

WORKPLACE STRETCHING AND OTHER ACCOMMODATIONS TO ENABLE RETURN TO WORK AFTER A BACK PROBLEM — PUBLIC ADMINISTRATION

Sector: Administration

Job: Project manager

Size: Medium-sized enterprise

Country: International

Health problem: Piriformis muscle disorder

Context/background

The organisation has a return-to-work policy that involves establishing a return-to-work plan and that sets out how the organisation will remain in contact with the worker during their absence. The organisation carries out regular risk assessments, including for display screen equipment (DSE) work, and provides sit–stand desks (these were introduced in a stepwise process, following the purchase of the first one to enable the return to work of a person with a lower back problem). The organisation provides alternative mouse devices, shorter keyboards and different kinds of ergonomic seating for staff members where a need is identified through risk assessment.

The organisation has a teleworking agreement (on remote work at home or elsewhere) that covers all staff and allows them to telework on a regular or irregular basis. Likewise, there is a flexitime agreement covering all staff, which allows staff to vary their start and finish times within certain fixed core hours. The organisation also has a policy allowing workers to work part-time following a health problem, for up to 6 months as part of a return-to-work process, if medically justified. In addition, staff can also request reduced working hours. The organisation has weekly lunchtime stretching classes for staff, run by a local physiotherapist.

Demographic and health information

The worker is a woman in her early 60s who has worked for the same organisation for 21 years. She has faced problems with musculoskeletal disorders (MSDs) for 7 years. The worker has piriformis syndrome with the main symptom being pain, which can be brought on by prolonged sitting, standing even for short periods of time, walking for any length of time, and lifting or carrying even relatively small weights.

Piriformis syndrome is a condition in which the piriformis muscle, located in the buttock region, spasms and causes acute pain. The piriformis muscle can also irritate the nearby sciatic nerve, causing pain, numbness and tingling along the back of the leg and into the foot. This MSD is often confused with sciatica and therefore can be difficult to diagnose. In this worker's case, when sitting in an upright position, the seat bone puts pressure on the piriformis muscle below it, which can cause the muscle to contract and result in pain.

While the condition has been gradually improving over time, the worker has been experiencing a return of symptoms, especially when she 'overdoes' something, for example exercise or sitting for too long.

Work, job and tasks

The worker's main tasks are managing contracts, associated administrative tasks and desk-based research. Some international travel is involved in the job. The job involves a large amount of computer-based work. Her current role involves working 80 % of full-time hours. In general, she has control over the organisation of her own work; however, there can be busy times when the workload increases and there are fixed deadlines that must be met.

Process for return to work

The worker was absent from work for 1 year because of piriformis syndrome symptoms (which were initially diagnosed as problems related to a small disc hernia). She had previously worked full-time (a 40-hour week). Following her absence, a return-to-work plan was agreed with her employer and she gradually returned to work. She first discussed her proposed return to work with her staff representative during her 1-year absence. Following this, the plans were discussed with her line manager and adopted as a formal plan. At the very beginning, for the first month or so, she worked for 1 hour at home in the morning, checking emails, followed by 3 hours in the office. During the first 6 months of the return-to-work process, she was working part-time (4 hours per day), and later her hours were extended to 80 % of full-time hours (6.5 hours per day).

Support given and by whom

Several actors were involved in supporting the return-to-work process for the worker.

The worker's line manager and the head of the organisation were helpful in supporting the phased return to work.

From the workplace, the staff representative, the worker's line manager and other colleagues maintained contact during the worker's absence, through both formal and informal meetings (e.g. meeting for coffee). These meetings enabled workplace information to be communicated to the worker and helped her to continue to feel a valued member of the team throughout the process.

An occupational health physician gave advice on the setting up and use of her workstation and facilitated the organisation's understanding of the changes required in the workplace. For example, they suggested the use of an alternative type of seat that allowed a more dynamic way of sitting, and this was purchased. Further medical support continues to be received through a sports physiotherapist who advises the worker on exercises and stretching to be performed before and during working hours, as well as other regular physiotherapy sessions to relax muscles when they become over-contracted. The worker's physiotherapist recommended a sequence of exercises to be completed in the morning, and on the physiotherapist's recommendation she starts work slightly later in the morning than normally allowed under the flexitime scheme to facilitate this.

