

IW Case – acute low back pain, left leg pain

Female, 50-55 years, part-time landscape gardener, part-time retail industry, single mother of 3 kids (18-22) who live at home

- Acute discogenic back pain (MRI confirmed L3/4 bulge). Discharged from hospital after epidural injection and a 3-day admission. Doctor advised client *not* to see a physiotherapist, continue to take pain medication and walk:
 - Severely restricted physical movement all directions
 - Fearful and concerned about returning to work and if she would be able to resume an active life
 - Confused about how to manage her pain and felt she needed more than just medication and walking



40 minute initial consult

Reaction to doctor's advice: *"I need more help than that"*

- Identified high importance and high readiness with clear motivation to manage pain to return to work and daily activity. However very low confidence to take action due to lack of knowledge
- Provided targeted pain education and discussed behaviour change principles: *One thing at a time, one step at a time, adding up over time* (one needs time and patience to build skills to manage pain), *Trial and error* (required to find the right strategies for her)
- Back was taped and injured worker planned to avoid high load positions and change posture frequently (about every 15 min) – *no other passive treatment*



Key messages re pain and injury management:

1. Active treatment is more effective than passive treatment
2. Performing normal daily movement won't do any damage, but how you move influences your pain
3. Most people with this condition make considerable improvements in their pain and activity levels within in one month (create accurate expectations)
4. Certain positions should be avoided and others are likely to be comfortable
5. Postures need to be changed on a regular basis (provided starting time frames in line with client's current tolerances)
6. Specific signs and symptoms will indicate a worsening or improvement of the condition and should not be ignored (how to read and respond to pain)
7. Core stabilisation can be used to support the back
8. Pain triggers can be behaviours, emotions, situations and thinking (BEST)



How the HCA approach guided consultations:

Principles, techniques and framework :

- Use of *3Cs* and *First ask, then offer*: established realistic expectations, provided targeted information, gave choice and control to generate hope, spent less time on objective assessment and more time on practical strategies
- Provided a clinically-relevant *menu of options* and encouraged *trial and error* thinking: worker persevered and problem-solved when strategies didn't work and tried different strategies
- Use of *BEST** concept: provided a way to problem-solve pain triggers long-term and enabled the worker to identify strengths she already had and build on these (e.g. meditation), created awareness of unhelpful thinking "I'll just do this..."
- *Invited the client to write*: worker wrote down "rotisserie chicken" to remind self about movement. Was able to self-reflect and get back on track when pain escalated
- The decision framework guided when to check for barriers that might affect adherence and hence intervene with strategies: particularly emotional and thinking barriers



Results after 3 sessions in 15 days

Outcomes:

	Medication	Sitting	ADL*	Pain
Initial	Endone x2/day Codeine x4/day	5 minutes	Needed help	7/10 back and leg
15 Days	Paracetamol PRN, some days no medication	20 minutes	Doing with care	1-5 /10 back, no leg pain

* Activities of Daily Living



Results to 6 months

Outcomes:

	Medication	Sitting	ADL	Pain
Initial	Endone x2/day Codeine x4/day	5 minutes	Needed help	7/10 back and leg
3 Months	Nil	✓	✓	No leg or back pain
6 Months	Nil	✓	✓	Occasional ache after sustained flexion



RTW outcomes

Time frame	RTW status
Initial	Off work 2 weeks
15 Days	Started 6 hour shift x2 week, no gardening
1 Month	Returned to previous retail duties (8 hr shift, x3) Supervising gardening
3 Months	Retail + gardening (avoiding heavy lifting)
6 Months	Unrestricted but takes care with lifting and limits repeated loads



Personal strategies maintained at 6 months:

- Plans her week with tissue “load” in mind
- Performs specific exercise routine x 3 per week
- Uses the principle of *trial and error* to try strategies and doesn’t give up after first attempts
- Recognises when her thinking may contribute to “overdoing” activity and paces herself in accordance with *one step at a time...*
- Uses *BEST* as a way to problem solve pain triggers as required



Worker's reflection:

*I needed more information than “take medication and walk”.
I wanted to get better as fast as possible and know how to
prevent this from happening again*

*The physio sessions helped me to reclaim my life by giving
me understanding and control over my recovery.
I'm still a little cautious but I now know what to do
to manage my back and stay out of pain*



Key messages for RTW injury management:

- Listen to the worker and ask them what they need: *What would help you right now to recover? What do you need?*
- Check the Worker's recovery expectations: realistic recovery expectations; how to track changes in their condition
- Check the worker's knowledge: *Do you have an understanding of what influences your pain and how to manage it?*
- Check RICK: pain and injury management activities and activities that will lead to RTW

