



University of HUDDERSFIELD

University of Huddersfield Repository

Burton, A. Kim

Managing musculoskeletal problems

Original Citation

Burton, A. Kim (2009) Managing musculoskeletal problems. *The BackCare Journal*, Winter. pp. 20-22.

This version is available at <http://eprints.hud.ac.uk/9604/>

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: E.mailbox@hud.ac.uk.

<http://eprints.hud.ac.uk/>

Managing Musculoskeletal Problems

Kim Burton

2009/10

A new evidence-based guide on musculoskeletal problems has been published with sponsorship from BackCare. Intended for both the workplace and the clinic, it describes how to manage musculoskeletal problems effectively by addressing psychosocial obstacles taking account of biological and biomechanical factors (Kendall et al 2009).

We know that most people experience musculoskeletal problems some time during their lifetime, and this has considerable impact on individuals and their families. These problems are often a challenge to health professionals and are costly to industry, insurers and funders, the economy, and our societies. Most are either a minor injury or occur spontaneously, so people should recover: fortunately they generally do and the experience is temporary. The trouble is that some people develop persistent pain and have substantial difficulty getting on with their lives.

When people fail to recover and return to activity and work in a timely way it is mainly because *psychosocial* obstacles impede progress, not because there is more serious injury or disease (Burton et al 2009). Long-term inactivity and time off work are detrimental to health and well being, so helping people to stay active or working should always be an imperative (Waddell & Burton, 2006). The best way to tackle musculoskeletal problems is to identify obstacles and develop a plan to deal with them, sooner rather than later. Overcoming obstacles needs action from the key players, including the person themselves.

In 1997, Kendall et al described an innovative approach to identifying and managing psychosocial factors in low back pain (Kendall et al 1997). They coined the term 'Yellow Flags' as an easily understood analogy to the widely adopted 'Red Flags'. This development created something of a sea change in the way common musculoskeletal problems such as low back pain were conceptualised and managed. Traditionally, the treatment of low back pain had been primarily biomedical or biomechanical in emphasis, but longitudinal studies consistently demonstrated the importance of psychosocial factors in the development of persistent or chronic problems (Shaw et al 2009). Widespread adoption of the Yellow Flags approach subsequently occurred. This innovative framework led to the conceptual development of Blue Flags to describe factors involving the workplace, and Black Flags to describe the context in which the person with the musculoskeletal problem functions - including relevant people, systems and policies (Main et al 2008).

Flags are not a diagnosis, and should not be used to label people - using Flags pejoratively defeats their whole purpose. Identifying Flags complements the diagnosis: their relevance is as contributors to the persistence of the problem.

A practical way to think of Flags is as 'obstacles'. Those that are modifiable can be overcome or got around. This perspective stresses 'ability' rather than 'disability', and shifts the emphasis to actions that facilitate recovery and return to participation. In this sense, obstacles can be transformed into opportunities. People usually need help to overcome or navigate round obstacles. This is where Flags come in – they point to the obstacles in need of action. Problem-solving approaches by the key players working together are often the most useful fruitful.

Insert Text Box 1 about here

The identification of relevant obstacles that delay recovery and return to activity and work is now divided into three types:

- Yellow Flags are about the **person** – they are largely psychosocial factors associated with unfavourable clinical outcomes and the transition to persistent pain and disability.
- Blue Flags are about the **workplace** – they stem largely from perceptions about the relationship between work and health, and are associated with reduced ability to work and prolonged absence.
- Black Flags are about the **context** in which the person functions, and include relevant people, systems and policies. These may operate at a societal level, or in the workplace. They are especially important since they may block the helpful actions of healthcare and the workplace. Contextual factors that cannot be changed need to be identified so that they can be navigated around. Black Flags indicate the potential need to involve relevant others and/or other professionals.

This framework is easily remembered with the phrase: “**Person, Workplace, Context**”. It places emphasis on appreciating how Flags contribute to creating an obstacle, and then working out how it can be overcome or bypassed.

The practical approach to using Flags is based on three key steps, recognising that looking for flags should be routine for all musculoskeletal problems.

1. Identify specific obstacles to recovery, activity and work.
2. Develop a plan to target these obstacles, coordinated among key players with the goal of restoring the person to activity and work.
3. Implement it efficiently so that each responsible player knows what actions to take and when.

This is easily remembered by the phrase: “**Identify** flags, develop a **Plan**, take **Action**”.

Identifying Flags

Flags are features of the person, their musculoskeletal problem, and how they interact with the world around them. They can be identified by asking questions or making observations. Flags occur in three main domains and these are colour coded for convenience:

Person Flags

Thoughts

- Catastrophising (focus on worst possible outcome, or interpretation that uncomfortable experiences are unbearable)
- Dysfunctional beliefs and expectations about pain, work and healthcare
- Negative expectation of recovery
- Preoccupation with health

Feelings

- Worry, distress, low mood (may or may not be diagnosable anxiety or depression)
- Fear of movement
- Uncertainty (about what’s happened, what’s to be done, and what the future holds)

Behaviours

- Extreme symptom report
- Passive coping strategies
- Serial ineffective therapy

Workplace Flags

Employee

- Fear of re-injury
- High physical job demand

- Low expectation of resuming work
- Low job satisfaction
- Low social support or social dysfunction in workplace
- Perception of high job demand/'stress'

Workplace

- Lack of job accommodations/modified work
- Lack of employer communication with employees

Context Flags

- Misunderstandings and disagreements between key players (e.g. employee and employer, or with healthcare).
- Financial and compensation problems.
- Process delays (e.g. due to mistakes, waiting lists, or claim acceptance).
- Overreactions to sensationalist media reports.
- Spouse or family member with negative expectations, fears or beliefs.
- Social isolation, social dysfunction.
- Unhelpful policies/procedures used by company

Multiple flags – psychosocial variables can have a cumulative effect - because the Flags interact, people often have multiple obstacles across domains – a Flag in one domain does not exclude one from another: rather it makes it more likely.