The worker was involved in developing the plan for the return-to-work process, and she proposed when and how she would return to her previous duties.

The worker was impressed by the trust that her colleagues demonstrated to her, and the clear intention to work with her to enable her to return to work. This made her realise how important and valued her work for the organisation is. This was made evident by the continuing contact and formal and informal discussions about her needs in relation to work.

Workplace changes

Tools and equipment

To enable the worker to avoid sitting at a computer or laptop for typing tasks, the employer provided voice recognition software (VRS) and a cordless headset. She was also provided with a dictation machine; this can be used away from the office and the recording can then be imported into a computer file using the VRS. This type of software recognises the user's voice and automatically converts spoken words into written text. The introduction of this software involves the software learning the user's voice. The benefit of the software and the cordless headset is that they can be used while sitting, standing or moving around. The worker also finds that she can dictate faster than she types, which has the added advantage of making her more productive.

The worker was provided with a seat cushion designed for wheelchair users to use when sitting. This cushion helps to relieve some of the pressure felt when sitting and can be easily moved around the office as needed by the worker. The worker had bought herself the same cushion for use at home when on sick leave, so she knew that it was effective for her. Furthermore, the worker has procured a lightweight folding 'stick stool' to perch on when she would otherwise be standing for long periods. This stick stool allows her to take the weight off her legs, for example during breaks in meetings or while queueing when travelling.

An alternative type of seat was also purchased, following recommendations from the occupational health physician, that allows a very dynamic way of sitting. This can be used for sitting or perching at her sit-stand desk. She swaps between this and her 'traditional' ergonomic chair, which helps her to vary her postures. This same type of seating has subsequently been purchased for another person with an ongoing back problem.

The worker also initially used a watch with a vibrating alarm mechanism (marketed as a device to help children with incontinence problems or to remind adults when to take tablets) to remind her to get up every 20 minutes while sitting. She has subsequently bought herself a smartwatch that performs the same function.

Additional equipment provided by the worker included a cheap child's sloping desktop writing stand, which improves posture when writing or reading documents, and a lumbar support cushion.

Ergonomic equipment that had previously been given to this worker included a small, left-handed upright mouse, and a shorter keyboard (she is right-handed but switching to using the left hand enables a more even distribution between the use of the upper limbs).

Workplace

The main change in the workplace has been a move to a single-occupancy room so that VRS can be used in confidence and without disturbing others.

An existing restroom — for use by, for example, pregnant workers — was further equipped, including with a supplementary topper for the couch, an exercise mat and a lattice ball. The room allows space to rest and perform stretching exercises when required, and is used by other workers as well, for example if they experience back pain.

Tasks

The worker is able to continue with her work tasks, but how these tasks are carried out has been changed to avoid continuous static postures that might trigger pain. The worker is now able to move freely at her workstation, standing up and moving around whenever she experiences any discomfort. It is very important that she can get up and move every 20 to 30 minutes. It is commonly accepted that, during meetings, the worker will stand up or move around when she needs to to avoid discomfort.

Work travel

It was agreed between the organisation and the worker that business trips would be minimised, especially long-distance ones, because of the discomfort caused by sitting on aeroplanes for long periods. Where possible, she participates in external meetings by video conference, which also creates cost savings for the organisation. Learning to prepare a PowerPoint presentation with a voiceover would be another means of avoiding travel, and she would like to explore this. When she must travel, the worker is allowed to book a hotel with a fitness room so that she can perform her physiotherapy exercises in the morning. She is allowed to take taxis, if necessary, when she is on work trips. This gives her the reassurance that, if she should start to feel pain, she has a means of avoiding public transport and carrying luggage. In relation to handling luggage, she ensures that she packs lightly, taking the minimum required, when travelling. For plane trips, the worker books an aisle seat and carries a lightweight blow-up cushion and blow-up lumbar support. She can also take her folding stick stool with her. These items were identified and procured by the worker. At meetings, she prefers to sit at the back of the room, on the end of a row near the door, even if she has to present, since she needs to move around. She informs the organisers and anyone sitting next to her of this before the meeting begins.

