

EFFECTS OF A WORKPLACE INTERVENTION  
IN INPATIENT OCCUPATIONAL  
REHABILITATION:  
A RANDOMIZED CONTROLLED TRIAL

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AIM

To assess the effects on sick leave of an inpatient multicomponent occupational rehabilitation program including a work-place intervention compared with an inpatient multicomponent occupational rehabilitation program without work place intervention

OCCUPATIONAL  
REHABILITATION

VS.

OCCUPATIONAL  
REHABILITATION  
+  
WORKPLACE  
INTERVENTION

# WORKPLACE INTERVENTION

- Workplace interventions
  - International studies show good effect
  - Common in norwegian occupational rehabilitation
  - Effect not good enough testet in Norwegian context

## Coordinated and Tailored Work Rehabilitation: A Randomized Controlled Trial with Economic Evaluation Undertaken with Workers on Sick Leave Due to Musculoskeletal Disorders

Ute Bültmann · David Sherson · Jens Olsen · Carl Lysbeck Hansen · Thomas Lund · Jørgen Kildgaard

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**Abstract Introduction** In Denmark, the magnitude and impact of work disability on the individual worker and society has prompted the development of a new “coordinated and tailored work rehabilitation” (CTWR) approach. The aim of this study was to compare the effects of CTWR with conventional case management (CCM) on return-to-work of workers on sick leave due to musculoskeletal

loss, and health care utilization costs) was based on administrative data derived from national registries. **Results** For the time intervals 0–6 months, 6–12 months, and the entire follow-up period, the number of sickness absence hours was significantly lower in the CTWR group as compared to the control group. The total costs saved in CTWR participants compared to controls were estimated at



### RESEARCH

## Randomised controlled trial of integrated care to reduce disability from chronic low back pain in working and private life

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**ABSTRACT**  
**Objective** To evaluate the effectiveness of an integrated care programme, combining a patient directed and a workplace directed intervention, for patients with chronic low back pain.  
**Design** Population based randomised controlled trial.  
**Setting** Primary care (10 physiotherapy practices, one occupational health service, one occupational therapy practice) and secondary care (five hospitals).

of medicalisation, including various types of treatments, mostly aimed at alleviating the pain. These patients often end up receiving the usual treatment for pain, with poor results for pain reduction, and little attention is paid to reducing disability in private and working life.  
Although current clinical guidelines for low back pain pay more attention to prevention of work

## A Population-Based, Randomized Clinical Trial on Back Pain Management

Patrick Loisel, MD,\* Lucien Abenham, MD,† Pierre Durand, PhD,‡ John M. Esdaile, MD, MPH,§ Samy Suissa, PhD,|| Lise Gosselin, MD,¶ Robert Simard, MD,# Jean Turcotte, MD, MSc, and Jacques Lemaire, PhD\*\*

**Study Design.** Population-based randomized clinical trial.  
**Objectives.** To develop and test a model of management of subacute back pain, to prevent prolonged disability.

**Summary of Background Data.** The present management of back pain seems inadequate, and development of innovative models has been urged.

Back pain. [Key words: back pain, ergonomics, health care delivery, randomized controlled trial, rehabilitation, worker's compensation] *Spine* 1997;22:2911–2918

Back pain is a common, frequently self-limiting condition that causes major disability and considerable financial burden.

*Spine*, Volume 32, Number 3, pp 291–298  
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## Multidisciplinary Rehabilitation for Subacute Low Back Pain: Graded Activity or Workplace Intervention or Both?

A Randomized Controlled Trial

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**Study design.** Population-based randomized controlled trial.  
**Objective.** To assess the effectiveness of workplace intervention and graded activity, separately and combined, for multidisciplinary rehabilitation of low back pain (LBP).

**Summary of Background Data.** Effective components for multidisciplinary rehabilitation of LBP are not yet established.

