

Despite guidelines to the contrary, practitioners recommend time off for low back pain

December 14 2011

Guidelines for clinical management of patients with low back pain (LBP) encourage health care practitioners to advise staying active and returning to work. Despite this, most practitioners believe work factors can cause or exacerbate LBP, and a recommendation for a "short break from work" to allow healing is common. A new study in the December issue of *Pain* by researchers from the Department of Psychology, Royal Holloway, University of London finds that practitioners perceive their role in returning patients to work as limited, and believe that at least some aspects of work are detrimental to patients' recovery.

"Low back pain is consistently among the top most costly health problems. Back pain has been identified as the second main cause of [absenteeism](#) in the UK. Our findings suggest that, despite guidelines that encourage maintaining people at work during episodes of back pain, many clinicians hold a range of beliefs that contradict this advice, and these beliefs can influence their [clinical decisions](#) and behaviors," explains lead author Professor Tamar Pincus, PhD.

Researchers measured work-related behaviors and beliefs related to low back pain among osteopaths, physiotherapists, and chiropractors across the UK. After [general practitioners](#), these three groups most commonly treat LBP in the UK. The authors measured how frequently these practitioners visited a patient's workplace, provided [sick leave](#) certificates, recommended a break from work for recovery, and

prescribed exercises that could be incorporated into the patient's work routine. The Attitudes to Back Pain Scale for musculoskeletal practitioners was included to explore the relationship between general beliefs about back pain and work-related behaviors, such as whether the practitioner limits the number of sessions for the treatment of [low back pain](#), and believes that increasing mobility should be a goal of treatment. Finally, the authors examined practitioners' beliefs about: the benefit vs. threat of work to health in general and back pain in particular; the work-related roles of musculoskeletal practitioners; the need for patients to take a short break to recover from LBP; and practitioners' perception of employers' willingness to help patients with LBP.

Advising patients to take work absence was extremely common. Eighty percent of respondents reported recommending work absence to patients with LBP sometimes, and an additional 13% reported that they do so often or always. While 70% of practitioners never visited the workplace to advise and prescribe ergonomic changes, investigators found that a common practice was the prescription of exercises that could be incorporated into the work routine, with 83% reporting that they do so always or often. Although it was common to recommend a short break from work, less than 2% of respondents prescribed sick leave certification for LBP often or always.

Physiotherapists, who in the UK are employed by the National Health Service, more strongly endorsed the benefits of work to aid in recovery from LBP than either osteopaths or chiropractors, who typically work in the private sector. Physiotherapists also agreed significantly less with the notion that work can either cause or exacerbate [pain](#), and they tended to endorse limiting the number of treatment sessions for LBP.

Reports of visiting the workplace directly and contacting employers to allow for coordinated action to support people staying at work during LBP were extremely low in this study. "Integrated care at work has

shown promising results in earlier clinical trials. If return to work is beneficial to [patients](#) and is a primary goal for cost savings, bringing these practitioners on board and altering their perceptions of the individual-employer-clinician triad is important," says Dr. Pincus.

More information: The article is "Advising people with back pain to take time off from work: A survey examining the role of private musculoskeletal practitioners in the UK," by T. Pincus, L. Greenwood, and E. McHarg ([DOI: 10.1016/j.pain.2011.09.010](https://doi.org/10.1016/j.pain.2011.09.010)). It appears in *Pain*, Volume 152, Issue 12 (December 2011)

Provided by Elsevier

Citation: Despite guidelines to the contrary, practitioners recommend time off for low back pain (2011, December 14) retrieved 24 April 2024 from <https://medicalxpress.com/news/2011-12-guidelines-contrary-practitioners-pain.html>

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