The presence of Flags indicates an increased likelihood of an unfavourable course of recovery with respect to level of function and productive activity. They do not necessarily indicate the presence, or severity, of persisting pain.

Developing a Plan

To make a difference all key players need to maintain a focus on activity and work. Helping people stay at/return to work depends on a combination of work-focused healthcare and an accommodating workplace. Both need to be coordinated. The imperative is to prevent development of negative psychosocial influences since these reduce the person's ability and willingness to participate in productive activity. Respond promptly when there is a lack of progress.

Communication and combining information is key to developing a successful Plan to overcome obstacles. The use of written confidentiality waivers is recommended to facilitate this process. Key players *combine information* to identify the important obstacles for *this* person, in *this* workplace, in *this* context.

The key principles for developing a plan are to tackle specific obstacles using specific actions. Each action needs to have an agreed timeframe, and be assigned to a responsible player. All players should emphasise ability, not disability. Someone should be assigned responsibility to

- All players
 - agree common goals
 - ensure accommodating workplace
- Copy of plan to all players and person
- Provision for revising plan

Revising a Plan becomes necessary when there is a lack of progress, or a lower level of activity and not returning to work indicate the need to re-evaluate Flags and identify new or changing obstacles.

Taking Action

This requires a number of simple steps: appreciation of the problem; awareness of the nature of obstacles; familiarity with the means of identifying obstacles (the Flags); development of a plan of action to tackle the obstacles; and, implementation of the action plan by all key players.

The key actions in managing musculoskeletal problems are based on:

- ▶ Appropriate healthcare intervention to deal with biomedical issues
- ▶ Healthcare that supports, and does not hinder, early return to activity/work
- ▶ Communication between the players to make it happen on time
- ▶ Workplace facilitation to ease the worker back to usual duties

But – these elements must be delivered simultaneously – they must be interwoven – they cannot be sequential.

The main principle of managing psychosocial factors effectively is that the intervention must address the identified Flags and obstacles, using both healthcare and the workplace. In practice these interventions address psychosocial factors, such as beliefs, fears, and avoidance behaviours. Psychosocial interventions such as problem-solving training and coping strategies can usefully supplement exercises and information/advice, and contribute to increasing activity. An accommodating workplace can be the key to work retention and early return to work. Furthermore, it is important to ensure (through communication) that all players know what actions are to be done, by whom, and when.

Progress in managing psychosocial factors is best evaluated using objective measures such as actual behaviours (e.g. hours at work, duration of sitting tolerance, return to usual job etc). It is best to avoid subjective approaches, such as 'how are you feeling?' - ask instead 'what have you been doing?'

The effective and efficient implementation of the psychosocial Flags framework also depends on clarity about timing, and who is responsible for what. A practical and innovative approach was devised, based on the evidence, which outlines expected timeframes (from the start of absence from work or the onset of symptoms) using a stepped approach. This matches input to need, so that the person receives 'only what's needed, when it's needed'.

Stepped Approach to Managing Musculoskeletal Problems	
< 2 weeks:	Provide support: <ul style="list-style-type: none">- Evidence-based advice- Myth busting- Symptom control
2-6 weeks:	Light intervention: <ul style="list-style-type: none">- Healthcare + workplace accommodation- Identify psychosocial obstacles- Develop plan for early return to activity and work
6-12 weeks	Shift up another gear: <ul style="list-style-type: none">- Check for ongoing obstacles- Expand vocational rehabilitation approach- Cease ineffective healthcare
> 12 weeks	Multidisciplinary approach: <ul style="list-style-type: none">- Revisit plan and goals- Move to cognitive behavioural approach- Maximise return to work/activity efforts by all players
> 26 weeks:	Move to social solutions: <ul style="list-style-type: none">- Provide signposting + community support- All players maintain communication- Avoid unnecessary medical intervention

References

- Burton, A. K., Kendall, N. A., Pearce, B. G., Birrell, L. N., & Bainbridge, L. C. (2009). Management of work-relevant upper limb disorders: a review. *Occup Med (Lond)*, 59(1), 44-52.
- Kendall, N. A. S., Burton, A. K., Main, C. J., & Watson, P. J. (2009). *Tackling Musculoskeletal Problems – A guide for clinic and workplace: identifying obstacles using the psychosocial flags framework*. www.tsoshop.co.uk/flags. London: TSO.
- Kendall, N. A. S., Linton, S. J., & Main, C. J. (1997). *Guide to Assessing Psychosocial Yellow Flags in Acute Low Back Pain: Risk Factors for Long-Term Disability and Work Loss*. Wellington, New Zealand: Accident Rehabilitation & Compensation Insurance Corporation of New Zealand, and the National Health Committee, Ministry of Health.
- Main, C. J., Sullivan, M. J. L., & Watson, P. J. (2008). *Pain Management: Practical applications of the biopsychosocial perspective in clinical and occupational settings. Second Edition*. Edinburgh: Churchill Livingstone.
- Shaw, W. S., van der Windt, D. A., Main, C. J., Loisel, P., & Linton, S. J. (2009). Early patient screening and intervention to address individual-level occupational factors ("blue flags") in back disability. *J Occup Rehabil*, 19(1), 64-80.
- Waddell, G., & Burton, A. K. (2006). *Is Work Good for Your Health and Well-Being?* London: TSO.