Understanding the chiropractic experience in successful return-to-work

Work-related musculoskeletal disorders (WMSDs) are the leading cause of work-related disability in Canada. These disorders are typically characterized by pain which is often serious enough to limit usual activities. Musculoskeletal (MSK) disorders of the back, neck and upper extremity currently account for more than one-half of all claims to the Ontario Workplace Safety & Insurance Board (WSIB). Many people suffering an MSK disorder will seek help from a health-care practitioner and this practitioner may be a chiropractor. The patient making this choice is, in all likelihood, acting on personal preference, although numerous studies support the effectiveness of spinal manipulation for symptom control in the treatment of patients with acute mechanical back pain.

Yet, there are those within the chiropractic community who believe chiropractic practice remains largely outside the clinical interventions routinely used to treat injured workers and that chiropractors are less likely to be part of a multidisciplinary team or have patients referred to them by family physicians.

These were some of the insights gained by Institute Associate Scientist Dr. Pierre Côté, DC, and his team, which included two medical doctors (Drs. Annalee Yassi and John Frank), an anthropologist (Judy Clarke), and a sociologist (Susane Deguire), in a study to improve understanding of the chiropractic experience in returning injured workers to work. The research team was interested in documenting the views of chiropractors on the most appropriate time to return workers with WMSDs to work; understanding the specific treatment approaches used by chiropractors; and, documenting the chiropractors’ perspectives on the barriers and facilitators of successful return-to-work.

To explore these issues, a qualitative design was used. Focus groups of chiropractors were conducted in three Canadian provinces (Manitoba, Ontario, and Quebec), each with distinct workers’ compensation legislation. The chiropractors who were invited to participate were selected based on their practice location (major urban centres of each province, such as Toronto, Winnipeg and Montréal) and a high volume of cases involving injured workers (Manitoba and Ontario) or nomination by peers (Quebec). Thirty chiropractors participated in the study.
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Focus groups of chiropractors were conducted in three Canadian provinces

The institute for Work & Health is an independent, not-for-profit organization whose mission is to research and promote new ways to prevent workplace disability, improve treatment, and optimize recovery and safe return-to-work.

This discussion focused on three major themes: diagnosis and treatment, patient-centered care, and contact with the workplace.

The chiropractors identified their diagnostic and therapeutic skills as the cornerstone of their management of MSK problems. Manipulation in particular was singled out by the focus groups as an effective tool for pain management that contributed to faster return-to-work. However, the participants expressed a conviction about the importance of building a therapeutic relationship with patients. This relationship must rest on good communication, trust and, where appropriate, advocacy. Simply put, these clinicians reported they value working with injured workers with musculoskeletal problems, a circumstance they believe is not always shared by other clinicians.

The chiropractors in the focus groups noted the importance of a good rapport and positive communications with their patients to reduce fear, provide reassurance about the natural course of soft-tissue injury, and to encourage them to remain active. Consultation with the workplace was seen as a goal but one often thwarted by lack of employer cooperation, and devaluation of the chiropractic role. This was not always the case; however, and several participants described good relationships with local employers who took an active role in planning return-to-work. The focus group members also stressed the importance of early (but safe) return-to-work, estimating that most patients with low-back pain who undergo treatment return by the fifth or sixth week after onset.
Barriers & Facilitators in Return-to-Work

The chiropractors’ experience with what helped and hindered return-to-work was considered at four levels: worker, workplace, rehabilitation and payer.

Worker

At the worker level, “motivation to return-to-work” was linked to the worker’s job satisfaction and their relationships with supervisors and co-workers. Fear also plays a role, particularly fear of re-injury, chronicity and job loss. These signals served the chiropractors as both prognostic indicators and prompts to adapt treatment to emphasize reassurance, education and self reliance.

Rehabilitation

In terms of rehabilitation, the focus group participants once again stressed a strong belief that the chiropractic expertise in diagnosis and treatment of MSK conditions is of great value in returning injured workers to work. They emphasized that their approach to a patient with a MSK disorder was one of confidence and enthusiasm. Participants also indicated that they felt their relationship with the medical community was not optimal and that this impacts on communications, referrals and the multidisciplinary collaboration that they feel would lead to optimal care for injured workers.

Payer

In discussing the barriers and facilitators related to the payer, the participants detailed problems related to “bureaucratic” demands such as multiple forms, poor communication, delays and frequent changes of staff within compensation payer structures. The chiropractors feel they are not perceived positively by compensation personnel. In addition, the tendency in compensation systems to award medical doctors the “gate-keeper” function contributed to the participants’ reported sense of isolation and frustration. Overall, the chiropractors saw their profession as underrepresented within the decision-making bodies and review panels within compensation boards.

Workplace

At the workplace level, the strongest consensus among the chiropractors was the importance of job accommodation for the worker in the early return-to-work stage. However, there was acknowledgment that this was not always an easy task, particularly for smaller employers. The chiropractors stressed that a positive work environment positively affected return-to-work, while the reverse was true in negative work environments.

Conclusion

This study allowed for an exploration of the views of selected chiropractors who treat injured workers in three provinces. The views of the focus group participants show that in treating low-back pain, chiropractic care is often aligned with well-established evidence – the provision of education, reassurance and encouragement to remain active, as well as the use of manipulation to control pain. The chiropractors said that the confidence they felt in their ability to help sufferers and their enthusiasm for the patient group gave them an advantage in treating injured workers and returning them to work.

The chiropractors also indicated that perceptions and relationships in the medical community, with the compensation system, and employers may prevent them from playing a role of collaborator and communicator that might further enhance return-to-work for injured workers.

This study has contributed information that helps to better understand chiropractors’ views on return-to-work. Although the qualitative information is useful to generate a research hypothesis, Dr. Côté cautions that it cannot be used to make general inferences about chiropractic given the study design. Patients will no doubt continue to seek care from chiropractors and others. The question of whether better communication and understanding among chiropractors, medical doctors, employers and workers’ compensation boards would improve the recovery of workers with musculoskeletal injuries warrants further investigation.

Reference

The Institute's *Infocus* pieces highlight specific issues or research findings as they relate to our stakeholders.

Below is a list of previous editions of *Infocus*. They can be downloaded from the Institute's web site (www.iwh.on.ca). Go to the publications page and click on At Work and *Infocus* Newsletter Index.

**October, 2001**


**June, 2001**

*The Changing World of Health Care*. Health-care workers are working in an organizational and work environment that is in a state of rapid change. The health of workers in the health sector has been affected by this change. Increases in the intensity and volume of physical work, together with increases in social and psychological demands, are having a detrimental effect on their health.

**April, 2001**


**February, 2001**

*Putting Research to Work*. The challenge of effectively disseminating the knowledge of a research organization to groups that can make use of the information is receiving increased attention from both research organizations and their funders.

**November, 1999**

*Research Suggests Multiple Reasons for Health-Care Worker Injuries*. The occupational health of workers in health-care professions has traditionally been understudied. However, current research is bringing to light a number of factors, aside from the biomechanical (physical) ones, that appear to affect this group's health.