
Abstract: Objectives: Return to work after a leave on disability is a common phenomenon, but little is known about the attitudes of employees or their supervisors towards the disability management process. We report on employee and supervisor feedback from one disability management experience. Participants: 389 consecutive employees from the Ontario offices of a single private Canadian insurance company returning to work from short-term disability, and their supervisors. Methods: We surveyed employees and their supervisors about their experience with, and attitudes towards, the disability management process. Results: Of those surveyed, 88 employees and 75 supervisors provided data (response rates of 22.6% and 19.3% respectively). The majority of respondents (79.1% of employees and supervisors) endorsed positive attitudes towards their disability management experience. More than 25% of employees disagreed with the following three items: case managers contributed to recovery, case managers removed barriers to recovery, and sufficient support was provided in the return to work process. More than 25% of employees and managers reported that a commitment to modify an unhelpful work situation was not followed through. Conclusion: The majority of participating employees returning to work from short-term disability, and their supervisors, reported a high level of satisfaction with the disability management process. Areas that may benefit from attention include some aspects of case manager-employee interaction and ensuring that support during the return to work process is provided, including modification to work situations when appropriate


Abstract: Background: Parents who choose to selectively vaccinate or avoid vaccination for their children may do so at risk of compromising relations with their family physician or pediatrician. Groups that are associated with reduced rates of pedicatic vaccination, such as parents who access naturopathic care, may be particularly vulnerable to this issue. Methodology/Principal Findings: In March through September 2010, we administered a 26-item cross-sectional survey to 129 adult patients, all of whom were parents with children ?16 years of age. Parents who choose to selectively vaccinate or avoid vaccination for their children may do so at risk of compromising relations with their family physician or pediatrician.
age, presenting for naturopathic care in Ontario, Canada. Ninety-five parents completed the survey (response rate 74%), and only 50.5% (48 of 95) reported that their children had received all recommended vaccines. Most parents (50.5%; 48 of 95) reported feeling pressure to vaccinate from their allopathic physician and, of those who discussed vaccination with their physician, 25.9% (21 of 81) were less comfortable continuing care as a result. Five percent (4 of 81) of respondents were advised by their physician that their children would be refused care if they decided against vaccination. In our adjusted generalized linear model, feeling pressure to vaccinate (odds ratio [OR] = 3.07; 95% confidence interval [CI] = 1.14 to 8.26) or endorsing a naturopathic physician as their most trusted source of information regarding vaccination (OR = 3.57; 95% CI = 1.22 to 10.44) were associated with greater odds of having a partially vaccinated or unvaccinated child. The majority (69.6%; 32 of 46) of parent's with partially vaccinated or unvaccinated children reported a willingness to re-consider this decision.

Conclusions/Significance: Use of naturopathic care should be explored among parents in order to identify this high-risk group and engage them in discussion regarding pediatric vaccination to encourage evidence-based, shared decision making. Physicians should ensure that discussions regarding vaccination are respectful, even if parents are determined not to vaccinate their children.


doi: 10.1007/s00420-011-0696-6

Abstract: PURPOSE: To detect impacts of changes in work environment and worker-equipment interface variables upon surface electromyography (EMG) measures using multivariate, longitudinal analysis. METHODS: For 33 office workers, yearly measurements (1999-2001) were taken during normal work. Independent variables were related to work environment (expert-observed equipment dimensions, work organization on questionnaire) and interface (expert-observed postures, self-reported workstation-equipment relative fit i.e. inside or outside guidelines-informed location, and 30 min video-based task analysis). Internal mechanical exposure (EMG) was recorded bilaterally from extensor carpi radialis brevis (ECRB) and upper trapezius sites, each side, also for 30 min. Dependent variables were amplitude probability distribution functions (APDF 50 and 90%) and gaptime for entire record EMG (over all tasks) and task-specific EMG (for four separate tasks). Multivariate mixed models used independent variables to predict EMG measures (4 muscle sites x (1 entire record + 4 task specific) = 20 models total). RESULTS: Among EMG measures, 9/16 means and 2/16 variances were significantly different across years (p < 0.1). Environment and interface variables explained part of the variation in EMG measures in 13/20 models. The most consistent predictors included: (1) increased monitor distance predicted reduced APDFs and increased gaptimes; (2) wrist extension <20 degrees predicted decreases in left ECRB APDFs; (3) keyboard location within guidelines predicted improvements in all right ECRB EMG measures during keyboarding; and (4) longer task duration predicted higher APDFs and lower gaptimes. CONCLUSION: Longitudinal analysis with multivariate models can detect the impacts of changes in environment and interface exposures on EMG measures among office workers.
http://www.longwoods.com/content/22528