Working time

During her phased return to work, the worker was able to progressively build up to her current working hours; she started working half-days and then increased her hours to 80 % of her full-time hours, which she feels is sustainable in the long term. The flexitime scheme allows her enough flexibility to attend physiotherapy sessions. Although she has the option of teleworking, she prefers to come into the office, as the ergonomic working conditions are better and she would have to carry a laptop to and from work to telework.

Health and safety risks identified

The advice of participants in the return-to-work process, including the worker's occupational physician, line manager and staff representative, and the view of the worker herself, was that she should avoid sitting for long periods and avoid static postures by taking frequent breaks and alternating between the two types of seat. The worker has a desk-based job, in which she is free to stand up and move around whenever she feels this is necessary. She does not use the sit-stand desk for continuous standing work, but it allows her to adjust the desk to exactly the right height for comfort.

Ease or difficulty of implementing the advice

In addition to receiving professional advice and advice from the company as mentioned above, the worker conducted her own research, looking at advice on patient support, disability and healthcare websites. She searched for specific equipment (on both orthopaedic equipment websites and general online purchasing websites), looking at the online

reviews left by purchasers. She found it straightforward to implement the changes in the workplace. During the interview, the worker highlighted that the decision to return to work was the most important first step. Once that decision had been made, she researched information on how to support her working routine. Fundamentally, the worker felt that she was in control of the return-to-work plan, and that there was no pressure on her to return to work before she was ready. She also found the phased return to work essential, feeling that she would never have been able to make the leap straight from being off work to working full-time without the condition worsening.

Transferability

The process documented is transferable, depending on the internal regulations of the organisation in question. The case demonstrates that a return-to-work plan developed with the worker and flexible working are successful tools for retaining valuable workers and not losing their expertise. These measures should be accessible to all workers who are returning to work after a period of ill health. The equipment (the stick stool, cushion and VRS) can be easily obtained and the cost is not high. However, implementing technology such as VRS does require consideration of where a person works and the possibility of disturbing others in close proximity. There is information regarding helpful tools on many different websites for those with disability, dexterity or fatigue issues. These tools are not specifically recommended for MSDs, but they can be helpful under specific circumstances, for example the cushion for improving comfort and circulation during prolonged sitting.

Lessons learned

The lessons learned from this case include the importance of:

- the worker having and continuing to have contact with their line manager and colleagues;
- continued support from healthcare professionals and the worker's line manager and colleagues;
- trialling different aids and simple supports, such as cushions, document slopes and voice recognition systems;
- the worker having access to a restroom;
- the worker having control over their work time;
- an open and understanding workplace culture to aid task changes;
- a proactive approach on the part of the worker and their being supported in self-management.

The case teaches us that chronic MSDs are problems that need a combination of measures and a multidisciplinary approach, for example combining physiotherapy, occupational health and ergonomics. In addition, such cases need not only good support from the organisation but also the personal investment of the worker to find out what will work best for them and a willingness to work with others involved in the process.

Costs and benefits

The worker returned to her work tasks after 1 year of absence. Since her return, both the worker and the organisation have directly benefited financially, as the organisation has not lost an expert worker and the worker is still in her paid role.

It was important to the organisation to retain a valuable worker, and most of the solutions were relatively simple and low cost.

Experience with this worker's return to work has since been used to inform the return to work process for a colleague, following an absence because of a broken bone. Other workers have benefited from the restroom improvements.

Summary of changes

In this case, the changes included a proper return-to-work scheme, a reduction to 80 % of full-time working hours, simple equipment, including a wheelchair cushion to reduce pressure when seated, a stick stool to avoid prolonged standing, VRS and acceptance from the worker's colleagues and others of her need to move around at regular intervals. Having the full support of colleagues encourages an attitude of wanting to return to work, which is one of the core factors for a successful return to work.

References and resources

Spine-health, 'What is piriformis syndrome?', <https://www.spine-health.com/conditions/sciatica/what-piriformis-syndrome>