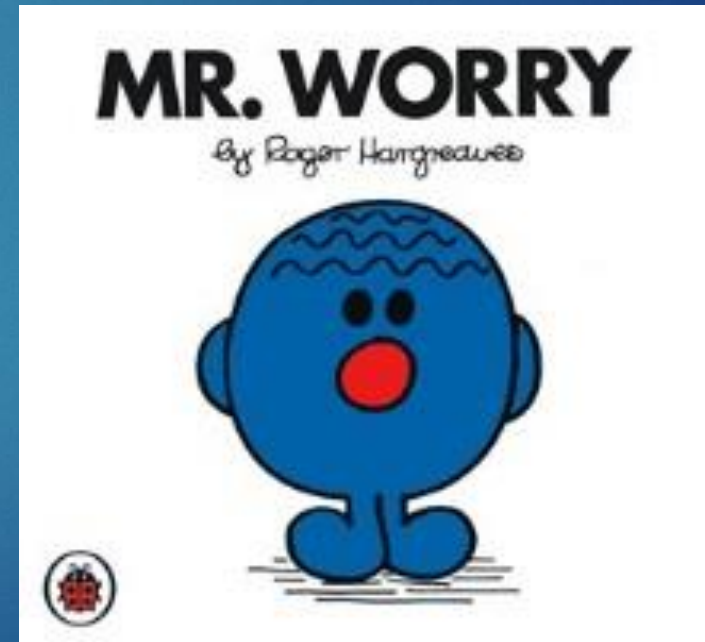


What work do you do?

Best avoid that for now!

# Clinicians influencing outcome

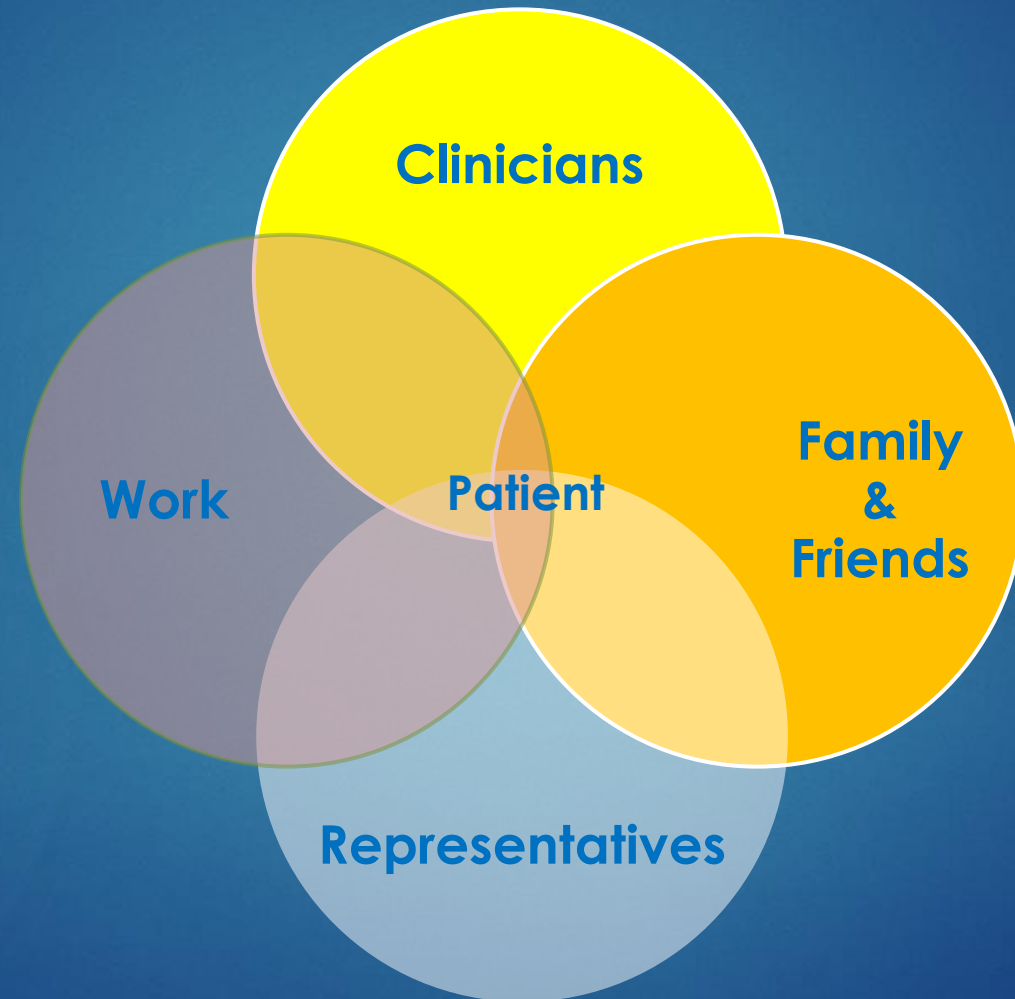
- ▶ Guardian behaviour- M Reneman Groningen Institute