Abstract: Objective: To investigate the effect of workers' compensation policies related to expedited surgical fees and private clinic surgical setting on disability duration among injured workers.

Methods: The study included 1,380 injured workers with knee meniscectomy between 2001 and 2005 in British Columbia. Using linked workers' compensation claim and surgery/clinical records, wait time for surgery (time from last surgical consult to surgery) and time from surgery to return to work were computed and compared for workers who received care in public versus private facilities, and according to whether their surgeons received fees intended to expedite care.

Results: The public expedited group had the shortest disability duration from surgical consult to return to work; the expedited fee reduced the surgery wait time (~2 work weeks), and surgeries performed in public hospitals had a shorter return-to-work time (~1 work week).

Discussion: An overall difference of approximately three work weeks in disability duration may have meaningful clinical and quality-of-life implications for injured workers. However, minimal differences in expedited surgical wait times by private clinics versus public hospitals, and small differences in return-to-work outcomes favouring the public hospital group, suggest that a future economic evaluation of workers' compensation policies related to surgical setting is warranted.

doi:10.1371/journal.pone.0020885 [open access]

Abstract: BACKGROUND: Author self-citation contributes to the overall citation count of an article and the impact factor of the journal in which it appears. Little is known, however, about the extent of self-citation in the general clinical medicine literature. The objective of this study was to determine the extent and temporal pattern of author self-citation and the article characteristics associated with author self-citation. METHODOLOGY/PRINCIPAL FINDINGS: We performed a retrospective cohort study of articles published in three high impact general medical journals (JAMA, Lancet, and New England Journal of Medicine) between October 1, 1999 and March 31, 2000. We retrieved the number and percentage of author self-citations received by the article since publication, as of June 2008, from the Scopus citation database. Several article characteristics were extracted by two blinded, independent reviewers for each article in the cohort and analyzed in multivariable linear regression analyses. Since publication, author self-citations accounted for 6.5% (95% confidence interval 6.3-6.7%) of all citations received by the 328 articles in our sample. Self-citation peaked in 2002, declining annually thereafter. Studies with more authors, in cardiovascular medicine or infectious disease, and with smaller sample size were associated with more author self-citations and higher percentage of author self-citation (all p</=0.01). CONCLUSIONS/SIGNIFICANCE: Approximately 1 in 15 citations of articles in high-profile general medicine journals are author self-citations. Self-citation peaks within about 2 years of publication and disproportionately affects impact factor. Studies most vulnerable to this effect are those with more authors, small sample size, and in cardiovascular medicine or infectious disease.

