

# Addressing Back Injuries

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## Abstract

Occupational back injuries make up nearly a third of all workers' compensation claims payments. Even with advances in medicine and physical therapy, addressing back injuries has remained a major workers' compensation issue, as well as a budgetary headache for risk managers trying to control costs. **Studies have shown that education alone reduces incidence and recurrence of low back injury in the workplace.** Self-care and responsibility in management of the injury is a critical step in the employee's returning to work, or even more importantly, remaining at work.

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Occupational back injuries make up nearly a third of all workers' compensation claims payments, annually accounting for nearly 12 million lost work days and some 400,000 long-term disability claims. Half of all first-time claimants are re-injured within one year of their initial injury, and those who remain on the job with back pain still lose an average of over five hours per week in productivity. Small wonder, then, that even with advances in medicine and physical therapy, addressing back injuries has remained a major workers' compensation issue, as well as a budgetary headache for risk managers trying to control costs.

Industry has so far failed to address cost by creating a viable prevention program. Corporations have tried support belts, back classes, strengthening techniques and even ergonomic intervention. None have been able to reduce industrial low back pain and injury on any grand scale, however. As a result, there is a prevailing attitude that back problems are simply not preventable.

The truth is, most prevention programs fail due to a lack of worker compliance, poor coordination between upper management and operational management, and the utilization of methods (e.g., back belts) that have never stood up to scientific scrutiny. For a prevention program to succeed, they need to incorporate some fundamental principles, such as being easy to implement, emphasizing employee education and self-reliance, and employing simple mechanical strategies to reduce the primary cause of lumbar injury, rather than trying to change a worker's natural movement or lifting strategies. (Teaching proper lifting technique works well in clinical settings but rarely carries over into real-life situations.) Prevention programs should also educate operational management and administrative staffs about proper implementation and training. They need to assure employees that back pain is common and usually not a serious event, thereby reducing fear of injury-injured employees who worry they will never work again often seek total disability. And, programs should address at-home activity as well as at-work behaviours. Employees are two or three times as likely to hurt their backs at home than at work, but the impact on their productivity remains the same.

When back injuries occur, proven clinical interventions improve recovery and lower costs. They not only reduce the cost of the first claim through a decrease in utilization of services, but they also address the recurrence of lumbar injury, which otherwise occurs in 60% of back injury patients within the first year.

Most medical treatment of back injuries, however, relies on expensive and potentially misleading diagnostic imaging, often followed by surgery and long-term physical therapy and/or chiropractic care. This approach represents a no-win for risk managers, especially because it does not address the complex interaction between psychosocial issues and biomechanical dysfunction. In contrast,

however, some clinics espouse minimal physical intervention and focus instead of reducing patients' fear while changing their behaviours and attitude.

Studies have shown that education alone reduces incidence and recurrence of low back injury in the workplace. Self-care and responsibility in management of the injury is a critical step in the employee's returning to work, or even more importantly, remaining at work. While these may sound like new concepts, they have been discussed in scientific circles for years and proven effective in many studies.

In one such clinic, reviewing the data of more than 10,000 patients in a seven-year study recently demonstrated an average of 5.26 visits per case, at an average cost of \$423 per case. The outcome study shows an average of 80% improvement in pain level, 50% improved function and an overall satisfaction rate of 96%. It also demonstrates the success that can occur when good clinical practice and outcome-driven approaches are applied to lumbar injury.

Employers need to seek out these model programs and begin using them as the standard of care in the treatment and management of musculoskeletal claims. The impact would be substantial and immediately recognizable. The resulting financial impact to industry then, in terms of direct and indirect costs, warrants a look by the risk management profession.

**Author Affiliation**

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