Low back pain and return to work: some advice from personal experience

Back pain often starts suddenly, making you unable to move or do any activity. This acute phase sometimes settles down with rest and simple analgesics. It may recur from time to time, but for many it becomes a chronic condition. There are various treatment modalities available, but each sufferer needs individual treatment options.

For some people back pain takes time to settle down, and they need to take sick leave. They may be unsure whether they will be able to get back to working as before. When I became a chronic back pain sufferer, I realised that it is a common problem with little guidance for the patient and very little evidence for management. Here are some tips for sick leave, planning and managing your return to work.

Important things to remember during sick leave are:

• Reasons for absence
• Period of absence
• Experience in the specialty
• Aim to achieve safe independent return to practice

When you and your GP think you are ready to go back to work, arrange to meet with your CD, general manager, consultant, or human resources manager. Self-certification and Fit Notes from your general practitioner should be submitted promptly. It is also important to get occupational health (OH) advice at an earlier stage. Every case is different, but expect a phased return to work after a period of absence based on workplace assessment from the Occupational Health Department to ensure that the equipment you use (e.g. chairs, work stations) are appropriate for your condition.

Returning to work can be a particularly stressful experience for senior anaesthetists. In April 2012, the Academy of Medical Royal Colleges published their return to practice guidance for all doctors returning to the same area of clinical practice following an absence for any reason. These recommendations have been included in the updated guidance “Returning to work after a period of absence” available via the Royal College of Anaesthetists website. It includes details on planning and preparation for absence from work, structured approach to return to work and additional resources.

During a phased return, start with limited hours and increase them as and when you think you can. Don’t take one step forward and two steps backward. Try to be realistic about what you can achieve. Getting Anaesthetic List Management Assessment Tool (ALMAT) forms signed assists in building up your confidence and regaining competencies. Keeping a logbook is important. If possible identify a clinical supervisor or mentor who can guide and help you. Phased return can take months before you are back to your normal practice. Review by your supervisor at regular intervals to discuss progress and planning ahead are essential. Breaks during long hours at work are essential. You may find reducing working hours during a week or midweek breaks are beneficial. Coping strategies for back pain away from work include regular exercises or fitness classes as yoga, Pilates, learning to relax during busy day, and physiotherapy. Rest is essential. This should be considered as a part of life with other routine work.

When you start back in the workplace, everything becomes a new experience. I have changed a few things permanently in my practice including taking regular breaks, sitting down intermittently, adjusting trolley heights for intubations and other practical procedures e.g. spinals. Anticipating problems is difficult. I know I will be better one day but not knowing quite when is very unsettling. Working with a chronic condition where everything is unpredictable demands a different mental approach. With time you get used to your pain, develop your comfort strategies and start to enjoy your work again. Having a positive attitude helps during this difficult period.

When you are faced with the unexpected, such as backache, which doesn’t rapidly resolve only you can understand the impact of the problem. The effect it has on you and your family physically, psychologically, socially, financially is very difficult to explain to others.

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Reference:

Anaesthetic List Management Assessment Tool (ALMAT)

Four out of five adults experience low back pain at some point in their life. Most cases are non-specific, simple or mechanical back pain. Over the years in clinical practice, we anaesthetists rarely think about our posture or movements, especially when intubating and manual handling. An injury may be responsible for back pain, but often it’s the consequence of poor posture or an awkward twisting movement, bending or a combination of these, along with inactivity which results in stiffness and poor flexibility.