

# Guidance for Managing Musculoskeletal Disorders

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# Guidance for Managing Musculoskeletal Disorders

## 1 Introduction

NHS Greater Glasgow and Clyde is committed to protecting and promoting the health and wellbeing of employees. Musculoskeletal Disorder's (MSD's) continue to be a major cause of sickness absence in the United Kingdom, accounting for 23% of the reasons provided for absence within NHSGGC. MSD's can be caused by a range of activities in and outside the workplace.

NHSGGC has a number of policies and systems in place to manage the risks associated with work related activities, including the [Moving and Handling Policy](#); [the Health & Safety Management Manual](#); and, [DATIX](#).

This document outlines our commitment to reducing MSD's at work, as well as our support to employees who experience musculoskeletal disorders which may or may not be caused / aggravated by work related tasks.

The Aims of this Guidance Document are to:

- Inform all staff of the systems in place for the prevention and treatment of Musculoskeletal Disorders (MSD's)
- Provide guidance to Line Managers to support employees with MSD's
- Facilitate the identification of MSD risks through the Risk Assessment (RA) process

## 2 Background

MSD's are commonly acknowledged to have a number of causes, that is, different risk factors including physical, biomechanical, organisational, psychosocial and personal factors contribute to MSD's. Frequently, it is an interaction of more than one factor that can lead to the development of an MSD.

With regards physical and biomechanical factors, higher risk activities include those which involve excessive twisting and / or stooping; activities that are very repetitive on a daily basis and / or involve static postures; and activities that involve the regular lifting, lowering, carrying, pushing and pulling of heavier loads. Additionally, poor ergonomic design of workplaces and workstations can increase the risk of an MSD.

Musculoskeletal disorders are problems affecting the muscles, tendons, ligaments, nerves or other soft tissues and joints. The back, neck and upper limbs are particularly at risk.

Unlike most other workplace health issues, MSDs can happen outside the work environment and then be affected by work. They can impair an employee's ability to work at normal capacity. Prompt reporting of symptoms is required to ensure the individual gets the right support and help from their employer for them to manage their condition at work.

Occupational Health (OH) provides coordination, facilitates communication, and works collaboratively with treatment providers, the employee, and management to ensure work retention, or early and sustainable return to work. OH also seeks to reduce MSD's through pre-employment screening and monitoring and through the provision of a physiotherapy service for employees.

'Return to Work' refers to the restoration of productive occupational activity. The return may be phased and/or the duties appropriately modified and risk-assessed. The return may be to the employee's own duties, or to other duties which are suitable for the employee, and of benefit to the Organisation.

### **3 Responsibilities**

NHSGGC and every employee have responsibilities with regards the management of musculoskeletal disorders, these include;

#### **3.1 NHS Greater Glasgow & Clyde**

- 1) NHS Greater Glasgow & Clyde
- 2) Reduce exposure to MSD's through the risk assessment process;
- 3) Inform existing and new employees of the potential risks of developing MSD's at work, in particular those who carry out higher risk jobs / tasks;
- 4) Inform existing and new employees of simple steps they can take to prevent MSD's and minimise the long term impact of new / existing MSD's;
- 5) Provide an accessible and useable system for reporting MSD's (DATIX) and encourage employees to report symptoms early to their Line Manager and seek assistance from services including Occupational Health, Moving and Handling and Health & Safety;
- 6) Encourage retention of staff who experience MSD's, which may require adjustments to work, equipment or work arrangements.
- 7) Develop a Return to Work approach based on best practice ([Appendix A](#))
- 8) Monitor and review individual cases as well as the overall approach.
- 9) Provide support mechanisms for staff including advice, coaching and training from a range of services including Health & Safety, Moving and Handling, Occupational Health, [Employee Counselling Service](#) and [NHS Staff Benefits and Services](#)

#### **3.2 Line Managers**

- 1) Encourage employees to report symptoms early.
- 2) Discuss jobs / tasks that are contributing to the MSD or making it worse and make reasonable adjustments to the work, equipment or work arrangements.
- 3) Carry out and regularly review risk assessments of all activities which have the potential for MSD's, for example, Moving and Handling and Display Screen Equipment assessments (risk assessment forms are available in the [Health and Safety Management Manual](#)).
- 4) Seek support and advice in managing cases of MSD's from appropriate persons, e.g. Occupational Health, Moving and Handling and Health and Safety.

