

**Early workplace interventions in musculoskeletal disorders** 

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### Content



- Musculoskeletal disorders and work participation
- Efficacy of work modifications at the early stage of disability: study examples

- Occupational physicians' reasonings about encouraging early RTW
- Summary of findings





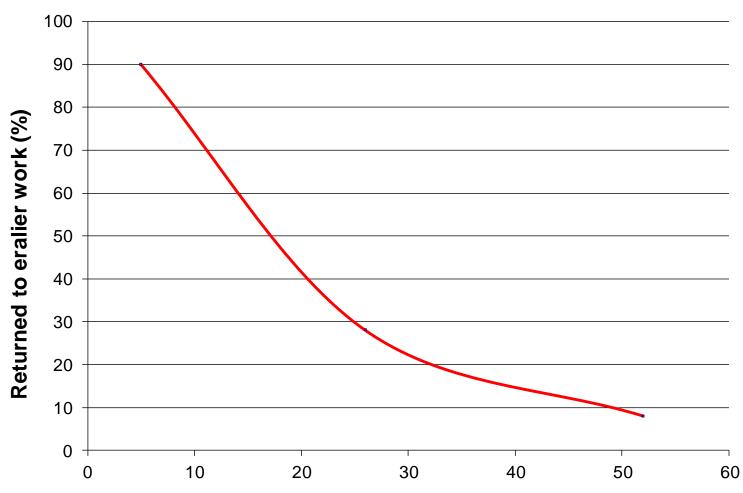


- Many industrialized countries are facing a rapid increase in the average age of the population
- Musculoskeletal disorders are a major public health problem associated with pre-term exit from the labor market
- Decrease of work ability is typically partial (Martimo 2007)
- Workplace interventions can enhance return to work in musculoskeletal disorders (van Oostrom et al. 2009, 2013), however, several interventions have failed to produce a health effect









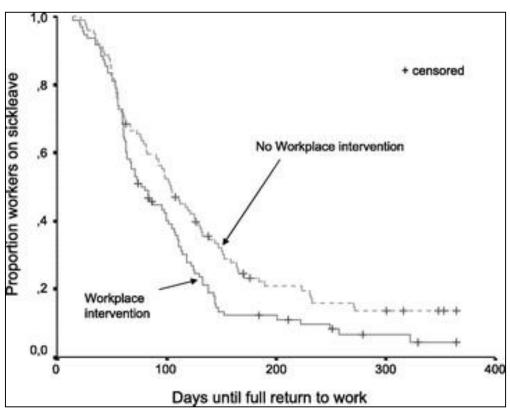
**Duration of sickness absence (weeks)** 

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### Multidisciplinary Rehabilitation for Subacute Lov **Back Pain: Graded Activity or Workplace** Intervention or Both? (Anema et al. 2007)



Workplace intervention:

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HR for RTW 1.7 (CI 1.2-2.3)

Median time until RTW 77 vs. 104 days

Duration of absence 2-6 weeks

Workplace intervention:

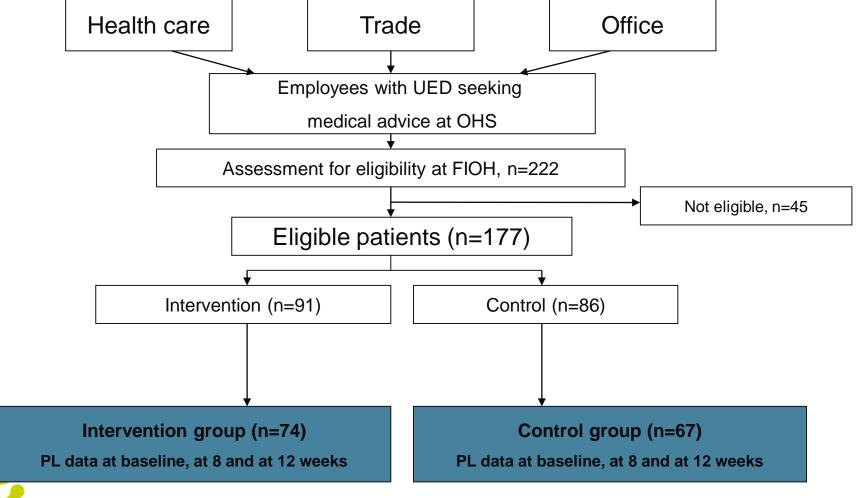
- Workplace assessment
- Work modifications
- Case management involving all stakeholders

