

The role of occupational therapy in enabling people with chronic pain to return to work or education

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Abstract

Occupational therapy is based on the premise that there is an intrinsic relationship between occupations, health and wellbeing. Chronic pain restricts the performance of activities that individuals need to, want to and are expected to perform, including working or studying. Young people who have a chronic pain condition may be restricted in their participation with school or higher education which can result in them being disadvantaged regarding their future potential for employment. Work is central to most adults' occupational identity and is therefore a key focus for occupational therapy intervention. In addition to the strategies used generally with patients, such as activity management, activity adaptation and the development of coping strategies, occupational therapy with young people and adults who want to access work and/or education will address the biological, social and psychological barriers to returning or remaining at school or work. The aim of this article is to explain the role and value of occupational therapy within the pain management team in relation to enabling patients return or remain in work or education.

Keywords Chronic pain; education; occupational therapy; vocational rehabilitation; work

Royal College of Anaesthetists CPD Matrix: 3E00 2E03

Occupational therapy and chronic pain

The role of occupational therapy in enabling successful occupational performance has been described in detail in the author's previous article.¹ Enabling people with chronic pain to return or remain in work and/or education involves the use of all of these strategies. In order to plan appropriate intervention, the therapist assesses the individual's current performance and the barriers to successful participation in education or work. Those barriers will include those of the individual and the social and physical environments in which they need to function.

The therapist will help the individual understand the biopsychosocial nature of their pain and the importance of self-

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Learning objectives

After reading this article, you should be able to:

- discuss the impact of pain on a patient's participation in work and education
- explain the role of occupational therapy in enabling young people with chronic pain to remain in school
- describe the role of occupational therapy in supporting people with chronic pain to remain in/return to work

management. They will teach techniques to enable the individual to successfully engage in occupation. These techniques will include problem solving, grading of activity, education regarding pacing, goal setting, ergonomics and energy conservation. Although their goal may be to return to work/school, it is important that patients understand the impact that all their activities have on their pain and fatigue and the actions they can take to minimize those impacts.

Work

A reported 41% of people who attend pain management clinics state that their pain has prevented them from working.² The National Pain Audit found that the most significant impact of pain on people's lives was on their ability to work.³ Musculoskeletal disorders, including back pain, are one of the main causes of long-term sickness absence. In 2008 it was stated that the economic costs of sickness absence and worklessness associated with ill-health are over £100 billion.⁴

Employment is a key part of normal life for the majority of adults and good meaningful work has been identified to have a positive effect on physical and mental health. It is widely recognized that where their health condition permits, sick and disabled people should be supported to remain in, or re-enter work as soon as possible. This is because work itself has been found to be therapeutic and helps promote recovery and rehabilitation. It also minimizes the risks of the physical, psychological and social effects of long-term absence from work.⁵ From an occupational identity perspective, work is central to individual identity and roles and therefore vocational rehabilitation is a key focus for occupational therapists working in chronic pain.

Vocational rehabilitation has been defined as whatever helps someone with a health problem to stay at, return to and remain in work and is the responsibility of all healthcare professionals.⁶ Within pain management teams, occupational therapists are often ideally placed to support individuals with chronic pain to remain in or return to work.

There are a range of obstacles which prevent people from returning to work. The biological obstacles may be most obvious – pain, skills, medication, sleep and activity levels. The psychological barriers include depression, dysfunctional attitudes and beliefs about pain and disability, catastrophizing, lack of motivation, low expectations about returning to work and low self-efficacy. The social barriers include work-place demands, family roles, transport, employer attitudes, benefit system, child care, work relationships and employers' poor understanding. Effective rehabilitation must consider the range of

biopsychosocial obstacles to recovery/return to work (clinical, personal and occupational).⁷

People currently working or on sickness absence

It has been noted that the longer a person with pain is absent from work, the less likely they are to ever work again.⁶ Early intervention when patients are on sickness absence is therefore vital. With the patient's consent, occupational therapists can liaise with employers to identify potential obstacles or hazards and to adapt the workplace and/or the role. Assessment within the work environment can be invaluable in identifying adjustments which will facilitate return to work or support patients struggling within work. Observation of the patient at work helps with the therapist's activity analysis by allowing accurate assessment of the physical, cognitive and social demands of the role.

