

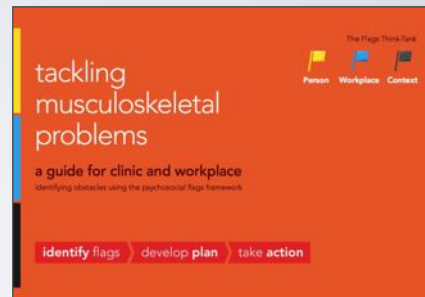
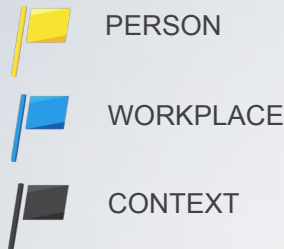
# Tackling Musculoskeletal Problems

a guide for clinic and workplace

identifying obstacles using the psychosocial flags framework

Kendall, Burton, Main, & Watson: TSO Books, 2009

[www.tsoshop.co.uk/flags](http://www.tsoshop.co.uk/flags)



- Flags are about identifying obstacles to being active and working
- The important thing is to figure out how these can be overcome or bypassed
- Combining work-focused healthcare with an accommodating workplace is best: that means all players onside - consistency, coordination and collaboration

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- *Tackling Musculoskeletal Problems* (TMP) is an evidence-based guide for both the clinic and the workplace, but it will also be of use to many others ... including human resources departments, claims handlers, insurers, lawyers, case managers, employment advisors, health and safety advisors, rehabilitation providers, occupational health services, etc, etc.
- *Tackling Musculoskeletal Problems* has been carefully integrated with the important modern concepts of stepped-care, shared decision-making, effective vocational rehabilitation, and claims and case management.
- The guide provides a solution-focused approach to the management of common musculoskeletal problems. It focuses on identifying psychosocial obstacles using the flags framework.
- The approach uses an easily understood and remembered method:  
    **“identify flags, develop [a] plan, [then] take action”**
- Identifying flags highlights obstacles to being active and working, and this allows us to figure out how to overcome obstacles that are modifiable, or how to navigate around those that cannot be changed.
- For practical use the flags have been grouped into those belonging to the Person, their Workplace, and the Context in which the person functions. There is a clear description of each psychosocial flag, with guidance on what to look for using two simple questions, and what can be done using simple and available management strategies.
- The guide provides information using several layers of complexity, to reach different audiences. There are summary pages that can be used as standalone reference or training material. There is straightforward advice with headlines about important aspects; and, more detailed and technical information for those requiring it. Illustrative case examples are also included.
- The guide also includes a 2-page summary for the workplace (line managers, supervisors, employers), and a 1-page advice sheet for workers who experience musculoskeletal problems.



Musculoskeletal problems are complex, both clinically and socially.

Understanding and effectively tackling them necessitates a **biopsychosocial** perspective.

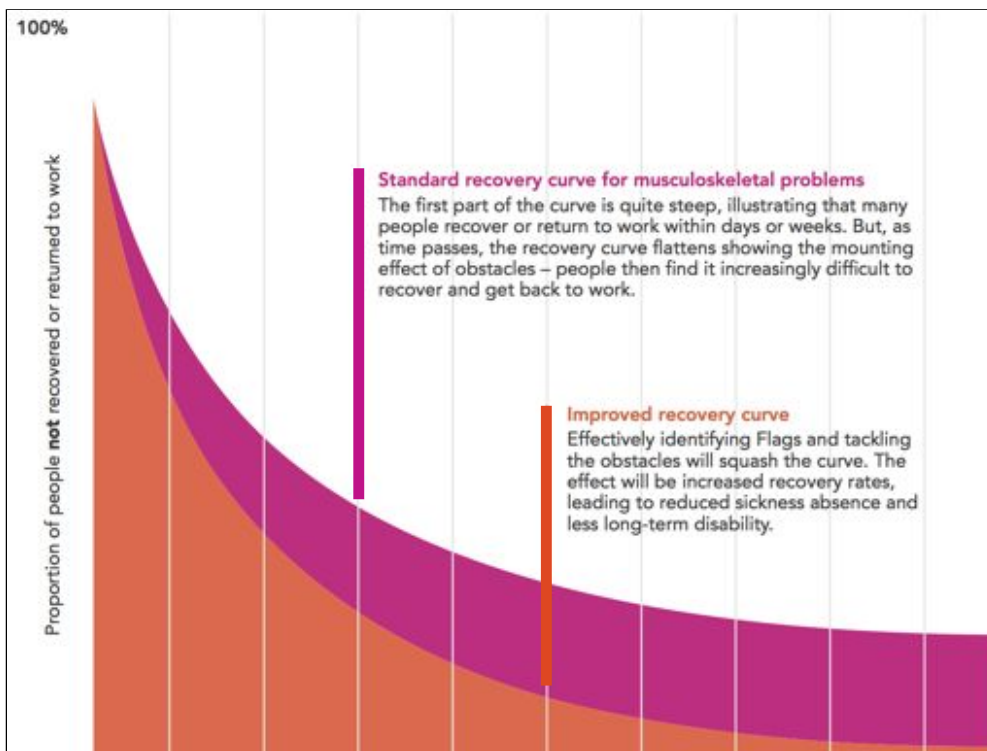
In recognition of this, the **psychosocial** Flags initiative set out to develop a practical framework for identifying and tackling the wide range of factors that can act as obstacles to recovery and return to work.