- 5) Work with relevant persons involved in the development and implementation of the Return to Work plan.
- 6) Inform employees with MSD's how to access the Occupational Health Physiotherapy Service.

### **3.3 Employees experiencing musculoskeletal symptoms**

- 1) Report MSD symptoms which may be affected by their work activities early to their line manager, this includes MSD's not caused by work.
- 2) Report to their line manager problems in the workplace which could cause MSD's or exacerbate existing conditions.
- 3) Comply with any workplace risk assessments and or protocols
- 4) Cooperate with line manager in seeking suitable adjustments to work, equipment and work arrangements to support retention at work.
- 5) May self-refer to the Occupational Health Physiotherapy Service. For advice or appointments call 0141 201 5604 between 0830 – 1230, Monday to Friday.
- 6) Follow advice of therapist or other health professional.
- 7) If absent, work with relevant persons, for example, your Line Manager and the Occupational Health Service, to develop and implement your Return to Work plan.

### **3.4 All Employees**

- 1) Follow the information and advice provided by the employer during induction / employment in relation to MSD's.
- 2) Comply with any workplace risk assessments and safe systems of work including the use of equipment provided and highlight where there are any deficiencies
- 3) Support colleagues with MSDs, particularly where there are temporary adjustments to work or work arrangements.

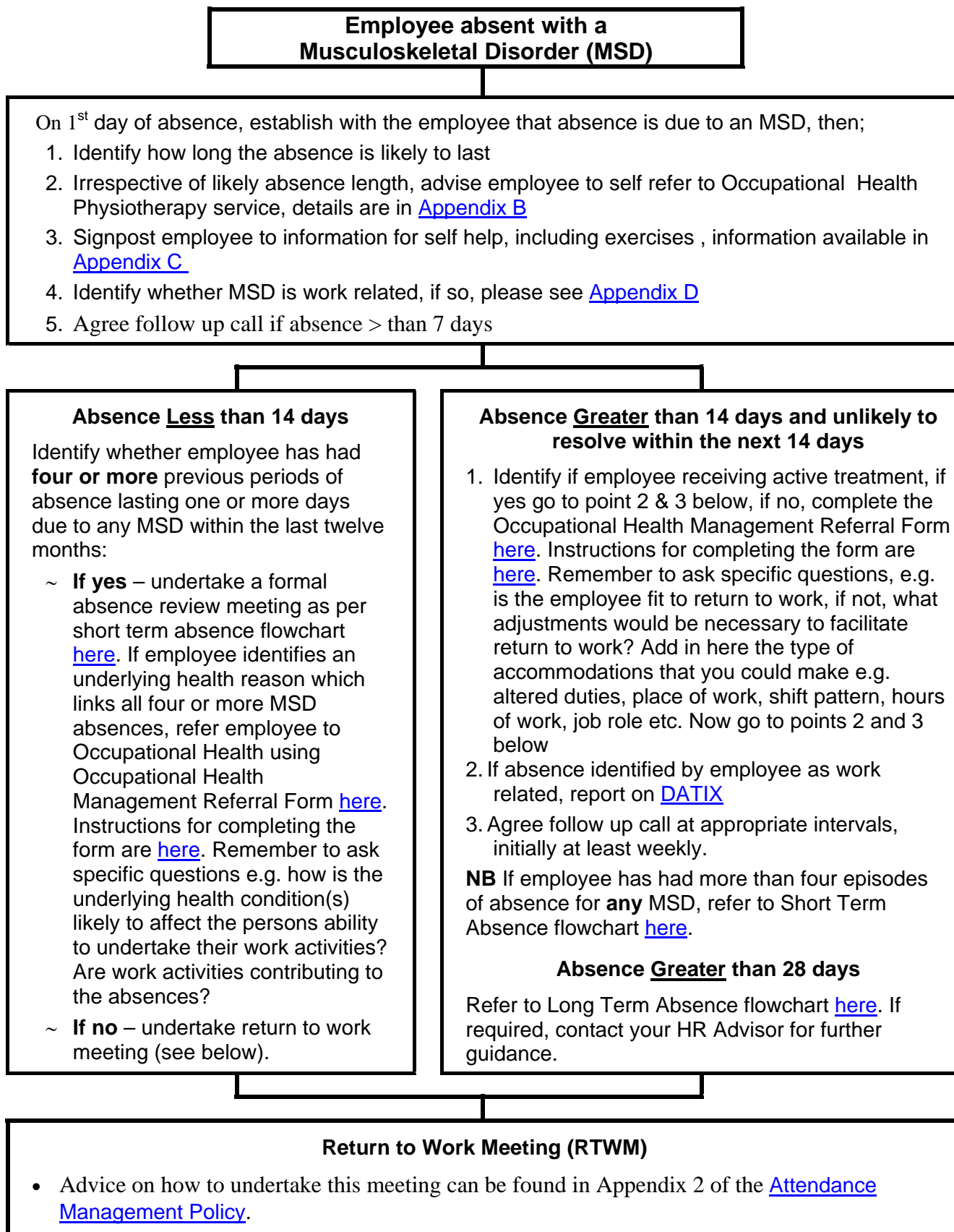
### **3.5 Occupational Health Physiotherapy Service**