Abstract: BACKGROUND: Low back pain (LBP), with high incidence and prevalence rate, is one of the most common reasons to consult the health system and is responsible for a significant amount of sick leave, leading to high health and social costs. The objective of the study is to assess the cost-effectiveness and cost-utility analysis of a multidisciplinary biopsychosocial educational group intervention (MBEGI) of non-specific sub-acute LBP in comparison with the usual care in the working population recruited in primary healthcare centres. METHODS: The study design is a cost-effectiveness and cost-utility analysis of a MBEGI in comparison with the usual care of non-specific sub-acute LBP. Measures on effectiveness and costs of both interventions will be obtained from a cluster randomised controlled clinical trial carried out in 38 Catalan primary health care centres, enrolling 932 patients between 18 and 65 years old with a diagnosis of non-specific sub-acute LBP. Effectiveness measures are: pharmaceutical treatments, work sick leave (% and duration in days), Roland Morris disability, McGill pain intensity, Fear Avoidance Beliefs (FAB) and Golberg Questionnaires. Utility measures will be calculated from the SF-12. The analysis will be performed from a social perspective. The temporal horizon is at 3 months (change to chronic LBP) and 12 months (evaluate the outcomes at long term). Assessment of outcomes will be blinded and will follow the intention-to-treat principle. DISCUSSION: We hope to demonstrate the cost-effectiveness and cost-utility of MBEGI, see an improvement in the patients’ quality of life, achieve a reduction in the duration of episodes and the chronicity of non-specific low back pain, and be able to report a decrease in the social costs. If the intervention is cost-effectiveness and cost-utility, it could be applied to Primary Health Care Centres. Trial registration: ISRCTN58719694

Birch D. Hard hit by soft-tissue injuries. OH&S Canada. 2011; Sep:32-33. [doi unavailable]

Abstract: New research shows that workers recovering from musculoskeletal injuries who develop depression have a greater chance of compromised RTW outcomes


Abstract: Workplace accidents are an important economic phenomenon. Yet, the pro-cyclical fluctuations in workplace accidents are not well understood. They could be related to fluctuations in effort and working hours, but workplace accidents may also be affected by reporting behavior. Our paper uses unique data on workplace accidents from an Austrian matched worker-firm dataset to study in detail how economic incentives affect workplace
accidents. We find that workers who reported an accident in a particular period of time are more likely to be fired later on. And, we find support for the idea that recessions influence the reporting of moderate workplace accidents: if workers think the probability of dismissals at the firm level is high, they are less likely to report a moderate workplace accident

Contant J. Sign of the times. OH&S Canada. 2011; Sep:28-30. [doi unavailable]
Abstract: Colours, shapes and words – when employed in signage – can work in concert to serve as an effective means of warning workers of danger.

Devereux JJ, Rydstedt LW, and Cropley M. Psychosocial work characteristics, need for recovery and musculoskeletal problems predict psychological distress in a sample of British workers. Ergonomics. 2011; [Epub ahead of print].
doi:10.1080/00140139.2011.595830
Abstract: From an original sample of 2454 participants free of self-reported psychological distress, 1463 workers completed a 15-month follow-up. Baseline measures included exposure to job demands, decision latitude, social support and need for recovery. Psychological distress was assessed using the General Health Questionnaire at baseline and at follow-up. The findings showed that medium and high exposure to job demands and social support increased the risk of reporting psychological distress at 15-months (relative risk (RR) = 1.65, 1.45). The highest adjusted RR was observed for workers reporting a high need for recovery after work (RR 2.12, 1.90) and this finding was independent of the effects of job demands, decision latitude and social support. Neither decision latitude, nor low back problems increased the risk of reporting future psychological distress, although neck problems (RR = 1.66) and hand/wrist problems (RR = 1.45) did. It was concluded that need for recovery appears to be an important indicator of individual workers who are at risk of developing psychological distress long term. Statement of Relevance: This paper reports the findings of a longitudinal study showing that need for recovery from work was the strongest predictor, relative to psychosocial work characteristics (job demands, decision latitude and social support), and musculoskeletal problems, of psychological distress 15 months later in individuals initially free from distress.

