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FACTS

European Agency for Safety and Health at Work

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Work – related musculoskeletal disorders: Back to work A summary

Introduction

Musculoskeletal disorders (MSDs) are the most common work-related health problem in Europe. In the EU-27, a quarter of workers complain of backache and almost a quarter report muscular pain. (1) MSDs are a major concern: they affect the health of individual workers, and add to the business and social costs of European companies and countries. (2) MSDs disrupt work, cut productivity and can lead to sickness absence and chronic occupational disability.

Tackling MSDs means taking action in the workplace. First, there are preventative steps that have to be taken. But for workers who already have MSDs, the challenge is to maintain their employability, keep them working and, if necessary, reintegrate them into the workplace.

This fact sheet highlights the key findings of the European Agency for Safety and Health at Work's 'Back to Work' report, which focuses on the retention, reintegration and rehabilitation of workers with MSDs. It comes in two parts: a literature review on the effectiveness of work-related interventions, and an overview of policy initiatives in Europe and at the international level. A further report by the Agency, 'Work-related MSDs: prevention', examines preventative action. There is no cut-off point between prevention and rehabilitation; the two reports are complementary.

Evidence on interventions

In evaluating the effectiveness of work-related interventions which aim to help people return to work, the scientific literature shows that there are differences between pain affecting the back, upper limbs and lower limbs. The main findings are shown in the box below.

Effectiveness of work-related interventions

Back pain:

- there is clear evidence that patients should stay active and return to ordinary activities as early as possible;
- a combination of optimal clinical management, a rehabilitation programme and workplace interventions is more effective than single elements alone;
- taking a multidisciplinary approach offers the most promising results, but the cost-effectiveness of these treatments needs to be examined;

- temporarily modified work is an effective return-to-work intervention, if it is used in conjunction with good occupational management;
- some evidence supports the effectiveness of exercise therapy, back schools and behavioural treatment;
- lumbar supports (back belts) appear to be ineffective in secondary prevention.

Upper limb pain:

- a multidisciplinary approach including a cognitive-behavioural component may be the most effective type of intervention;
- there is limited evidence as to the effectiveness of some technical or mechanical interventions and exercise therapy;
- in the scientific literature, there is insufficient evidence to assess the effectiveness of psychosocial interventions.

Lower limb pain:

- no information on the work-related intervention strategies has been found;
- the results of studies concerning lower limb treatment in general indicate that exercise programmes may be effective for hip and knee problems.

Although many studies have been carried out, the evidence for the effectiveness of interventions is somewhat limited. In particular, this is the case with addressing upper limb symptoms. A possible explanation for this lack of success is that the quality criteria used in scientific reviews may not be applicable to often-complex workplace interventions. Therefore, studies of successful interventions may not be included in a scientific review, or they may be considered too low in quality. In spite of the lack of strong scientific evidence, anecdotally many of the workplace interventions listed above are reported to be effective. **The evaluation of workplace interventions should probably adopt different criteria on which to base evidence.** These criteria are currently lacking, but **policy-makers and employers should not be discouraged from carrying out preventive action simply because there is no 100 % scientific proof** that it will work. Moreover, secondary and tertiary prevention should go hand in hand with primary prevention, in order to prevent the recurrence of MSD episodes.

(1) European Foundation for the Improvement of Living and Working Conditions. 4th European Working Conditions Survey, 2007. Available at: <http://www.eurofound.eu.int/ewco/surveys/EWCS2005/index.htm>

(2) European Agency for Safety and Health at Work. Thematic report on MSDs, 2007. In publication.

Policy initiatives

The policy overview gathered information from European and international sources, including national legislation, guidelines, recommendations, action plans, initiatives and programmes from Member States. A number of tentative conclusions can be drawn:

- most of the Member States' policies that were examined focus on integrating people with disabilities who are not currently employed into the workforce, rather than retaining, reintegrating and rehabilitating workers who have developed MSDs at work. There should be increased awareness regarding the needs of this target group;
- a number of countries have policies that cover the reintegration and rehabilitation of workers after illness or accident. Variations between these countries are large. Examples of the advantages and disadvantages of the existing policies are given below:



Physiotherapy

Advantages	Disadvantages
Emphasis on early recognition of problems and avoidance of long-term incapacity, including returning people with MSDs to work as quickly as possible.	Reintegration and rehabilitation are often offered only to workers who have suffered occupational accidents or have recognised occupational diseases. Providing help only to the severely disabled tends to exclude individuals with less severe MSDs, many of whom could return to work after being given a little help or offered simple adjustments to their jobs.
Provision of comprehensive care, including medical, occupational and social rehabilitation. Multidisciplinary approach – enhanced collaboration between the treating physician, occupational physician and the insurance fund's medical advisor. This would facilitate better case management and earlier return to work of employees with MSDs.	The Bismarckian social health insurance system (the 'dual system') that exists in many Member States strictly separates work and social insurance, which is not compatible with offering integrated counselling and help to workers with health problems.
Introduction of financial incentives for employers, such as funding for work adaptations and improving workplace conditions, or an obligation to pay employees a wage during their sickness, hence stimulating the employer to provide occupational rehabilitation in order to facilitate the employee's early return to work.	In countries with adversarial legal systems, employers may be reluctant to reintegrate an employee for fear of aggravating a musculoskeletal condition. Similarly employees may be reluctant to return to work in case it reduces any compensation for personal injury.

- Due to the high economic and social burden associated with long-term sickness absence, modifications (with subsequent evaluation of success factors) in the reintegration and rehabilitation systems may be appropriate. An example of a German initiative is given in the box below.

With the aim of tackling the growing problem of MSDs, **the German government** has begun to transfer obligations regarding the participation of people with disabilities in work from the state and/or social insurance to employers. The focus now is on early recognition and avoidance of long-term incapacity at work. If an employee is unfit for work for more than six weeks within a year, a meeting between the employer and the member of staff must initially be convened in consultation with the works council,

in order for constructive and integrative solutions to be reached with the insurers at a subsequent stage. Disability managers support employers in their new role as 'early-warning systems'.

A special focus on rehabilitation and reintegration of workers is also part of the new Community strategy 2007-12 on health and safety at work. This may give the Member States a new impetus in addressing the issue.

More information on MSDs is available at:
<http://osha.europa.eu/topics/msds>

More information on MSDs in Ireland, Malta and United Kingdom is available at: www.hsa.ie, www.ohsa.org.mt and www.hse.gov.uk/msd/index.htm

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