# To enforce good health beliefs you must first have those same beliefs Linton 2002

Statement	Doctors agreeing	Physios agreeing
<b>Stop if it hurts</b>	<b>17%</b>	<b>32%</b>
<b>Avoid painful movements</b>	<b>67%</b>	<b>69%</b>

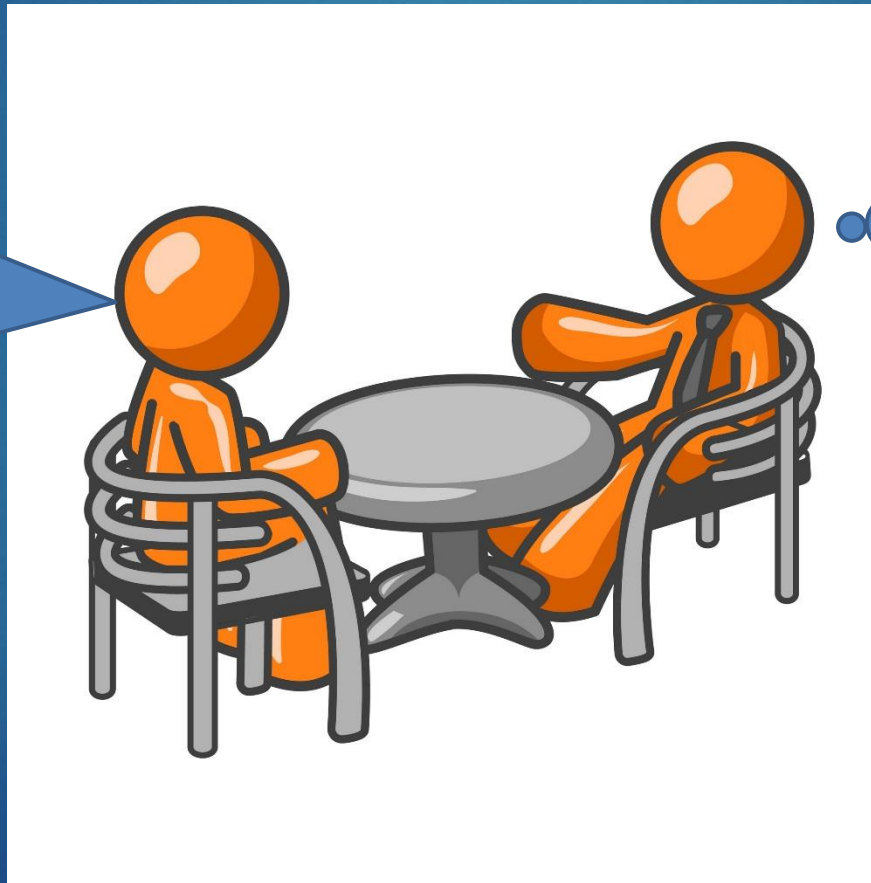
# Key influencers on recovery



## Negative Occupational Influences on return to work

- ▶ Job dissatisfaction
- ▶ Limited attendance incentives
- ▶ Availability of alternative sources of income / support
- ▶ Validation of absence e.g. Fit note

I hate my job,  
but I get 6  
months full sick  
pay



This could and is likely  
to affect my/our  
outcome!