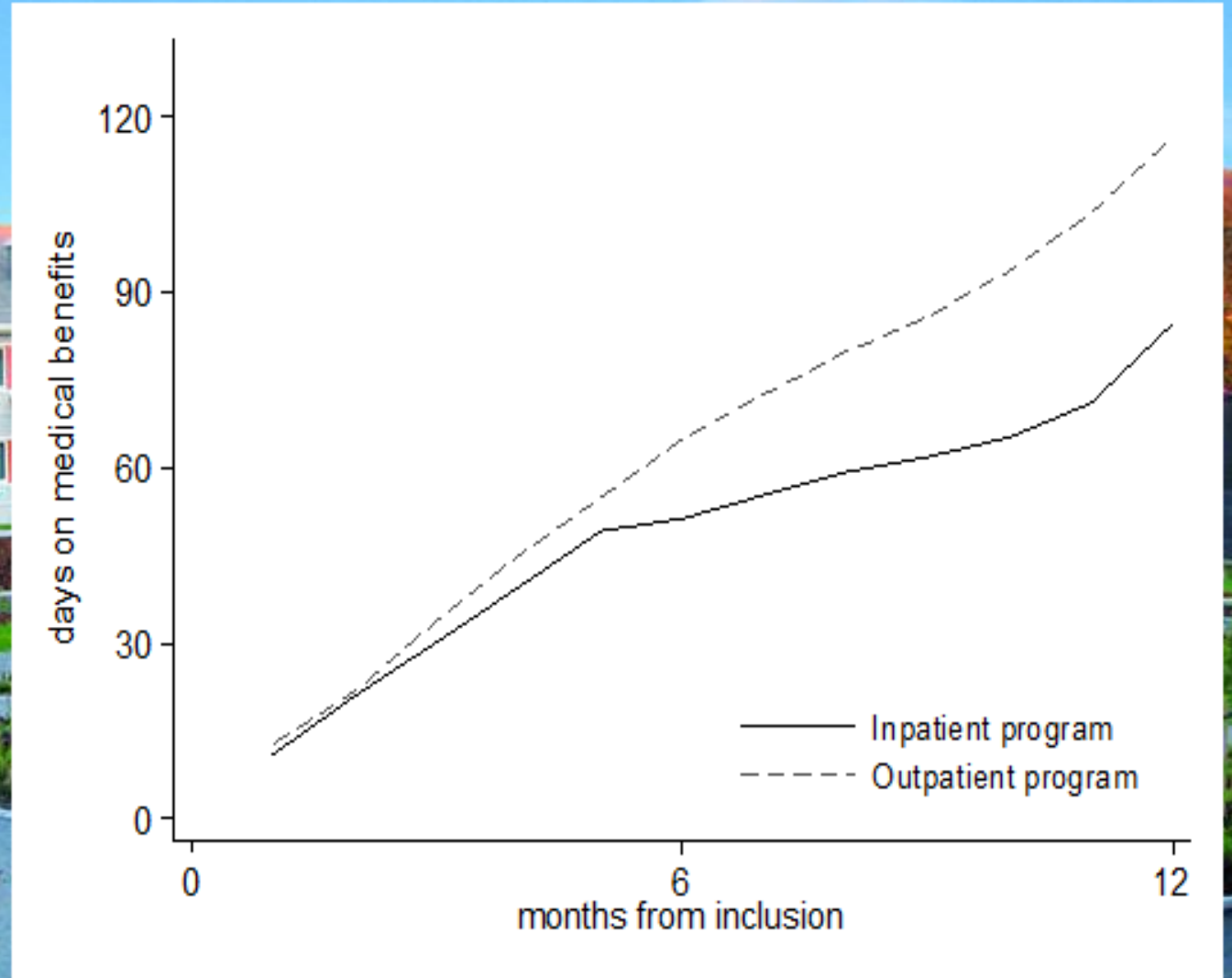
**Methods.** Participants sick-listed 2 to 6 weeks due to nonspecific LBP were randomized to workplace intervention (n = 90) or usual care (n = 100). Workplace intervention consisted of workplace assessment, work modifications, and case management involving all stakeholders. Participants still sick-listed at 8 weeks were randomized for graded activity (n = 50) or usual care (n = 57). Graded activity consisted of weekly 1-hour exercise sessions

**Conclusion.** Workplace intervention is advised for multidisciplinary rehabilitation of subacute LBP. Graded activity or combined intervention is not advised.