Graded activity (prolonged RTW)

- Tailor-made, submaximal exercise programme (2x/week)

### **Ergonomic intervention in upper** extremity pain: Design (Martimo 2010, Shiri 2011)



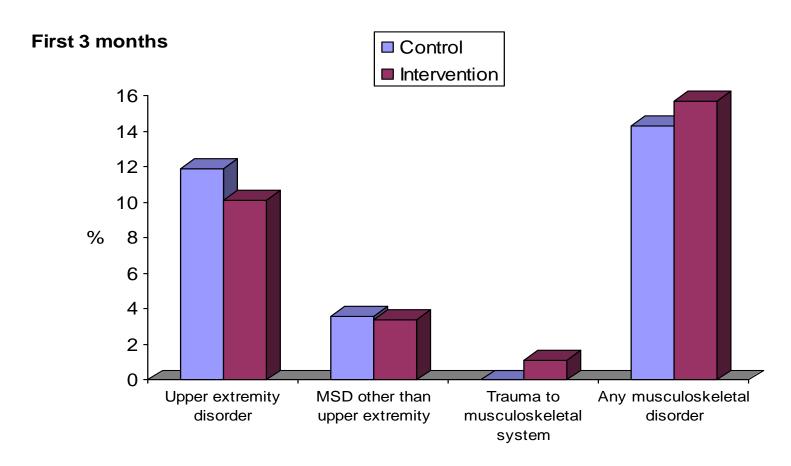


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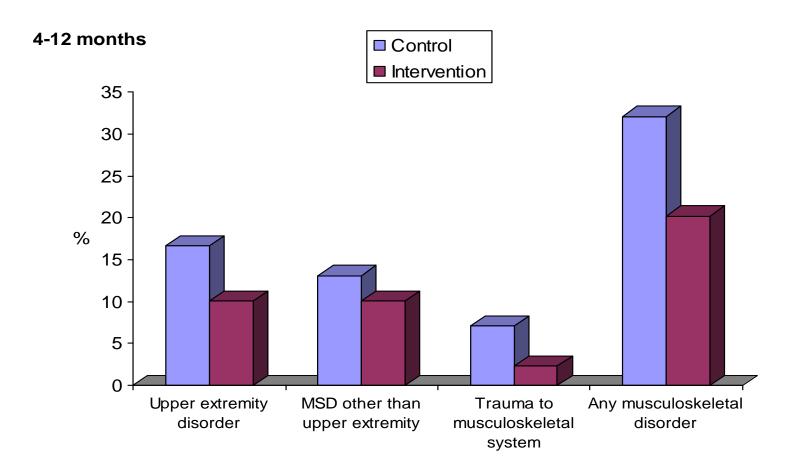
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### The effect of workplace intervention in upper extremity MSDs. Proportion of subjects on sick leave (Shiri 2011)





