

IMPLEMENTATION OF A RTW PROGRAM FOR LOW BACK PAIN WORKERS IN BELGIUM: ASSESSMENT OF THE WORKPLACE INTERVENTION COMPONENT

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Aims:

Based on a new policy for managing work-related diseases, the Belgian government has launched, starting March 1st 2005, an evidence-based program to promote an early return to work and to prevent chronic low back pain (LBP). Target workers must be off work due to LBP for at least 4 weeks and maximum 3 months, and are offered a standardised multidisciplinary back rehabilitation program in more than 50 rehabilitation centres across the country, and an ergonomics intervention to be carried out in the worker company by the OH prevention service (see www.fmp-fbz.fgov.be). In 2008, more than 600 workers took part to the program, but a request for supporting the workplace intervention was addressed to the Fund for Occupational Diseases (FOD) in less than 5% of those cases. A study was thus initiated to identify the factors underlying such a major imbalance between the program's two main components.

Methods:

A questionnaire survey (23 questions) was distributed in October 2008 to the OH physicians participating in the annual congress of their association. The same questionnaire was also sent by e-mail to all Belgian OHS. Besides some demographic information, the OH physician was asked to describe his/her personal activities in relation to the program, the contacts established with the rehabilitation centres, and the perceived barriers in carrying out an ergonomic intervention. A total of 188 valid questionnaires was collected through these survey procedures (estimated response rate: about 25% of the population of OH physicians).

Results:

Companies are more often informed about the program by Dutch speaking physicians ($p < 0.001$) and more experienced physicians ($p < 0.019$). Dutch-speaking and female OH physicians are more prone to suggest program participation to the workers than their French-speaking or male colleagues ($p < 0.02$). Inclusion of workers in the program is more often performed by the Dutch-speaking physicians ($p < 0.01$). Ergonomic interventions are carried out in about 40% of the cases and often involve small workplace adaptations for which the FOD subsidy was not asked. Results show several significant interrelationships between the OH physicians' representations about the management of LBP, the usefulness of such a program, their own role and their actual behavior in supporting participation in the program.

Conclusion:

Despite some obvious limitations this survey has highlighted several factors that could partly explain the underuse of the ergonomic intervention within the program. A series of corrective actions are now planned and carried out by the task force in charge of the program.