- 1) Ensure that appropriate treatment and advice is provided for each individual case, considering the work that the individual is carrying out.
- 2) Consider any psychological as well as physical obstacles to retention / Return to Work.
- 3) Consult with all stakeholders in development and implementation of Return to Work plan.
- 4) Record and report ill-health trends attributable to MSD's.

## 4 Guidance for Managers

### 4.1 Managing an employee who is absent due to an MSD

The following flow chart details guidance for managers being contacted by an employee due to an absence related to musculoskeletal injury **whether work or non work related**.



## 4.2 Managing an employee who is struggling at work with an MSD

The following flow chart details guidance for managers managing staff who have an MSD that is affecting / being affected by their work. The musculoskeletal injury **may or may not** have been initially related to work.

### Employee is at work with a Musculoskeletal Disorder (MSD)

An employee at work is identified as having an MSD either by declaring it to their manager or by the manager noticing the employee is in some discomfort. In either case it is likely that the problem has been identified because it is impacting on the employee's ability to perform their work duties or that work is aggravating the MSD. When an MSD is identified the Manager should:

1. Make time to discuss the problem with the employee
2. Identify whether the MSD:
  - a. is work related or non-work related. If work related a DATIX needs to be completed.
  - b. is being exacerbated by work activities
3. Advise employee to self refer to the Occupational Health Physiotherapy service, details are in [Appendix B](#)
4. Signpost employee to information for self help, including exercises , information available in [Appendix C](#)
5. Use and complete the form in [Appendix D](#) to identify what adjustments (if any) the employee may require to support them to stay at work
6. Agree a date to review the situation, normally within two weeks and no longer than four weeks.

#### At 2 - 4 week review, MSD is better

- Discuss any adjustments currently in place with the employee with the view to returning the employee to full duties by an agreed date.
- Agree a date to review the employee's progress.

#### At 2 - 4 week review, MSD is no better / worse

- Complete the Occupational Health Management Referral Form [here](#). Instructions for completing the form are [here](#). In the referral identify what the problem is and what you have already put in place to support the employee .Remember to ask specific questions, e.g. is the employee fit to stay at work, if yes, what additional adjustments would be necessary support them at work?
- Agree follow up to discuss Occupational Health recommendations. If required, contact your HR Advisor for further guidance.