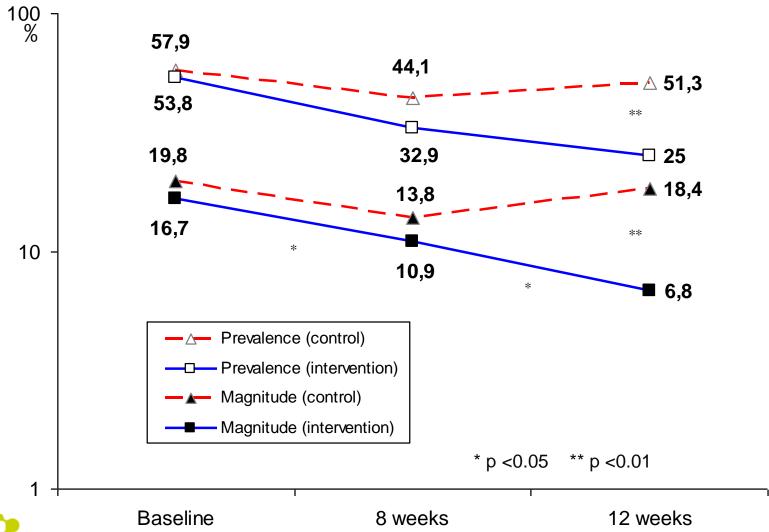
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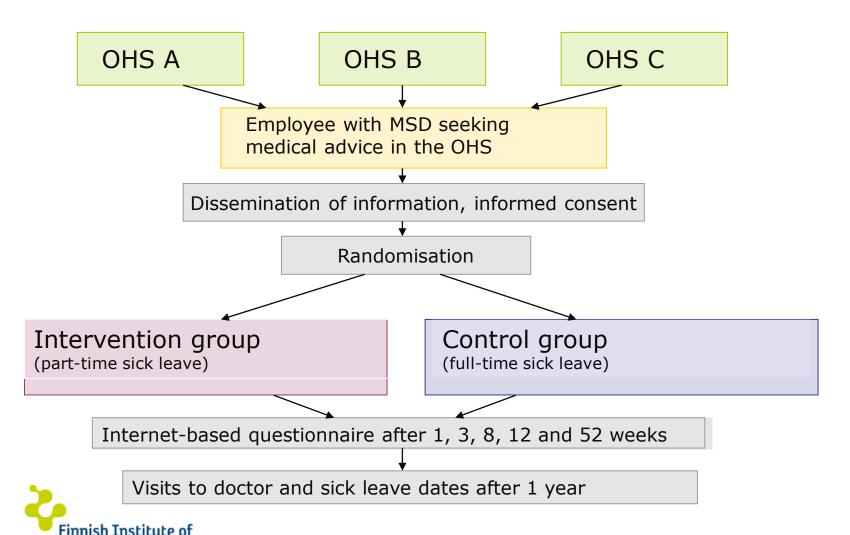
### Results/Intervention: Prevalence and magnitude of productivity loss (Martimo 2010)





# Part-time sick leave at the early stage of MSD: Design (Viikari-Juntura 2012)





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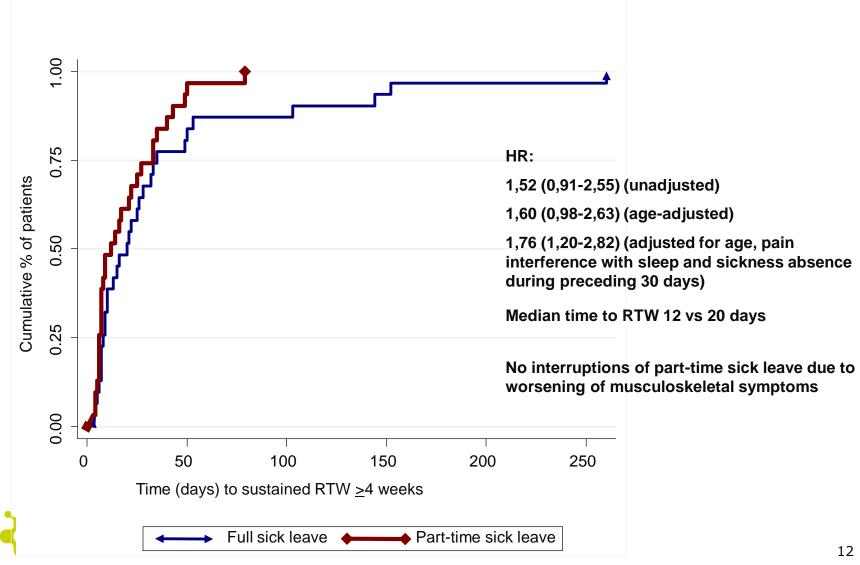
### **Elements of intervention**