doi: 10.1080/02678373.2011.595947
Abstract: The aim of this study is to examine the concept of health-specific leadership, differentiate it from sound general leadership and identify whether it has an impact on employee strain, alongside general sound leadership practices. Health-specific leadership is conceptualized as the leader’s explicit consideration of and engagement in employee health. The study is based on research in the field of leadership impact on employee strain, health and well-being, extended by recent findings of the importance of domain-specific leadership constructs. As indicated by previous relevant studies, we include psychological climate for health, role ambiguity and job satisfaction as mediating variables. Using structural equation modelling, a sample of 1027 employees of the German tax administration was examined. The results show differential effects for health-specific and general sound leadership. While neither of these two aspects of leadership exhibited a direct association with employee strain, general
sound leadership practices were significantly related to lower employee strain through lower levels of role ambiguity, better psychological climate for health and higher job satisfaction. Health-specific leadership was associated with higher levels of psychological climate for health, but also higher role ambiguity.

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Abstract: Low employment rates of chronically ill and disabled people are of serious concern. Being out of work increases the risk of poverty and social exclusion, which may further damage the health of these groups, exacerbating health inequalities. Macro-level policies have a potentially tremendous impact on their employment chances, and these influences urgently need to be understood as the current economic crisis intensifies. In Part I of this two-part study, the authors examine employment trends for people who report a chronic illness or disability, by gender and educational level, in Canada, Denmark, Norway, Sweden, and the United Kingdom in the context of economic booms and busts and deindustrialization. People with the double burden of chronic illness and low education have become increasingly marginalized from the labor market. Deindustrialization may have played a part in this process. In addition, periods of high unemployment have sparked a downward trend in employment for already marginalized groups who did not feel the benefits when the economy improved. Norway and Sweden have been better able to protect the employment of these groups than the United Kingdom and Canada. These contextual differences suggest that other macro-level factors, such as active and passive labor market polices, may be important, as examined in part II.

Abstract: The authors investigate three hypotheses on the influence of labor market deregulation, decommodification, and investment in active labor market policies on the employment of chronically ill and disabled people. The study explores the interaction between employment, chronic illness, and educational level for men and women in Canada, Denmark, Norway, Sweden, and the United Kingdom, countries with advanced social welfare systems and universal health care but with varying types of active and passive labor market policies. People with chronic illness were found to fare better in employment terms in the Nordic countries than in Canada or the United Kingdom. Their employment chances also varied by educational level and country. The employment impact of having both chronic illness and low education was not just additive but synergistic. This amplification was strongest for British men and women, Norwegian men, and Danish women. Hypotheses on the disincentive effects of tighter employment regulation or more generous welfare benefits were not supported. The hypothesis that greater investments in active labor market policies may improve the employment of chronically ill people was partially supported. Attention must be paid to the differential impact of macro-level policies on the labor market participation of chronically ill and disabled people with low education, a group facing multiple barriers to gaining employment.


Abstract: Introduction: Occupational Health and Safety (OHS) stakeholders rarely factor the cost of workplace accidents into prevention spending decisions. The lack of consideration of this key information is related to the fact that the scientific literature has failed to provide OHS stakeholders with a cost-calculation tool that is both sufficiently accurate and does not require a data-collection stage ill-suited to the time constraints of workplace decision-makers. Method: This study reviews the recent literature to identify key elements that should foster the use of indirect-cost calculation methods by decision makers. Results: A "local" approach currently appears to be the best method for calculating indirect costs of workplace incidents or accidents in comparison to "bottom-up" or "top-down" approach. This paper discusses four criteria that this type of approach must satisfy to be compatible with the time constraints and accuracy demands of OHS stakeholders in organizations. In addition, four bases for the development of a new indirect cost estimation model are presented and discussed. Impact on industry: this study provides bases and criteria to help the development of indirect-cost calculation models better suited to workplace use than those currently available.