## 5 Reference Material

### Associated NHSGGC Documents

- [Attendance Management Policy](#)
- [Attendance Management Toolkit](#)
- [Display Screen Equipment Policy & Guidelines](#)
- [Health and Safety Management Manual Moving and Handling Section \(Risk assessments\)](#)
- [Health and Safety Policy](#)
- [Incident Management Policy \(DATIX\)](#)
- [Moving and Handling Policy](#)
- [Workforce Change Policy and Procedure](#)

### Staffnet Home Pages

- [Health & Safety Services](#)
- [Human Resources Services – Acute Services](#)
- [Human Resources Services – Partnerships](#)
- [Moving and Handling Services](#)
- [Occupational Health Services](#)

### Useful Links

- [Backcare](#)
- [Chartered Society of Physiotherapists](#)
- [Department of Work and Pensions \(2005\) Faculty of Occupational Medicine, Royal College of General Practitioners, Society of Occupational Medicine, The Health and Work Handbook National Back Exchange](#)
- [HSE \(2012\) Inspection Pack – Musculoskeletal Disorders.](#)
- [HSE \(2011\) Musculoskeletal Disorders](#)
- [HSE \(2011\) Musculoskeletal Disorders Case Studies](#)
- [HSE \(2011\) Musculoskeletal Disorders Back Pain](#)
- [HSE \(2006\) The costs and benefits of active case management and rehabilitation for musculoskeletal disorders. Research Report 493.](#)
- [NHS Employers \(2005\) Management of health, safety and welfare issues for NHS staff. Leeds, Department of Health.](#)
- [NHS Inform](#)



### Occupational Health Physiotherapy Service - Return to Work Process

The Occupational Health Physiotherapy Service works with employees who self refer or who are referred to them using the Management Referral Form. The employee may require active treatment and / or support in returning to or staying at work.

Where an employee is absent from work at the first point of contact with the Occupational Health Physiotherapy Service the physiotherapist will discuss the reasons for the employee being off work, identifying what the barriers may be to returning to work and agreeing clear timescales for return to work. The purpose of this discussion is to encourage employees to start thinking about return to work as soon as possible and to inform them that their return to work can be supported in a number of ways if required, including, changes to their work activities, environment and shift pattern. Setting clear goals and identifying the barriers to returning to work at an early stage, enables work related issues to be addressed timeously.

When an employee is seen by Occupational Health Physiotherapy Service for return to work purposes, informed consent is obtained from the employee to carry out assessments and to disclose relevant information to the manager and human resource advisor (where applicable). This consent is essential, as any work place modifications required as part of the employees return to work will need to be agreed by the manager.

An employee's fitness for work will be assessed using the following:

- ~ Clinical Findings, including, previous clinical history and objective examination
- ~ Assessment of psychosocial barriers, using the 'Flag identification' concept, that is, assessing the **Yellow** (the person - thoughts, feeling, behaviours) **Black** (the workplace – work & health concerns) and **Blue** (the context – relevant people, systems and policies) **Flags**.
- ~ Work Related Functional Evaluation – functional measures, observations, activities of daily living

In most cases a work place assessment will not be required, however, if it is, it will be conducted by an Occupational Health Physiotherapist This may be undertaken in conjunction with other services including, Health & Safety and / or Moving & Handling. Where these services are involved, a joint visit protocol report will be completed and copied to all relevant parties.

Following relevant assessment an Occupational Health Report may be provided to the manager and HR Advisor (if applicable) advising on any adjustments needed to the employees work activities, environment and shift pattern that would support their return to work, including timescales for the adjustments and the review period if required.

# Occupational Health Physiotherapy Service

## Self referral details

**This is an Occupational Health Physiotherapy service with priority given to staff members who:**

- Have sustained a musculoskeletal injury following an injury or accident at work
- Are absent from work due to a musculoskeletal problem
- Are at risk from going off work due to a new or work affected musculoskeletal problem.