- Length of sick leave determined before randomisation
- Work time reduced by about a half, mostly on a daily basis
  - Call to supervisor / collective agreement that part-time working will be arranged
- Additional work modifications when deemed necessary by the physician
- Fit note from physician, indicating permitted tasks and tasks requiring modifications
  - Fit note given to supervisor the day following visit to physician
- If RTW not possible after initial part-time sick leave, either part-time or full-time sick leave could be prescribed based on medical assessment
  - Part-time sick leave could be continued up to 60 days

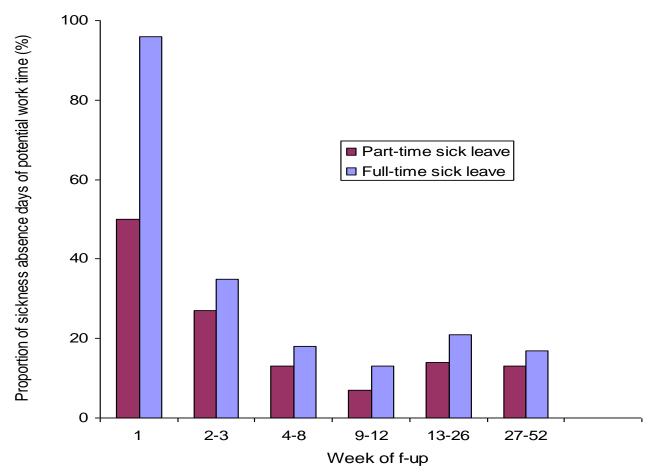


## RTW >4 weeks (regular duties) in the part-time and full-time sick leave group (Viikari-Juntura 2012)



# Proportion of sickness absence days of potential work time during 1-year follow-up

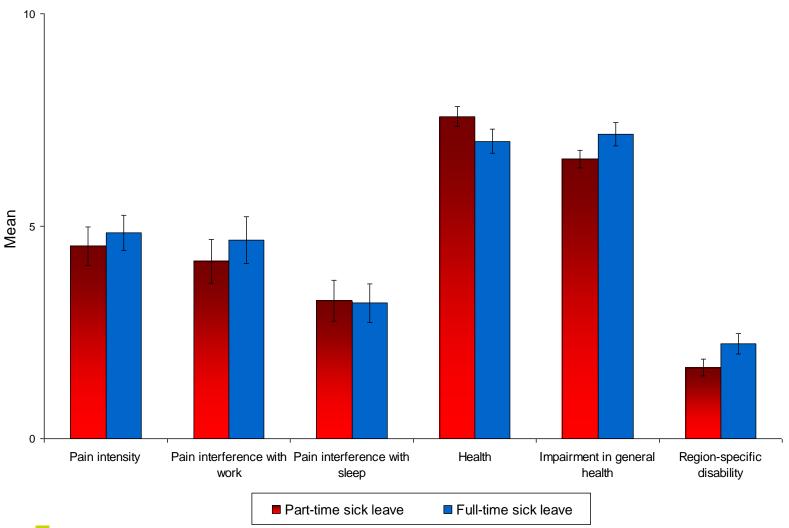
(Viikari-Juntura 2012)





### Pain, pain interference, health, disability (Shiri 2013)

**Q** 







# Occupational physicians' reasonings about encouraging early RTW



### Why would occupational physicians initiate work modifications and encourage early RTW? (Horppu et al. 2014, unpublished)



5 points of view emerged in focus group interviews:

### Individual employee perspective

- Early RTW as a means of managing a medical condition
- Early RTW as a means of enhancing well-being of employees

#### Company perspective

Early RTW as a means of reducing company costs and improving well-being of work communities

#### Societal perspective

Early RTW as a means of reducing societal costs

### Occupational physician perspective

Early RTW as a means of meaningful and satisfying duties for the occupational physicians



# **Concluding remarks and opportunities for future research**



- Appropriate work modifications at an early stage of a MSD can enhance productivity and work participation without compromising health of employees
- Workplaces would benefit from agreed practices on how work modifications are agreed upon and organized
- In societies with aging workforce, musculoskeletal health will remain a critical issue in efforts to increase work participation and prolong work careers





### Thank you!