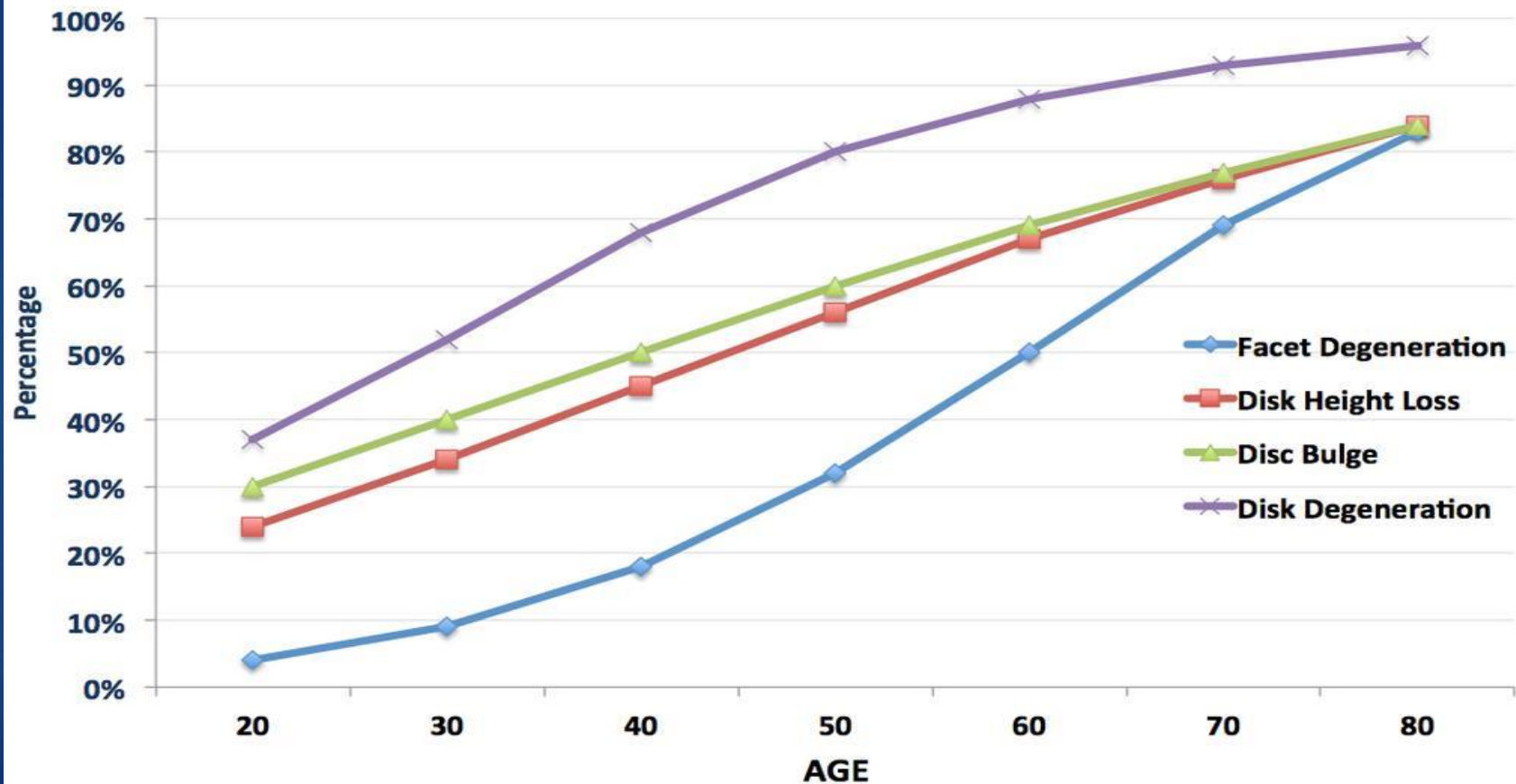
Negative cognitive Influences may affect return to work

