Rehabilitation

M Feuerstein et al. J Occup Rehabil (2006) Vol. 16 p 401 – 409
Secondary prevention of work-related upper extremity disorders: recommendations from the Annapolis conference

Although hampered by a lack of evidence on effective secondary prevention, the conference concluded that a team approach to retention and rehabilitation was theoretically justifiable. This response seems to reinforce the idea of maintaining professional boundaries; the current evidence is that case managers are better at enabling rehabilitation than are teams of delineated professionals.

In the absence of evidence-based interventions which demonstrably protect against upper limb injury or adverse symptoms except in extreme exposure situations, the researchers here attempt to define effective secondary prevention measures. Retention and return to work both require measures to counteract the variety of ill informed responses that often accompany upper limb symptoms e.g. ignoring the problem, avoiding exposure, presuming a causal link…

The authors here propose that classic ergonomic interventions might work better if accompanied by adjustments to workplace stress factors. There is a clear statement of belief that psychology has an effect on physiology. There is also a proposal that the apparent failure of ergonomic interventions could be due to the highly dynamic nature of work organisation and circumstances i.e. it would not be surprising to find that an intervention failed if the system of work it was designed to meet was changed a week later.

Rehabilitation and retention measures should at least acknowledge individual differences. There is speculation that gender, weight and race have an effect on recovery. For example it is proposed that women take longer to recover from stress than do men. Women experience upper limb pain more often. Overweight employees may not recover as quickly.

There is an extensive discussion of the need to adopt a team approach to overcoming barriers to retention and rehabilitation. Insurers are identified as key players in this effort.

Comment
Attendees at the Annapolis conference were attempting to define an intervention strategy for retention and rehabilitation for workers with upper limb symptoms. Ergonomic interventions have been shown to prevent injury in extreme exposure situations e.g. vibratory tools but the biggest problem is in dealing with less physically strenuous jobs. Evidence in support of any one strategy is very unsatisfactory. Delegates agreed that a team approach to these problems was worth a try and that efforts should be made to research this.

The conference took place in 2005. The evidence base may not have been as well known then as it is now.