Following assessment of the work role, either through discussion with the patient or a workplace assessment, the occupational therapist will provide advice regarding specific postures and movements and the application of pacing and energy conservation within the workplace. They may also involve other members of the team to enable the patient to prepare for returning to work. For example, specific physical demands in relation to movement may require targeted intervention from physiotherapists and cognitive demands requiring levels of attention and concentration may affect the medication regime prescribed by the consultants. The occupational therapist will work with employers to help them understand the health condition of their employee, and the adaptations required.

With the introduction of the Statement of Fitness for Work (Fit note), there is a recognition that people can return to work before they are 100% fit. This allows GPs to identify the conditions under which someone is able to work, (e.g. no heavy lifting). Occupational therapists, along with other allied health professionals, can complete an Advisory Fitness for Work Report. This can be given by the patient to their employer, to advise about adjustments required, or to their GP to give evidence to support the Statement of Fitness for Work (Fit note).

People not working and wishing to return

For patients who have been out of work for some time but wish to return, occupational therapists will help patients identify realistic goals. Long-term unemployment can lead to a range of biopsychosocial consequences including in loss of confidence and self-efficacy, poor routines and deconditioning. The therapist can work with patients to develop their readiness to work through the use of graded activity and work-related tasks, such as voluntary work. They will signpost the patient to agencies who can help with social obstacles such as benefits, transport and child care. The authors have developed collaborative links with local disability employment advisors and other agencies that help people return to work. There is an increasing awareness within statutory organizations that returning to work requires a broader approach that recognizes the biopsychosocial needs of the benefit claimant.⁴

Education

School has been referred to as the 'work of childhood',⁸ noting that not only is it imperative for the development of academic and cognitive skills but it also serves as the primary arena for the

development of identity, independence and establishment of social relationships outside of the family. Studies indicate over 25% of children and adolescents experience persistent pain, which can substantially disrupt participation in daily activities, including their ability to participate in education. It has been demonstrated that adolescents with chronic pain miss a significant amount of school, experience a decline in grades and perceive pain to interfere with their school success; highlighting the need to assess and address school functioning in the management of chronic pain. This can not only increase this client group's likelihood of academic success, but also set the stage for adaptive functioning in other contexts both during adolescence and throughout the life span.⁹

There are several factors that can hinder a student with chronic pain's participation in education, including psychological factors (depressive and anxious symptoms); social factors (peer relationships, child perception of teacher support, parental protectiveness and catastrophic thinking); physiological factors (sleep disturbance) and cognitive factors (cognitive distortions, self-efficacy and deficits in working memory and selective attention).⁸ It is suggested that when school functioning is affected, this may further impact upon these four factors, thereby reciprocally impacting chronic pain. In addition to pain itself, side effects from medication, fatigue and activity levels may also restrict a student's engagement in education. The occupational therapy approach to supporting children and young people in school will therefore consider the whole range of obstacles that prevent engagement and will involve a biopsychosocial approach to enabling engagement with education.

School

Following assessment of a child's functioning at school and the factors affecting this, occupational therapists identify and discuss suitable adjustments and support to improve school functioning. This is done in collaboration with the student and parent to ensure proposed plans are meaningful and responsive to the student's unique needs. Where possible, the aim is for the student to be educated within a school environment rather than at home, so they can also experience the social and personal development opportunities that a school environment provides.