**Key words:** return to work, low back pain, effectiveness, graded activity, workplace intervention. *Spine* 2007; 32:291–298

Low back pain (LBP) is the most common and expensive musculoskeletal disorder in industrialized countries.<sup>1</sup> The 12-month prevalence in the general population has been estimated at 44%.<sup>2</sup> LBP is frequently associated with persistent or recurrent disability and absence from work.<sup>3</sup> High costs are mainly due to sick leave and disability.<sup>4</sup> Almost one fourth of workers with LBP re-

# Hysnes Helsefort



## STUDY DESCRIPTION

### RCT

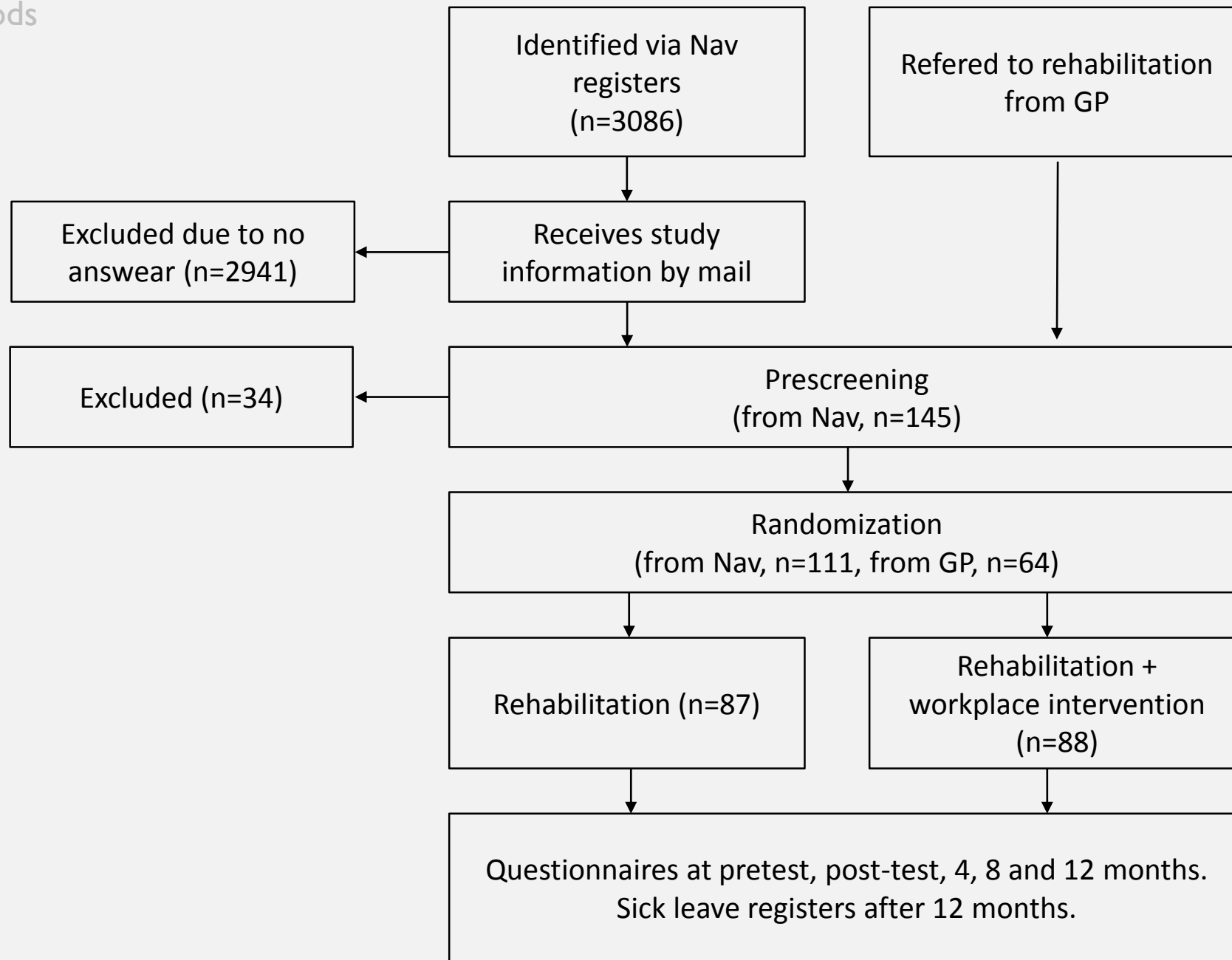
Participants recruited from both nav and general practionaire