- ▶ Self-monitoring symptoms
- ▶ Catastrophising
- ▶ False beliefs
- ▶ Cure seeking



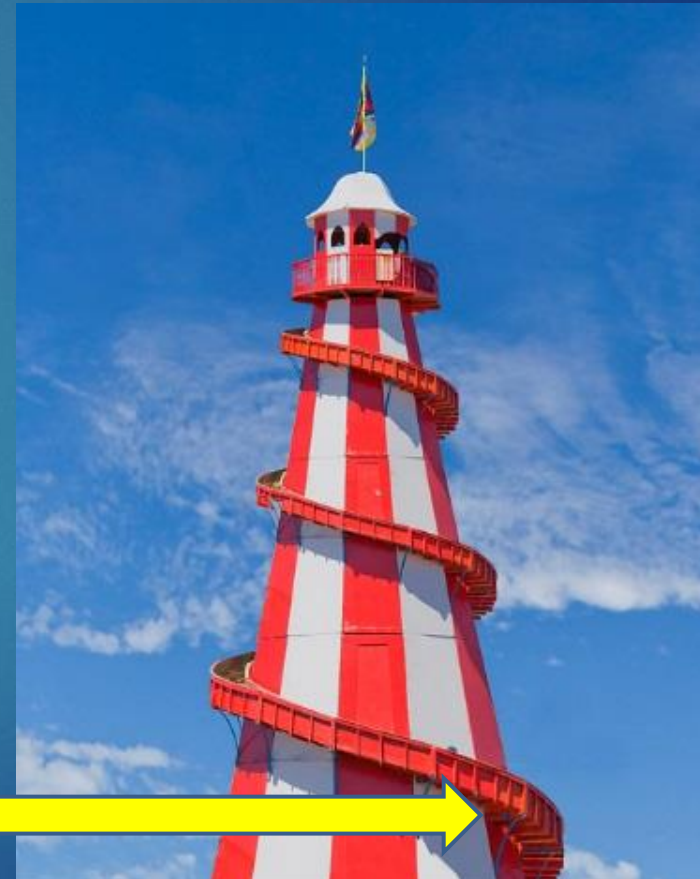
## MRI & CT Findings in Individuals Without Low Back Pain