### **Aims / Features of the Service:**

- Quicker access to physiotherapy for those in need to reduce sickness absence.
- Give advice and reassurance to reduce the need for sickness absence.
- Self management advice to prevent disorder recurrence. When appropriate you may be referred on to local services.
- Provide ergonomic & workplace assessments and advice for managers.
- Encourage Health Promotion and good working practices among NHS GGC staff.
- Treatment available at Victoria Infirmary, GRI, GGH, RAH & IRH

### **The following information is required for your call:**

Name, DOB, mobile, home and work contact numbers and reason for call clearly stating whether you are Off Work, Injury at Work or reason for risk.

**Phone Line available: Mon – Fri 8.30am to 12.30pm**

**Phone No: 0141 201 5604**

We will attempt to call you on 2 occasions within 2 working days

### Information Sources for Advice on Musculoskeletal Disorders (MSD's)

The information below can be found at [www.nhsinform.co.uk/MSK](http://www.nhsinform.co.uk/MSK). Clicking on the underlined sections below will take you to specific related web pages on the above site.

	Advice	Exercises
1.	<b><u>Upper body</u></b>	
	<a href="#"><u>Neck advice</u></a>	<a href="#"><u>Neck exercises</u></a>
	<a href="#"><u>Shoulder advice</u></a>	<a href="#"><u>Shoulder exercises</u></a>
	<a href="#"><u>Elbow advice</u></a>	<a href="#"><u>Elbow exercises</u></a>
	<a href="#"><u>Wrist, hand &amp; finger advice</u></a>	<a href="#"><u>Wrist, hand, finger exercises</u></a>
2.	<b><u>Lower body</u></b>	
	<a href="#"><u>Hip advice</u></a>	<a href="#"><u>Hip exercises</u></a>
	<a href="#"><u>Thigh advice</u></a>	<a href="#"><u>Thigh exercises</u></a>
	<a href="#"><u>Knee advice</u></a>	<a href="#"><u>Knee exercises</u></a>
	<a href="#"><u>Calf advice</u></a>	<a href="#"><u>Calf &amp; Ankle exercises</u></a>
	<a href="#"><u>Ankle advice</u></a>	
	<a href="#"><u>Foot advice</u></a>	<a href="#"><u>Foot exercises</u></a>
3.	<b><u>Back</u></b>	
	<a href="#"><u>Back advice</u></a>	<a href="#"><u>Back exercises</u></a>
	<a href="#"><u>Back in control</u></a>	

### Considerations for Managing an Employee with a Musculoskeletal Disorder

The following can be used as prompts for what to consider if an employee who is absent from work due to an MSD identifies that, in their opinion, the cause is related to work. By noting the responses to the prompts below, including any actions taken, in the comments boxes, this form can then be used to support the employee at their return to work meeting.

<b>If an employee believes their MSD is related to work, consider the following;</b>	
<b>1.</b>	<p>What particular activities and / or work pattern may be involved;</p> <ul style="list-style-type: none"> <li>○ Were these activities / work patterns new to the employee, if so, consider reviewing.</li> <li>○ Are the activities undertaken by other staff, if so;                             <ul style="list-style-type: none"> <li>▪ consider reviewing existing staff undertaking activities to identify whether this an isolated incident or if other staff have similar symptoms;</li> <li>▪ consider reviewing the risk assessment and / or monitoring the implementation of the control measures.</li> </ul> </li> </ul> <p><i>Comment:</i></p>
<b>2.</b>	<p>How the activities may have affected the employee, that is, is there anything particular that the employee believes could have contributed to the MSD with regards the activity / work pattern, for example, space constraint, weight of the load, communications etc.</p> <p><i>Comment:</i></p>
<b>3.</b>	<p>What the employee believes could be done to reduce the impact of the activity / work pattern on their MSD to help keep them at work or for their return to work.</p> <p><i>Comment:</i></p>
<b>4.</b>	<p>Has the incident been recorded on DATIX (if work related)</p> <p><i>Comment:</i></p>