18-60 years old workers from Trøndelag

At least 50% sick listed for 2-12 months

Employed in at least 20 %

# Methods

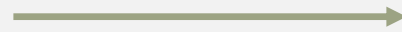


OCCUPATIONAL  
REHABILITATION

OCCUPATIONAL  
REHABILITATION  
+  
WORKPLACE  
INTERVENTION

WORKPLACE  
INTERVENTION

First two weeks



During home week

Last week

Group meeting

Individual preparation

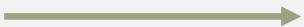


WORKPLACE INTERVENTION

First two weeks

Home week

Last week



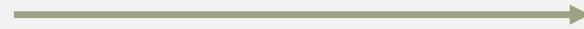
Workplace meeting

WORKPLACE  
INTERVENTION

First two weeks

During home week

Last week



Report from the meeting

# OUTCOMES

12 months follow up

Sick leave days

Time until sustainable return to work  
- 4 weeks without sick leave

Nav registry  
data

**PARTICIPANTS**

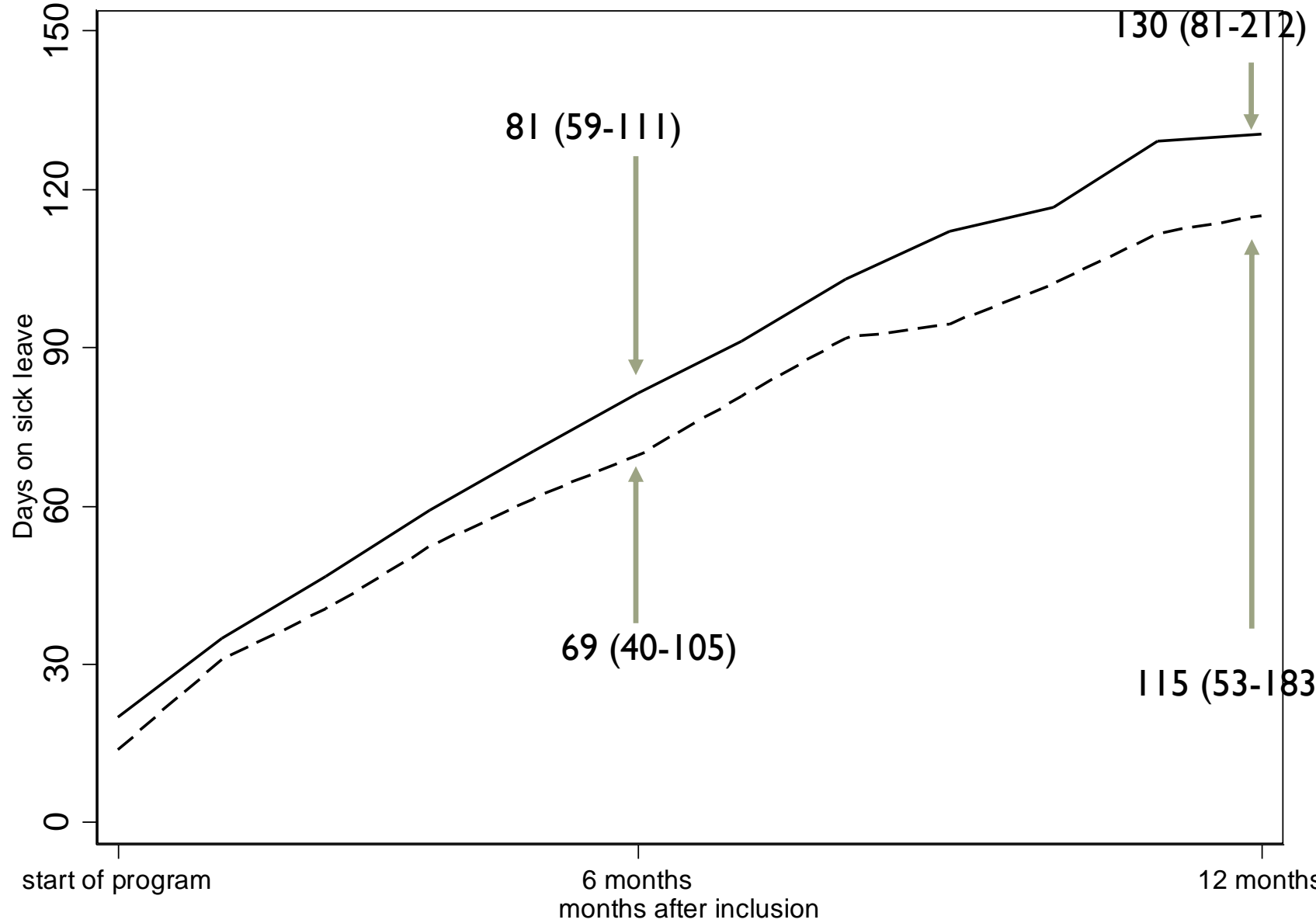
N	175
Age mean (SD)	46 years (9)
Female	69 %
Higher education	55 %
Diagnosis	
A	13 %
L	44 %
P	43 %
Length of sick leave at inclusion median (IQR)	184 (139-255)
Workstatus	
Full	71 %
part time	28 %
Partly on disability benefit	1 %