Abstract: AIM: This paper presents the development process of the European framework for psychosocial risk management (PRIMA-EF). It also summarises and discusses key findings of research conducted through this policy-orientated research programme. OBJECTIVES: This paper presents an overview of the development process of PRIMA-EF. The background, methods and outcomes are described and discussed. The paper summarises the key findings of PRIMA-EF and concludes by a discussion of the merit of PRIMA-EF in the area of psychosocial risk management.
and its intended use. PRIMA-EF has been built on a review, critical assessment, reconciliation and harmonisation of existing European approaches for the management of psychosocial risks and the promotion of mental health at the workplace. The framework has been built from a theoretical analysis of the risk management process, identifying its key elements in logic and philosophy, strategy and procedures, areas and types of measurement, and from a subsequent analysis of European risk management approaches. It is meant to accommodate all existing psychosocial risk management approaches across Europe. It also provides a model and key indicators that relate to the psychosocial risk management process both at the enterprise and macro levels. METHOD: Experts, researchers, social partners, key European and international organisations and networks were involved throughout the development of PRIMA-EF. A number of methods were applied including literature, case study and policy reviews, interviews, surveys, focus groups and workshops. The scientific findings have been used to develop user-friendly tools for use at the enterprise and policy levels such as guidelines, indicators, guidance sheets, inventories and web-based tools. CONCLUSIONS: PRIMA-EF is intended as a framework for harmonizing practice and current methods in the area of psychosocial risk management. It can also be used as a guidance tool for the development of further methods both in Europe and internationally as it can provide a benchmark for validation of new methods. A number of priorities have been identified on the basis of PRIMA-EF for the future of psychosocial risk management and the promotion of mental health at workplace in Europe

Abstract: AIMS: The objective of this systematic review was to assess the effectiveness of guided imagery (GI) as a treatment option for musculoskeletal pain (MSP). METHOD: Six databases were searched from their inception to May 2010. All controlled clinical trials were considered, if they investigated GI in patients with any MSP in any anatomic location and if they assessed pain as an outcome measure. Trials of motor imagery were excluded. The selection of studies, data extraction, and validation were performed independently by 2 reviewers. RESULTS: Nine randomized clinical trials (RCTs) met the inclusion criteria. Their methodologic quality ranged between 1 and 3 on the Jadad scale. Eight RCTs suggested that GI leads to a significant reduction of MSP. One RCT indicated no change in MSP in comparison with usual care. CONCLUSIONS: It is concluded that there are too few rigorous RCTs testing the effectiveness of GI in the management of MSP. Therefore, the evidence that GI alleviates MSP is encouraging but inconclusive

Abstract: BACKGROUND: Stability or changes of health behaviors have not been studied in association with incidence of disability pension (DP). The aims were to (1) investigate if stability or changes in health behaviours predict DP due to musculoskeletal diagnosis (MSD), (2) to evaluate if an association exists for DP in general, and (3) after taking familial confounding into account. METHODS: The study sample was 16,713 like-sexed twin individuals born in Sweden between 1935-1958 (6195 complete twin pairs) who had participated in two surveys 25 years
apart, were alive, and not pensioned at the time of the latest survey. Cox proportional hazards analysis was used to assess the associations (hazard ratios (HR) with 95% confidence intervals (CI)) between stability and change in health behaviours (physical activity, tobacco and alcohol use, body mass index (BMI)), and number of pain locations collected at two time points 25 years apart and the incidence of DP until 2008. RESULTS: During the follow-up, 1843 (11%) individuals were granted DP with 747 of these due to MSD. A higher proportion of women were granted DP than men. Increase in BMI and stable use of tobacco products were predictors for DP due to MSD (HR 1.21-1.48) and DP in general (HR 1.10-1.41). The stability in the frequency of physical activity and increased frequency of physical activity were protective factors for DP due to MSD only when accounting for familial confounding. However, the number of pain locations (stability, increase, or decrease) was the strongest predictor for future DP due to MSD (HR 3.69, CI 2.99-4.56) and DP in general (HR 2.15, CI 1.92-2.42). In discordant pair analysis, the HRs for pain were lower, indicating potential familial confounding. CONCLUSIONS: Health behaviours in adulthood, including an increase in pain locations were associated with the incidence of DP. The association between physical activity and DP was especially related to adulthood choices, i.e., the individual decision about frequency of taking exercise. Thus, it is important to increase public awareness of the potential beneficial effects of exercise throughout life to avoid permanent exclusion from the labour market for medical reasons.