*Wrinkles on the inside are normal!*



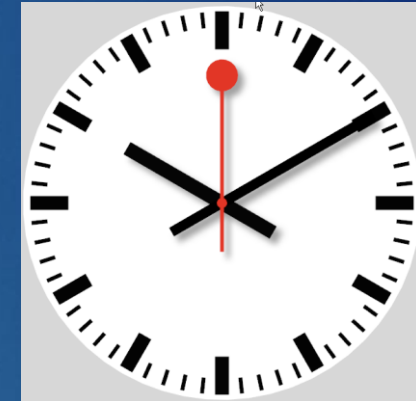
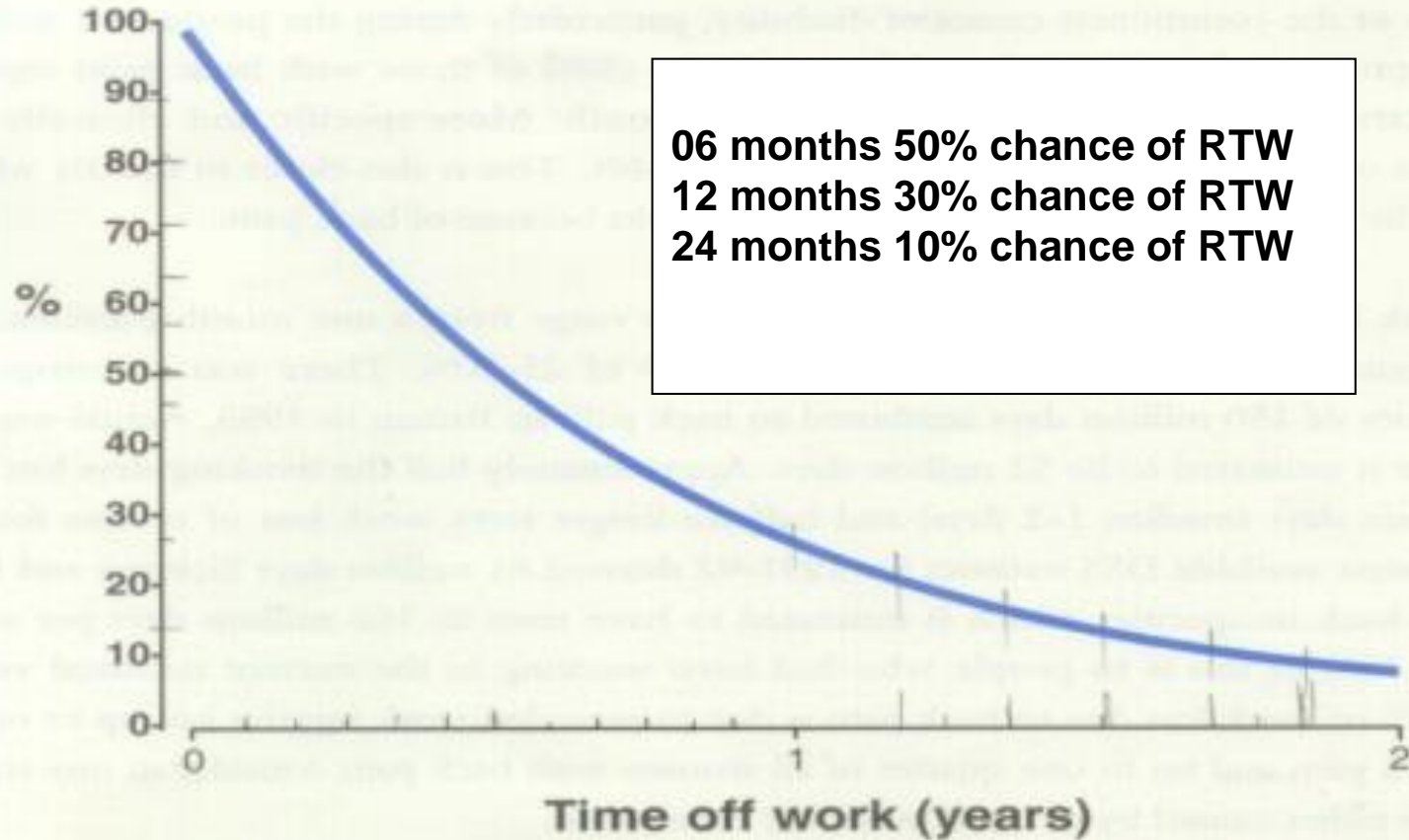
# Timeline of disability

- Loss of work habit
- Reduction in fitness
- Rumination
- Resentment
- Self preservation/ compensation
- Proof of illness
- Adopt sick role