— With added workplace intervention    - - - - - standard occupational rehabilitation

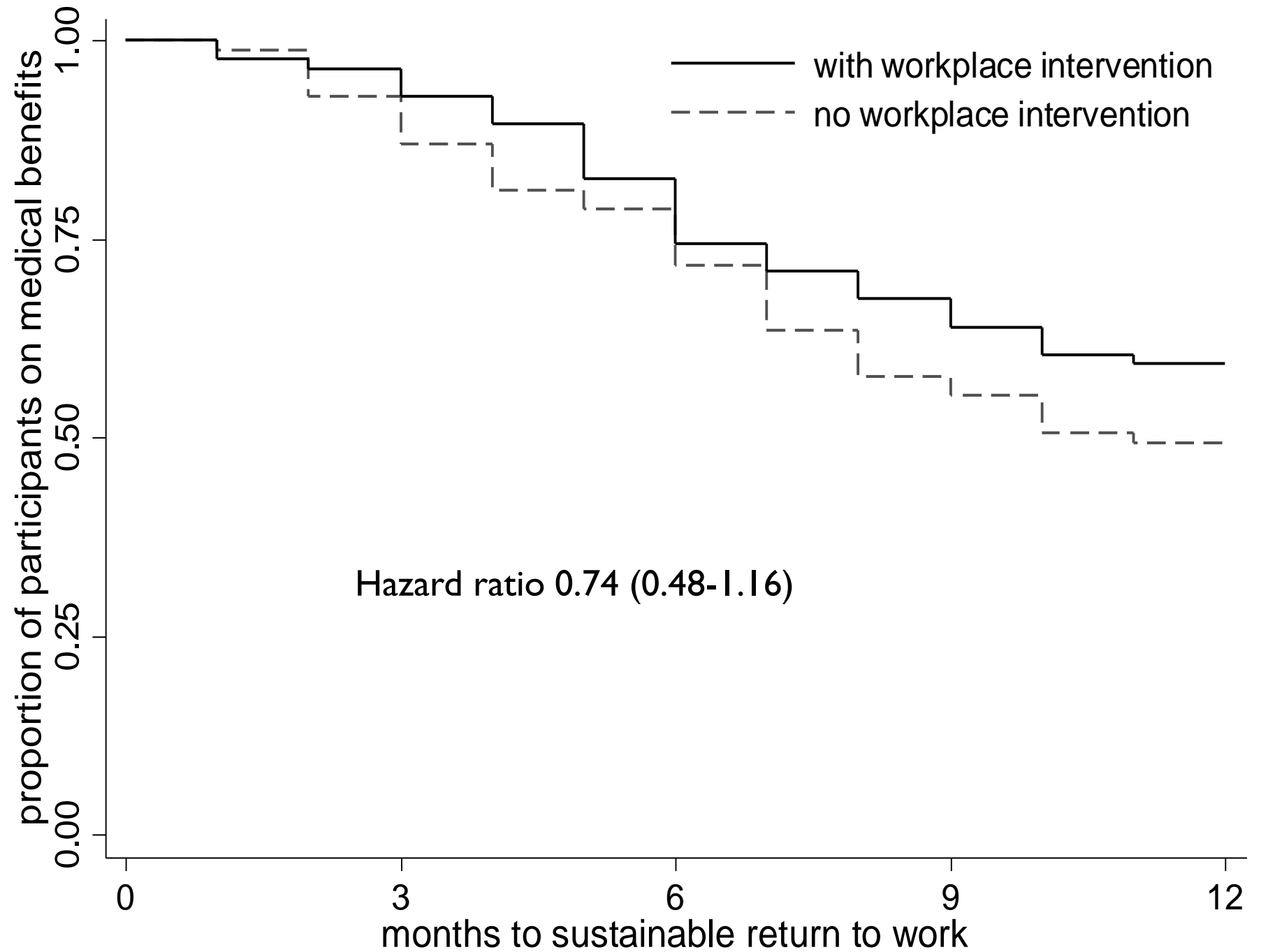
Days on sick leave  
median (IQR)

Between groups difference:  
6 months – 12 days  
12 months – 15 days

Not statistical sign. differences



# Time until sustainable RTW



# CONCLUSION

No difference between groups  
Estimates indicates slower RTW for workplace intervention group

## Reflections

Long sick leave before inclusion (median 184 days)

Bad timing for a workplace meeting?

