

Electricity Industry Occupational Health Advisory Group



Guidance Note 2.2

Management of back pain in the Electricity Industry

The Occupational Health Advisory Group for the Electricity Industry (OHAG) is an independent body of senior occupational physicians. They all have a professional role to provide advice to individual companies in the electricity industry and they meet together three times a year to discuss matters of common interest and to promote good practice in occupational health across the industry. The main route for doing this is by the preparation of guidance notes on topics of interest to the industry. The remit of OHAG and its guidance covers all aspect of the industry from generation, through transmission and distribution to retail and supply.

Until now the promulgation of this OHAG guidance has largely been by means of paper copies of the documents circulating within individual companies in the electricity industry. OHAG recognises that there is a need to make these papers more widely available and is grateful for the support provided by the Energy Networks Association (ENA) in hosting these documents on their website, and the links to them from the websites of the Association of Electricity Producers (AEP) and the Energy Retail Association (ERA).

The guidance notes will be of interest to managers, employees and occupational health professionals within the industry. They give general advice which has to be interpreted in the light of local circumstances. Health professionals using the guidance, retain an individual responsibility to act in accordance with appropriate professional standards and ethics. This guidance is offered in good faith and neither the individual members of OHAG, the companies they support, the ENA, AEP or the ERA can accept any liability for actions taken as a result of using the guidance.



The Management of Back Pain in the Electricity Industry

1. Introduction

Disability from back pain in people of working age is a major medical problem. Its greatest impact is on the lives of those affected and their families. However, it also has a major effect on industry through absenteeism and avoidable costs (the CBI estimates the cost to industry from lost time due to back pain at £208 per employee per annum). Since the 1980s the level of disability associated with back pain has increased but the incidence of back pain has hardly altered.

The Royal College of General Practitioners published guidelines for the treatment of acute back pain to its members in 1995, the Faculty of Occupational Medicine issued guidelines in 2000.

2. Aims of this Document

The aims of this document:

- To outline the current evidence based approach to the management of back pain in the workplace.

3. Relevant Legislation

- Management of Health and Safety at Work Regulations 1999
- Health and Safety at Work Act 1974
- Disability Discrimination Act 1995
- Manual Handling Regulations 1992

4. Relevant Guidance

- Occupational Health Guidelines for the Management of Low Back Pain at Work (2000), FOM, London
- Waddell G, Burton K (2004). Concepts of Rehabilitation for the Management of Common Health Problems. TSO, London
- The Health and Work Handbook: FOM, SOM, RCGP, DWP 2005



5. Low Back Pain at Work

a. The Cause of Back Pain

All individuals reporting low back pain at work (associated with or without sickness absence) sufficient to cause them difficulty carrying out their normal work role should be referred for OH advice. The first stage of the process is a diagnostic assessment according to the following categories.

i. Simple or Mechanical Back Pain

Simple back pain, often called 'mechanical' back pain, can present at any age between 20 and 55. The level of pain varies with physical activity and time. The patient is otherwise well. 90% recover within 6 weeks. A previous history of low back pain, particularly if associated with a long-term spell of sickness absence, is linked to increased probability of further sickness absence.

ii. Nerve Root Pain

Symptoms might include low back pain, but in addition leg pain and numbness/tingling spreading into the foot. The leg pain is usually worse than the back pain. The cause is often a prolapsed (slipped) disc. The recovery and return to work times are longer than with simple back pain, with on average 50% returning to work by 6 weeks.

iii. Other Causes

Individuals with symptoms that do not fit easily into the above categories, including those with unusual symptoms, may have another cause for their back pain. Further investigation may be necessary.

b. Medical (including OH) Management

The early management of acute back pain is extremely important. Traditional treatment with prolonged bed rest and restricted activity merely promotes the development of chronic pain and disability.

Following diagnosis an appropriate explanation of the problem should be provided to the individual and a treatment plan agreed and implemented. The majority of individuals will have simple back pain – they should be encouraged to maintain physical activity and minimise their time off work. Advice regarding adequate pain control should be provided. Physiotherapy should be considered if symptoms persist for more than a few days. Bed rest should be minimised



– no more than two or three days followed by progressive mobilisation. Such individuals can be reassured that there is unlikely to be a major problem with their back and that a return to normal and full activity is appropriate. Temporary workplace adjustments to assist an individual returning to work can be helpful. Such restrictions or adjustments should not be needed on a long term basis and for the majority of individuals a return to normal work activity by 6 weeks should be achievable.

c. Workers having difficulty returning to normal duties after 6 weeks

It is important to dispel the misconception that it is necessary to be free of pain before a return to work is possible. In the Electricity Industry it may be necessary for OH to work with managers to ensure that employees can return into duties where cognitive impairment linked to analgesic use can be supported.

For all individuals having difficulty returning to normal activity after 6 weeks a review of diagnosis and treatment are needed. Input from an appropriate physical therapist is recommended. The concept of hurting not equating to harming should be reinforced and any dysfunctional health beliefs addressed. Written information in the form of the Back Booklet can be helpful. Treatment and vocational rehabilitation interventions should be communicated to the individual's GP so that all health professionals can provide a consistent and appropriate message to the individual. Fear avoidance behaviour must be tackled. A return to work through a process of structured rehabilitation should be encouraged and arranged as soon as possible. If appropriate support from a multidisciplinary back rehabilitation team might be helpful.

6. Recommendations

- All employees who are off work with a certificated cause of absence due to back pain should be referred promptly to OH for assessment and advice. Referral as early as two weeks into a period of work absence should be considered.
- OH should assist in the recovery and return to work process through modern evidence based principles
- Individuals with simple or mechanical back pain may benefit from temporary work modification. However, care should be taken to avoid unnecessary restriction as this could inadvertently create disability through reinforcing fear avoidance behaviour.
- Individuals with simple or mechanical back pain and difficulty returning to normal activities by 6 weeks should be specifically targeted for referral to OH



7. Summary

Low back pain is a very common condition.

A past history of back pain should not prevent employment of an individual.

Review of procedures for compliance with the Manual Handling Regulations should be considered where cases of low back pain appear to be associated with the workplace.

For the vast majority of employees, it should be possible to return to full duties within 6 weeks of an episode of acute low back pain.

8. References & Sources of Further Information

- See 'Relevant Guidance' documents listed earlier.