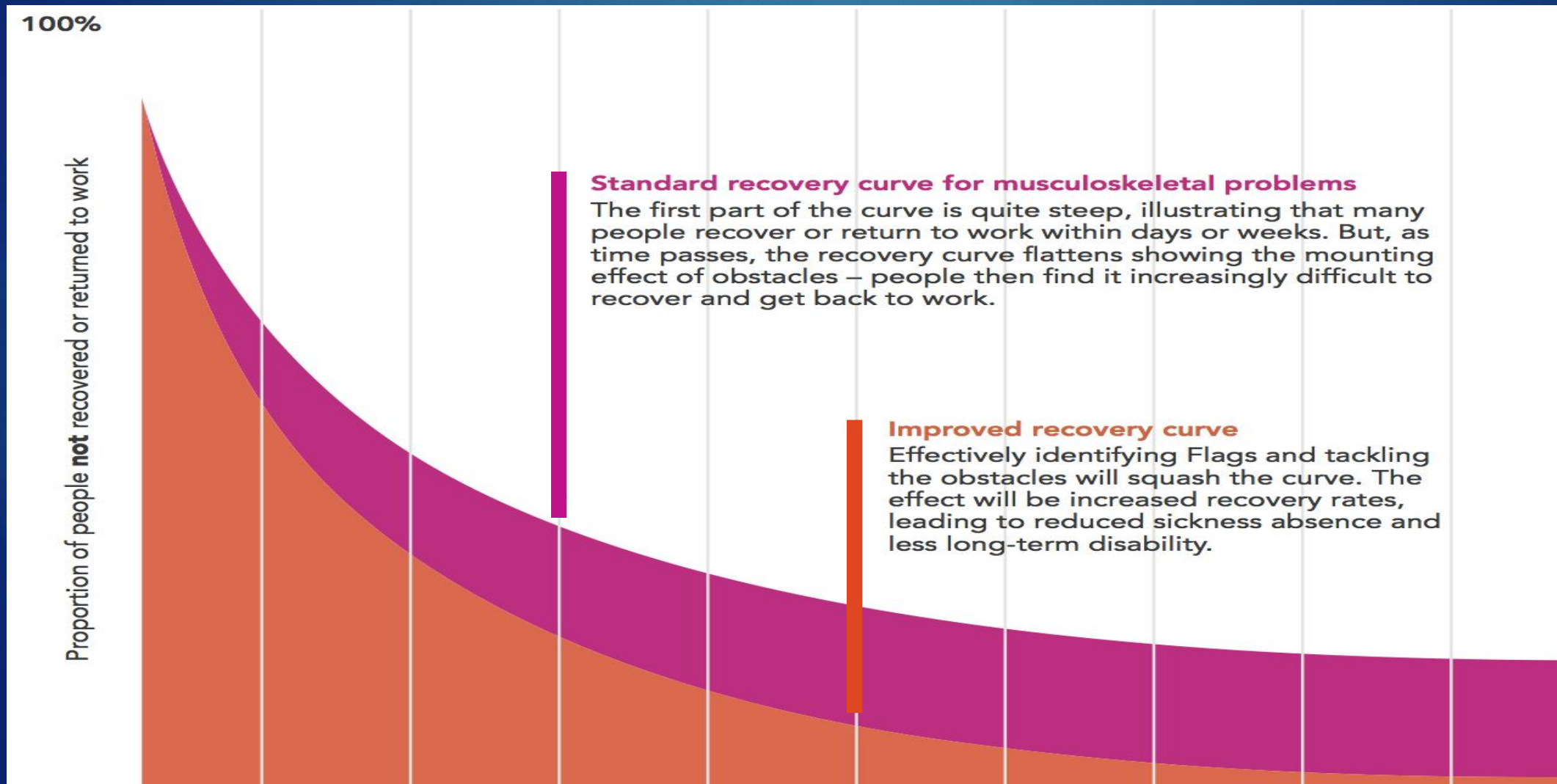
Long way back up from here

The longer someone is off work,  
the chances of returning get lower



What is your waiting list currently?

# The goal of rehabilitation



# Be a hero

Talk about work

Think about occupational tasks and whether your treatment will improve ability to carry these out

Ask if your patient has an occupational health department

Better still liaise with them

# Alternative ending?

Its work you know, I shouldn't be doing physical tasks with a back like mine!



Mmm, lets assess you and get an idea of what's contributing to your back pain. It may be you don't have the mobility strength or endurance to cope with the demands of the job. We can improve this.

# ACPOHE

- ▶ We work to improve the health and wellbeing of workers so that they can do their jobs efficiently and effectively
- ▶ Source of education and support for Physiotherapists engaging in work and health
- ▶ **New Intro to OH online coming soon**
- ▶ Come and see us in the exhibition hall
- ▶ [www.acpohe.org.uk](http://www.acpohe.org.uk)



# tackling musculoskeletal problems

a guide for clinic and workplace  
identifying obstacles using the psychosocial flags framework



identify flags > develop plan > take action

Kendall, Burton, Main, & Watson (2009)

[www.tsoshop.co.uk/flags](http://www.tsoshop.co.uk/flags)

# In summary

Work = well-being

Illness or disability which impairs work = reduced life satisfaction

Understanding work = Improved treatment planning