The Quebec model: Evidence to community practice in work rehabilitation

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Introduction: In 1987, the Quebec Task Force reported that only 7\% of workers with occupational low back pain developed prolonged disability of more than 6 months but that this 7\% was responsible for 75\% of the occupational low back pain costs. Studies from the past decade have brought explanations and new paths of solution for those prolonged disability cases. It was found that causes of prolonged disability due to back pain do not rely only on the back itself but also on the whole person having back pain and on the environment of the person, including the workplace. One major recommendation of the Quebec Task Force was to implement an early detection and intervention to apply evidence based practice. However, since the Quebec Task Force report, in spite of extensive research on disability prevention programs, few efforts have been made to transfer evidence based programs to large community settings. This poster describes a progressive and systematic process of transfer of evidence in work rehabilitation to community practice in the province of Quebec: from the Sherbrooke model to the PREVICAP program and the Quebec network in work rehabilitation (RRTQ).

Phase A: The Sherbrooke model (1990-1995)

Based on the recommendations of the Quebec Task Force on spinal disorders in the workplace (Spitzer, 1987), the Sherbrooke model was developed and provided an integrated intervention directed at both the worker and the jobsite. It included a worksite participatory ergonomics intervention and an early rehabilitation intervention called Therapeutic Return to Work using progressive return to regular work. The Sherbrooke model was assessed through a population based randomised clinical trial and was found to return workers to regular work 2.41 times faster than the usual care intervention group and to improve functional status and pain level. The Sherbrooke model assessment reinforced evidence on intervention at the subacute stage of occupational back pain. To promote the transfer of this new evidence to a clinical setting in a large community, the researchers received the support of the public health division of the district of Montérégie (Montreal South) to develop and implement the PREVICAP program.

Phase B: The PREVICAP program (1995- present)

Following the Sherbrooke trial, the PREVICAP program was developed following the recommendations of a workgroup made of researchers and clinicians. The program characteristics are: interdisciplinary team intervention, centralization in the workplace and collaboration with all stakeholders in the disability problem. The importance of an inter-organizational approach was one of the new main components of the PREVICAP program issued from emerging evidence. The PREVICAP program is presently being tested through a population based randomized clinical trial in a population of construction workers and is also prospectively assessed by collecting outcome measures at the beginning and the end of the program as well as at one and three years of follow-up. To date, preliminary results indicate that the program was delivered at a later stage then expected (mean duration of absence from work = 49 weeks). However, at one year follow-up, only 27\% (20/74) of workers were not working full time due to their musculo-skeletal disorder. Recently, the CSST decided to support the implantation of the PREVICAP program at the provincial level by supporting a new network for management, research and education in work rehabilitation, the RRTQ.


The RRTQ is presently in its development stage. The work rehabilitation program is being implemented in four regions of the province of Quebec: Montreal, Montérégie, Quebec City and Rouyn Noranda (Abitibi). An external assessment plan is being developed to evaluate its implantation and economic and health outcomes during a 30 months pilot project.

Conclusion: This progressive systematic evidence based transfer of knowledge to community practice may represent a model allowing a safe implementation of new programs ensuring their effectiveness and progressive acceptance and appropriation by the stakeholders.