

A stylized, light beige silhouette of a human torso, showing the neck, shoulders, and back, positioned on the left side of the page.

# Managing musculoskeletal pain

Briefing pack for managers and team leaders  
September 2018

## What?

This briefing pack summarises the current best evidence about managing musculoskeletal (MSK) pain. This evidence falls broadly within three themes: prevention, reducing impact and supporting return to work.

It is designed to introduce the most up-to-date evidence and novel approaches to managing MSK pain in a way that helps you apply it within your teams.

## Why?

Reducing MSK issues in our Trust is really important:



The cost to the Trust of MSK absence was about £430,000 over the last 12 months in sick pay alone. MSK problems are our second biggest cause of absence. Long term absences account for the biggest cost, but recurrent issues are a problem too. Of course, some MSK problems are unavoidable. It is therefore key to look at ways to reduce the impact of these problems when they do happen.



There is also the cost to teams to consider. Colleagues being off work, or in work but unable to do their usual duties, can have big knock-on effects. This might be in financial terms, i.e. the cost of bank staff, or it could be a clinical cost, where continuity of care is affected. There are also the effects on the rest of the team to consider. Workloads may increase causing stress and long-term projects may have to take a back seat.



The cost to the individual is really important too. It's not nice being in pain and not able to do the things important to you. Evidence shows the longer someone with a back problem is off work, the less likely it is they will return.

It is accepted that pain is affected by lots of different factors. The most common way we in physiotherapy think of pain is a biopsychosocial model. That is, there are biological, psychological and social factors that all come together to make someone's pain experience. The balance between these factors will vary widely from person to person.

As a manager you are in a powerful position to have a positive impact on these biopsychosocial factors. On the other hand, your actions have the potential for far-reaching negative consequences such as long-term absence, recurrence of problems and a reduction in how well a person is able to manage their pain.

## How?

### Prevention



Inevitably many people will develop MSK issues at some point. However, evidence shows that by encouraging staff to increase their general physical activity, be active in the workplace and promoting good general health, the likelihood of some common MSK issues can be reduced.



If a colleague does develop an MSK problem there is lots you can consider to prevent it resulting in absence. Having a cooperative, constructive conversation to agree any simple, temporary adjustments at work is a quick and effective way of going about this. This is also a great time to signpost to the Occupational Health Physiotherapy service via self-referral or to make a management referral, especially if you've got any specific questions you'd like guidance on. [To make a management referral, complete the online management referral process here](#). For further queries, or for staff to self-refer, email [joseph.loftus@nhs.net](mailto:joseph.loftus@nhs.net) or call the Occupational Health Admin Team on 01924 316031.



Our Skype physio appointments are another easy way to access quick assessment and advice for you as a manager and for your member of staff which might help nip a problem in the bud.

### Reduce impact

Most people are well versed in identifying and addressing any physical factors at work which are causing or aggravating an MSK issue. Whether it's repeated movements/positions or being involved in physical restraint there are often common sense adjustments in the workplace that allow someone to recover and progress back to their usual function.

Research in recent years has shown that other things strongly affect how much impact MSK pain (especially back/neck pain) has on a person's work and functional ability too. Things like having really negative beliefs or a poor understanding of back pain can mean a person does not recover as well. Other things like stress, anxiety and depression, conflict in the workplace or other work issues, as well as family or personal issues, can also have a negative effect on pain and function.

**NHS**  
Leeds and York Partnership  
NHS Foundation Trust

### Back Pain: Fact vs Fiction

**Back Fiction:** "My back hurts, so it probably always will."

**Back Fact:** Although low back pain is common, only a small number of people develop long-term pain that affects their usual activity. Most low back pain is due to simple sprains or strains that can be very painful but heal well.

If low back pain persists there is growing evidence that it's due to the body part remaining sensitive and overprotected. This is often due to protective behaviours or movement, lifestyle, emotional influences and negative emotions about the consequences of back pain. The pain system can become sensitised and overprotects us. Managing persistent back pain well relies on addressing the contributing factors specific to you.

You might feel concerned that there is an underlying medical problem causing your back pain. Fortunately, this is unusual and signs of this will be picked up during an assessment by a doctor or physio. If you're concerned, ask for their advice.

As a manager you are in an influential position to use positive language about pain, to constructively challenge faulty beliefs about pain and bust myths as well as promoting a positive culture in your team about managing pain and MSK issues. **For more information about back pain myths and how you can help tackle them, click on the image to the left to download our back pain myths flyer.**

Your relationship with your colleagues has the potential to allow you to explore other factors which might be contributing to an MSK problem, like stress or family problems, which might not otherwise come to light.

## Case study

*“I was assaulted at work, kicked and punched to the ground by a patient. I had bruises on my jaw and arm but the most concerning thing to me was intense pain in my lower back. I couldn’t do the things I love and even basic housework was too painful. I was really worried I had permanent damage to my back and would never return to normal and my career working on the wards would be at risk.*

*“Family and colleagues tried to be supportive but being told stories of others who had back pain that had lasted for years, or hearing ‘your back will never be the same again’ made me even more worried. I was really anxious about going back to work and making things worse, especially as my job can include being involved in restraints.*

*“I saw a physio who reassured me that there was no permanent damage and that by getting back to moving smoothly, I would return to normal. After a couple of months my pain was almost gone and I was able to do all of my normal things at home and work too. This was very powerful to me as I am convinced negative thoughts were re-enforcing my pain.”*

This case highlights brilliantly how negative thoughts can impact on the way we experience pain and can be a big barrier to getting back to moving normally. Although it was entirely proper that this person was seen in physio, how could colleagues and managers have made a positive impact?

### *Support return to work*



Having an open and constructive conversation about what you can and can’t do to support a return to work (RTW) is a great start. Often when a person is off work they lack clarity about what will be expected of them in the short term upon their RTW which can make them feel anxious and be a barrier to them getting back in a timely manner. Ask what they think would help them. Discuss reasonable adjustments you could make on a temporary basis, or a phased return if appropriate. Be confident to make these adjustments.

If a colleague is off work with an MSK issue it is expected that they will be referred to Occupational Health. Discuss this with the member of staff and agree what questions you’d both like advice on from the Physio/Occupational Health Advisor. This is designed to allow you to agree a return to work plan with the individual. Agreeing this plan sooner rather than later can help you plan how your team will operate in the interim while reassuring the person who is off work.

Once the member of staff returns to work make sure the plan is implemented, monitored and adapted as needed.

### Want more info?

Occupational Health

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E: [occupationalhealth.lypft@nhs.net](mailto:occupationalhealth.lypft@nhs.net) or [Joseph.loftus@nhs.net](mailto:Joseph.loftus@nhs.net)

Follow on Twitter for updates @JoeLoftusPhysio and @SWYPFTOH

### Useful links

[Visit the Occupational Health pages on Staffnet.](#)

[Watch a series of desk-based exercise videos.](#)

[Download the NHS Employers 'Back Pack'.](#)