doi: 10.1097/AJP.0b013e31820fde1b

Abstract: OBJECTIVES: One of the most important determinants of the individual pain experience is pain catastrophizing, reflecting an excessively negative cognitive and emotional orientation toward pain. Its assessment by standard questionnaires, which ask participants to reflect on idiosyncratic past painful experiences, is important. It is currently not known whether different types of pain differently shape pain catastrophizing. Furthermore, as the regulation of emotions changes during the life span, age may affect pain catastrophizing, as well. METHODS: In this study, 134 healthy participants, differentiated into 2 age groups (20 to 40 y and 50 to 70 y), completed the Pain Catastrophizing Scale with reference to their past experiences with 3 common types of day-to-day pain (headache, back pain, dental pain). RESULTS: On average, the different types of pain shared one-third of the variance in pain catastrophizing. Pain-type-specific catastrophizing scores were more strongly related to ratings of sensory and emotional pain characteristics than standard catastrophizing scores. In younger adults, pain catastrophizing was preferentially associated with emotional responses to pain whereas in older adults, it was preferentially associated with pain intensity ratings. DISCUSSION: This study indicates that for day-to-day pain, catastrophizing significantly depends on pain type. The results suggest the use of pain-type-specific instructions for catastrophizing questionnaires because it may lead to better prediction of clinically relevant pain characteristics, such as pain intensity. Furthermore, pain catastrophizing seems to change during the life span, with a higher engagement of emotional versus sensory pain processing in younger compared with older adults.

Abstract: BACKGROUND: Methods of assessing the need for systematic reviews to be updated have been published, but agreement among them is unclear.

OBJECTIVES: To compare two methods for assessing the need to update an evidence review, using three evidence reports on the effects of omega-3 fatty acids on cancer, cognition and aging, and cardiovascular diseases (with separate analyses for fish oil and alpha-linolenic acid). The RAND method combines a targeted literature search with the assessments of content experts. The Ottawa method relies on a quantitative and qualitative assessment of the study results from a similar targeted search.

DATA SOURCES: A MEDLINE search was conducted on a limited set of journals, including five pivotal general medical journals and a small number of specialty journals, from 1 year prior to release of the original reports using their search strategies.

METHODS: The search results were screened using the original eligibility criteria. Study-level data and findings of existing systematic reviews, randomized controlled trials, and large observational studies addressing the original key questions were abstracted. Using the RAND method, we contacted experts—including members of the original technical expert panels and the original peer reviewers—and sought their opinions regarding the status of the original reports and any new references. The results of the literature reviews and expert opinions were combined to determine the need for updating based on predetermined criteria. Using a modification of the Ottawa method, new trial data were meta-analyzed with the original meta-analysis results. A quantitative signal for the need to update was based on statistical differences with the original meta-analyses. Qualitative signals, such as differences in characterizations of effectiveness, new information about harm, and caveats about the previously reported findings, were sought for outcomes without existing meta-analyses. Agreement between the RAND and Ottawa methods was assessed for each report with the kappa statistic.

RESULTS: Overall agreement between the two methods ranged from "nonexistent" (kappa = 0.19, for fish oil and cardiovascular disease) to "almost perfect" (kappa = 1.0 for cognitive function). Many of the disagreements between the methods were due to a situation where the original review had a Key Question with no evidence and some evidence was identified in the update. In these situations, the RAND method produced a positive signal for updating and Ottawa’s method produced a negative signal. A sensitivity analysis that reclassified these situations as agreement between the two methods yielded much better estimates of agreement: for three of the four conditions, agreement was "substantial" to "almost perfect" and overall agreement was "substantial."

