Pain Rehabilitation in Occupational Health Services

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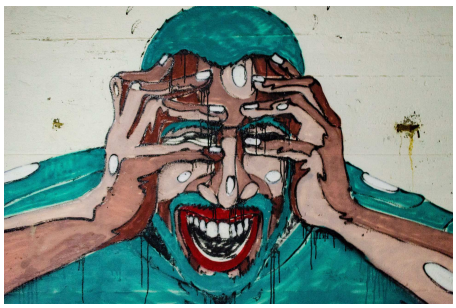
Introduction

All sorts of pain, especially low back pain, are common causes of visits at occupational health services (OHS). At the same time chronic pain can be difficult to treat. Pain is a common cause of absenteeism and work disability in the long run. In Finnish society costs of pain are high.

Common form of pain treatment in Finnish OHS are pain killers, guidance by an occupational physiotherapist and sick leave. Furthermore work accomodation is widely used in the Finnish work environment. All these measures are relevant but not effective enough to prevent work disability or chronification. Our idea is to find a better solution and clinical guidelines for at least Terveystalo.

At Terveystalo we work with around 689 000 employees and more than 23 400 employers in all business sectors in about 170 clinics. The aim of this study is to design an early rehabilitation process including testing of indicators for follow up among working age patients at Terveystalo. Our vision later on to implement good practices of early pain rehabilitation groups into other clinics at Terveystalo.



Methods

Our subjects are OHS patiens, who suffer distress, discomfort, disability and decrease of performance due to musculosceletal pain, and who are ready to take part in active rehabilitation and exercise. Occupational therapists and - psychologists specializing in pain management and treatment, specialist doctors and OHS physicians belong to the multidisciplinary team who will take part in the process.
We will use the most applicable indicators for pain reduction. Measurements for patients are pain VAS, modified Linton pain questionnaire, Oswestry-questionaire and days at sick leave during last year.

Results

The group was gathered from a governmental organization with about 300 employees situated in Helsinki. The initial invitation letter was presented on the intranet via human relations. Four rehabilitees signed up themselves and the other four were selected from 81 employees with LBP and recurrent sick leaves through our database of medical reports.
All rehabilitees were selected and personally checked before the intervention by their own OH-physician who is also active in the follow-up of the rehabilitees (Figure 1).

The group consisted of eight patients. The mean age was 55.5 years (range 41-66) , 75% were female and 25% male. The mean value of Oswestry was 15% (range 4.4-30), mean of VAS 4.5 (range 3-7) and mean of modified Linton questionnaire 27/100 (range 11-37). The mean of days at sick leave was 11 (range 0-50). Functional impairment was mostly minimal or moderate.
We started the multimodal (pain education, mental and physical exercise) and multiprofessional (OHphysician, physiatrist, psychologist, physical therapist specialized in pain) early rehabilitation prosess in our OHS.
Financing comes from the organization´s wellness funds. The costs are approximately 505 euros per rehabilitee.

Among rehabilities this group process has strengthened their motivation and broadend their knowledge. Our initiative has generated also burst of interest within our own organization.

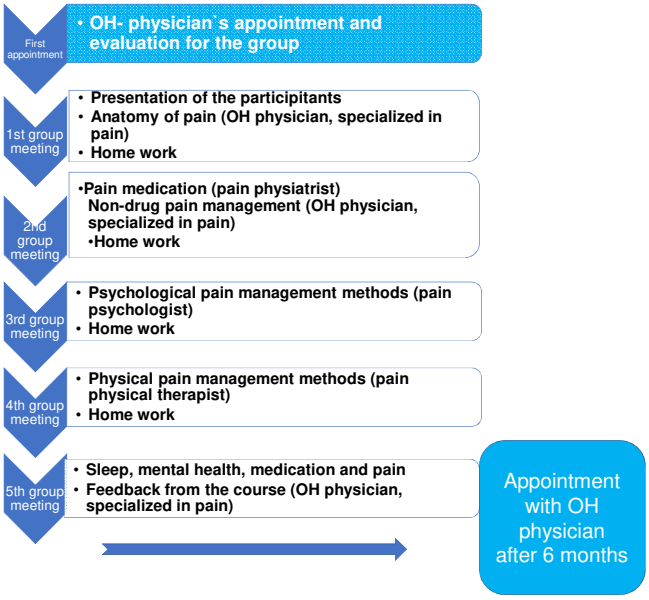


Figure 1. The design of the pain rehabilitation group

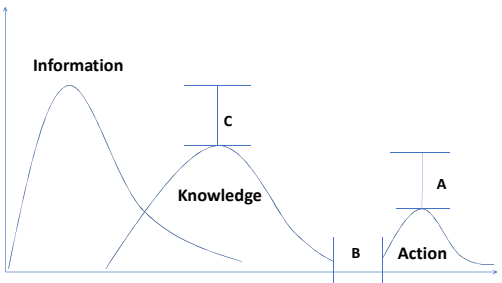


Figure 2. Gap between knowledge and action
A = gap between knowledge and action
B = time-lag between knowledge and action
C = gap between increase in information and birth of knowledge

Discussion and conclusions

The aim of early pain rehabilitation in OHS for a single case or groups is good life quality and work ability. Clinical guidelines and relevant follow up indicators are needed in OHS. Our aim is to decrease gaps between knowledge and action as well as a time lag between knowledge and action in OHS (Figure 2).
The problem establishing pain management groups is the lack of professionals, especially in the smaller cities in Finland. Thus after our pilot group we will develop remote learning courses. Some recommendations for length of absenteeism are relevant as well.
We encourage every practitioner to focus more on early pain rehabilitation process to prevent chronic pain.
Our preliminary experience shows that early pain rehabilitation groups could be a success story in OHS.