The core idea is the need to simultaneously address both biomedical **and** psychosocial issues.

Flags are an aid to bringing the biopsychosocial model into everyday practice.

They offer an understanding of why some people with musculoskeletal problems don't recover as expected.

They offer a method to identify and tackle obstacles to recovery or work.



Treatment using purely biomedical and biomechanical approaches has limited ability to resolve musculoskeletal problems.

As the symptoms become persistent and often more extensive, with development of increasing negative effects and influences on the person, these treatments become less useful.

Even before this stage, psychosocial factors can impede recovery.

The evidence is clear that treatment directed simply at pain reduction does not necessarily result in improved participation and less disability.

Realisation of these various influences led to the ‘biopsychosocial’ approach to help explain and overcome the problem of unfavourable outcomes.

At the root of this approach is the important question: is it possible to redirect an individual’s trajectory away from persistent pain and disability?

In other words, can we identify people and situations where this problem is more likely, and can we do anything about it? Can we take early steps to promote recovery and facilitate return to work?

This is what the Flags framework was developed to achieve.

## Psychosocial Flags Framework

# Person, Workplace, Context



**Person** - psychosocial factors associated with unfavourable clinical outcomes and the transition to persistent pain and disability



**Workplace** - stem largely from perceptions about the relationship between work and health, and are associated with reduced ability to work and prolonged absence



**Context** - in which the person functions; includes relevant people, systems and policies. These may operate at a societal level, or in the workplace. They are especially important since they may block the helpful actions of healthcare and the workplace

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### Flags have a dual role

1. Flags can help to select individuals likely to need additional help
2. Crucially, Flags point to specific obstacles that need to be tackled or navigated around

What's important is appreciating how Flags contribute to creating an obstacle, and then working out how it can be overcome or bypassed

### Multiple flags

- Psychosocial variables can have a cumulative effect
- Because the Flags interact, people often have multiple obstacles across domains
- A Flag in one domain does not exclude one from another: rather it makes it more likely

### All Players

Remember, all players onside - consistency, coordination and collaboration

## Stepped Care “just what’s needed when it’s needed”



### < 2 weeks

Provide support (using)  
Evidence-based advice  
Myth busting  
Symptom control

### 2-6 weeks

Light intervention:  
Healthcare + workplace accommodation  
Identify psychosocial obstacles  
Develop plan for early RTW/activity

### 6-12 weeks

Shift up another gear:  
Check for ongoing obstacles  
Expand vocational rehabilitation approach  
Cease ineffective healthcare

### > 12 weeks

Multidisciplinary approach:  
Revisit plan and goals  
Move to cognitive-behavioural techniques  
Maximise RTW/activity efforts by all players

### > 26 weeks

Move to social solutions:  
Provide signposting + community support  
All players maintain communication  
Avoid unnecessary medical intervention

Note - timeframes are approximate guides