CONCLUSIONS: The RAND method and the modified Ottawa method agree reasonably well in their assessment of the need to update reviews. Both methods alone or in combination may be considered as appropriate tools. Future research would confirm these conclusions for a larger cohort of reviews and assess the predictive validity of the methods with actual updates.


Abstract: STUDY DESIGN: A systematic review of the literature. OBJECTIVES: Sick-listing is a complex process that involves stakeholders at several levels. Although the physicians are the ones who issue a sick note, little is known about the mechanisms and determinants they use in
making a decision about whether to sick-list a patient with low back pain (LBP). The aim of this systematic review is to describe the evidence on determinants used by physicians to sick-list patients with LBP. METHODS: Electronic searches of Medline, EMBASE, PsychInfo, and Cochrane Central were conducted (all years to June 2011). Inclusion criteria included studies of workers with LBP presenting to a physician where sick-listing certification was an outcome of the consultation process. Studies were critically appraised for their internal validity by 2 independent reviewers using a modified version the criteria proposed by Hayden et al. Findings from papers were synthesized into internal and external factors related to the physician.

RESULTS: The search identified 1419 unique citations from which 11 papers met the inclusion criteria. The evidence suggests that 2 internal factors are important determinants of sick listing: physicians' personal fear avoidance and distress regarding the complexity of LBP. External factors included patients' expectations, the presence of clinical findings, and the support and general attitude demonstrated by a patients' employer and the availability of modified work.

CONCLUSIONS: The current review suggests that physicians need to improve their knowledge regarding options for modified work in the workplace, and about the management of LBP in general. The otherwise beneficial patient-physician relationship and physicians' care for their patients may be an obstacle to following guidelines on LBP management in the sick-listing process. Future studies should address these issues.


Abstract: INTRODUCTION: Many employers and regulators today rely primarily on a few past injury/illness metrics as criteria for rating the effectiveness of occupational safety and health (OSH) programs. Although such trailing data are necessary to assess program success, they may not be sufficient for developing proactive safety, ergonomic, and medical management plans.

METHODS: The goals of this pilot study were to create leading metrics (company self-assessment ratings) and trailing metrics (past loss data) that could be used to evaluate the effectiveness of OSH program elements that range from primary to tertiary prevention. The main hypothesis was that the new metrics would be explanatory variables for three standard future workers compensation (WC) outcomes in 2003 (rates of total cases, lost time cases, and costs) and that the framework for evaluating OSH programs could be justifiably expanded. For leading metrics, surveys were developed to allow respondents to assess OSH exposures and program prevention elements (management leadership/commitment, employee participation, hazard identification, hazard control, medical management, training, and program evaluation). After pre-testing, surveys were sent to companies covered by the same WC insurer in early 2003. A total of 33 completed surveys were used for final analysis. A series of trailing metrics were developed from 1999-2001 WC data for the surveyed companies. Data were analyzed using a method where each main 2003 WC outcome was dichotomized into high and low loss groups based on the median value of the variable. The mean and standard deviations of survey questions and 1999-2001 WC variables were compared between the dichotomized groups. Hypothesis testing was performed using F-test with a significance level 0.10.

RESULTS/DISCUSSION: Companies that exhibited higher musculoskeletal disorder (MSD) WC case rates from 1999-2001 had higher total WC case rates in 2003. Higher levels of several self-reported OSH program elements (tracking progress in controlling workplace safety hazards, identifying ergonomic hazards, using health promotion programs) were associated with lower
rates of WC lost time cases in 2003. Higher reported exposures to noise and projectiles were also associated with higher rates of WC cases and costs in 2003. IMPACT ON INDUSTRY: This research adds to a growing body of preliminary evidence that valid leading and trailing metrics can be developed to evaluate OSH effectiveness. Both the rating of OSH efforts and the regular trending of past loss outcomes are likely useful in developing data-driven improvement plans that are reactive to past exposures and proactive in identifying system deficiencies that drive future losses.

*IWH authored publications.*