Occupational therapists often fulfill a vital liaison role facilitating effective communication and collaboration among family, school personnel and the healthcare team. Studies show that school personnel have a limited understanding of chronic pain and that teachers who attribute pain, at least in part, to medical causes express more willingness to provide accommodations to the student with pain. As such, assisting school personnel to increase their knowledge of the nature of chronic pain, to plan effectively to provide clear and appropriate classroom supports, to monitor the progress of such strategies, to manage high absence rates and to collaboratively problem-solve with families is critical.⁸ Occupational therapists commonly facilitate these vital tasks through meeting with the school, parents and student, or by communicating with the school by telephone or letter where appropriate. Occupational therapists may also contribute to developing an education, health and care plan for students who need more support than is available through special educational needs support.

The types of adjustments or support an occupational therapist may recommend will vary according to a student's needs. They may include: physical adjustments (e.g. to minimize travel

around buildings, stairs and/or carrying school bags); use rest breaks during classes and/or throughout the day; use of equipment (e.g. to support with writing or posture); reduced or flexible timetables (ensuring core subjects are included wherever possible); special permits/passes (e.g. to leave classes early or arrive late; to avoid queuing for school meals); special arrangements for exams/assessments (e.g. extended exam times); contingency arrangements, if the student is unable to attend school; and/or use of a 'buddy system' or the student having a designated member of staff at school they can talk to regarding any issues they may experience. Such adjustments would need to be regularly reviewed and adjusted according to the student's needs. In addition, occupational therapists may assess and, where appropriate, advise students on strategies to support them manage their studies outside of school (e.g. how to plan and pace their homework) as well as educate parents to support child-parent partnership, which improves school functioning.

Further and higher education

Similarly, occupational therapists work collaboratively with adult students with chronic pain and further and higher educational establishments regarding student's health needs, the nature of their chronic pain and facilitate them plan appropriate adjustments and support to enable the student to start, resume or continue with their studies. Most universities and colleges have disability advisors or disability coordinators, to whom an occupational therapist may signpost a student to, or work with, who can assess and arrange provision of a wide range of support including disabled student allowances.

Working towards engagement

Participation in education and work is essential for the development and maintenance of the physical, emotional and social wellbeing of adults and young people. The impact of chronic pain on this participation can be significant, and being out of education or work can itself impact the individual's pain. There is therefore a vital need to address these issues within pain management services and occupational therapists are uniquely qualified to

provide the support required to overcome the personal, social and environmental barriers to maximize engagement. ◆

REFERENCES

- 1 Hill W. The role of occupational therapy in pain management. *Anaesth Intensive Care Med* 2016; **9**: 451–3.
- 2 Core standards for pain management services in the UK. 2015. Faculty of Pain Medicine, <http://www.rcoa.ac.uk/node/21140> (accessed 1st Dec 2015).
- 3 National pain Audit final report 2010–2012. Dr Foster Intelligence, British Pain Society, Healthcare Quality Improvement Partnership, 2012.
- 4 Dame Carol Black. Working for a healthier tomorrow. 2008. London: The Stationery Office. Also available at: <https://www.gov.uk/government/publications/working-for-a-healthier-tomorrow-work-and-health-in-britain>.
- 5 Waddell G, Burton AK. Is work good for your health and well-being? 2006. London: The Stationery Office. Also available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214326/hwwb-is-work-good-for-you.pdf (accessed 28th Jan 2016).
- 6 Waddell G, Burton K, Kendall N. Vocational Rehabilitation - what works, for whom and when?. 2008. London: TSO. Also available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209474/hwwb-vocational-rehabilitation.pdf (accessed 28th Jan 2016).
- 7 Waddell G, Burton AK. Concepts of rehabilitation for the management of common health problems. 2004. London: The Stationery Office. Also available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/208968/hwwb-concepts-of-rehabilitation.pdf (accessed 28th Jan 2016).
- 8 Jones K, Nordstokke D, Wilcox G, Schroeder M, Noel M. The "work of childhood": understanding school functioning in youth with chronic pain. *Pain Manag* 2018; **8**: 139–53.
- 9 Logan DE, Simons LE, Stein MJ, Chastain L. School impairment in adolescents with chronic pain. *J Pain* 2008; **9**: 407–16.