

NETWORKING HEALTH CARE PRACTITIONERS AND OCCUPATIONAL PREVENTION SERVICES FOR EARLY REHABILITATION OF LOW BACK PAIN WORKERS

Mairiaux Ph., School of Public Health, University of Liège, Belgium
Creytens G., Delaruelle D., Poot O., Strauss P., Belgian Fund for Occupational Diseases (FOD), Brussels, Belgium

Context and aims

The Belgian government has launched, starting March 1st 2005, an evidence-based program to prevent chronic low back pain (LBP). This program is since June 2007 open to all economic sectors. Target workers are workers occupationally exposed either to manual handling or to whole-body vibrations, and being off work due to LBP for at least 4 weeks and maximum 3 months. The program involves two main components: a medical one and an ergonomics one. On the medical side a multidisciplinary back rehabilitation program is provided by more than 50 rehabilitation centres across Belgium, whereas an ergonomics intervention may be carried out in the enterprise of the worker by the OH prevention service.

Evaluation methods

The program implementation is monitored by a task force created within the FOD and among the various process and impact evaluations carried out since the program inception, a phone survey has been conducted among the first 83 participants, and more recently a questionnaire survey has been conducted among the OH physicians (188 responses).

Results

In 2008, 619 workers have been included in the program out of 852 requests for participation. Data analysis shows that the program has been consistently applied in its medical component, but much less in its ergonomics component. This presentation will thus specifically address the challenge in stimulating a good balance between these two components and in networking the curative and the preventive sector. For more than 40 years, caring physicians have been encouraged not to come into contact with OH physicians and such behaviours cannot be changed in a few months. Several other barriers to an efficient collaboration between curative and prevention services have been identified : concurrence between health professionals has had a negative influence in some areas; entering the program implies a visit by the OH physician during the sick leave, a new procedure still largely unknown from the treating physician; arising from wrong beliefs about back pain, some treating physicians are not keen to see their patients participating to such an active program.

References

See FOD web site : www.fmp-fbz.fgov.be (“prevention dos” or “rugpreventie”)