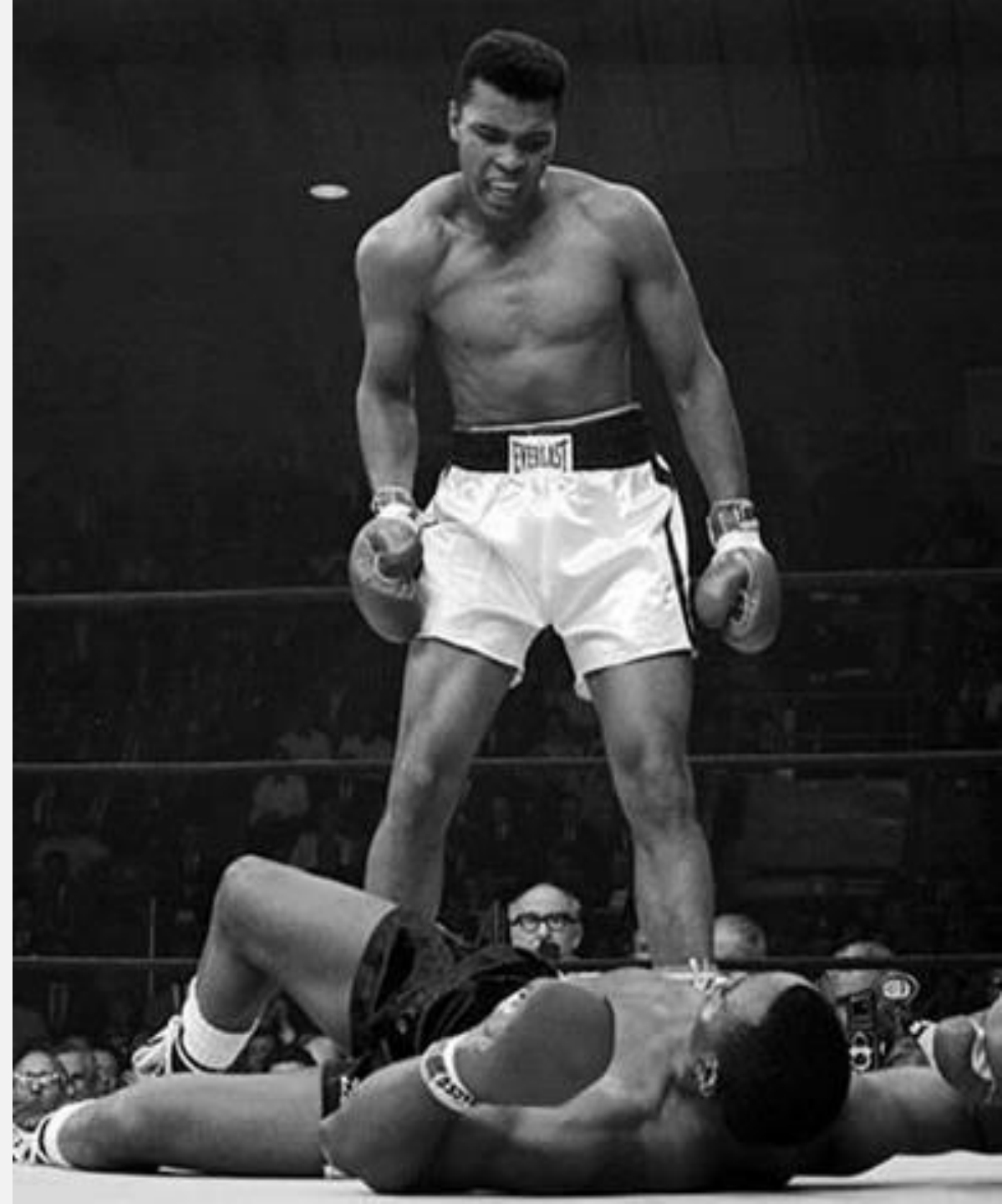
Does a workplace meeting work best at an earlier phase?

Maybe not everybody gain from a workplace meeting?

A small intervention added to an effectful intervention

Does the meeting confuse?

To early exposure to demands?



# MEDARBEIDERE I STUDIEN





THANK YOU !

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