

MEETING NOTES

Date: 13 January 2009

Subject: APIL East Anglia Regional Group Meeting

Location: Bury Physio, Maynewater Lane, Bury St Edmunds, Suffolk IP33 2AB

Attendees: Sharon Allison, Ruth Booy, Tom Cook, Mark Copley, Pamela Hoare, Brian Jarvis, Justine Molloy, Richard Morford, Victoria Mortimer-Harvey, Siobhan McWhinney, Sofie de Pfeiffer, Hannah Rutterford (Regional Co-ordinator), Jane Stockings, Jeeva Sethu, Ranjit Sond, Mick Upton (Regional Secretary), Michael Wangerman, Andrew Zajac,

1. INTRODUCTION

Hannah Rutterford (HR) welcomed attendees and briefly introduced the speakers, Nicola Hunter (Head of Practice, Bury Physio) and Richard Morford (Clinical Team Leader, Bury Physio). HR also outlined that there would be an EC update on the activities of the APIL EC Committee, given by Victoria Mortimer-Harvey, at the end of the talks.

2. THE EVIDENCE BASED MANAGEMENT OF WHIPLASH ASSOCIATED DISORDERS AND LOW BACK PAIN - NICOLA HUNTER AND RICHARD MORFORD

Nicola Hunter (NH)

Bury Physio has a health and safety, manual handling and ergonomics consultancy arm called Worksafe Ltd which provides advice to businesses on various aspects of their business to minimise the potential for injury and to assist in optimising staff morale and productivity. Worksafe Ltd provides various services including carrying out workplace assessments and health and safety training.

Worksafe Ltd has 20 centres nationwide and sees around 5,000 whiplash cases a year.

Staff at Bury Physio noted that many clients they see have often undergone numerous investigations and treatment (such as MRI scans, x-rays and osteopathy treatment) by the time they get referred to Bury Physio and yet many clients are, often, still off work; this leads to a loss of confidence and an increased risk of a client losing his/her employment as light duties are rarely available. Is the problem really back pain? In NH's opinion 80% of people get back pain at some point in their life but the problem is not necessarily back pain, but medical mismanagement. Structural damage does not generally occur unless there is a very traumatic event.

Back problems are on the increase as a result of an increasingly sedentary lifestyle.

The prospects of someone returning to work after back injury reduces, the longer they have off of work. Many employers have the misconception that an employee must be fully fit before he can return to work but this is not the case. Employers will often want their employees to be fully fit before they are allowed back to work.

The emphasis on how to manage back problems has changed significantly since the 1970's. In the seventies the approach was to advise those with back problems to rest until they were better whereas the current approach is to advise people to stay active.

There is very little evidence to show that back pain at work is caused by lifting heavy weights, the majority of problems stem from lifting awkwardly so it is important to improve ergonomics and to ensure that the correct posture is adopted when heavy items are lifted.

When assessing clients the therapists consider the red, yellow and blue flag system to assist in identifying the origins of pain and barriers to rehabilitation. Blue flags indicate a person's attitude to work, red flags indicate a serious underlying pathology which needs urgent medical investigation (such as cancer, fractures and ruptures) and yellow flags indicate psychosocial factors which can affect a client's recovery but are not related to the body (such as depression, loss of motivation, long waiting lists and unnecessary investigations) Yellow flags are addressed by provision of CBT

To ensure a fast physical recovery clients need to get prompt treatment and advice. If they are seen at a late stage their treatment to the date of referral needs to be evaluated. Clients should try and avoid being put on the "medical roundabout," being passed from pillar to post for different treatments and investigations as it only confuses clients and does not help with their recovery.

It is felt that the best option for those who have not been able to return to work is functional restoration. 2,000 to 3,000 cases a year undergo functional restoration at Bury Physio.

NH felt that there was a problem in the Suffolk area with GPs not helping their patients get back to work but she is happy to contact GPs to try and prompt them in assisting a return to work.

Ruth Booy outlined that she had had a problem with a case where an ergonomist had made recommendations about changes to a client's workplace and the insurer in that case had agreed to contribute to the cost of alterations but then the insurer and employer became embroiled in a dispute because the insurer expected the employer to contribute under the Disability Discrimination Act.

Richard Morford (RM)

RM went to the University of west London and he currently works for Bury Physio and at the West Suffolk Hospital, Bury St Edmunds as a Senior Physiotherapist.

There is no objective measurement as to what constitutes whiplash. 53% of males and 62% of females suffer from prolonged symptoms after sustaining whiplash. The Quebec Task Force grades whiplash from grade 0 to grade IV. The Quebec Task Force suggested that the prognosis for whiplash is better when there is no litigation involved as those injured are not dependent on the outcome of litigation. Permanent damage from whiplash is rare. A study carried out in Lithuania, where there is no litigation system for personal injury, found that people tended to recover in a maximum of 17 days.

Depression and anxiety can often develop. These are signs that a person could be struggling to adjusting to the injury.

Most soft tissue injuries should recover within three months. Symptoms are suffered by most people who suffer from whiplash and this trend crosses borders (for example this is seen in Lithuania) but the recovery rates vary. It takes longer for those injured in the UK to recover than it does for those injured in Lithuania. RM felt that there were two explanations for this, firstly, those injured in Lithuania do not receive the medical mismanagement that is often seen in the UK, and secondly, they do not have a litigation system like ours. RM also states that in his experience he finds that self-employed people tend to recover more quickly than those who are employed.

Bury Physio's rehabilitation company, Rehab Works Ltd, provides rehabilitation services to public services, solicitors, employers, case managers and insurers. It has a large contract with Norwich Union. 80% of cases are seen through Norwich Union.

Michael Wangerman (MW) referred to the JSB guidelines and their reference to cases where spines are left vulnerable to further injury as a result of an accident. MW stated that the general tenet of the talk seemed to suggest that Bury Physio would be suspicious of cases involving back injuries of a more minor nature but where the spinal symptoms seemed to be chronic. NH stated that often the spine does not deteriorate and it is the person who is vulnerable, due to mismanagement, not the spine that is vulnerable. MW stated that it is not that people are not in pain, it may be that they have to spend two hours commuting to work, spend eight hours working at a desk and then have no time to exercise and so become unfit, hence it may then take longer for them to recover.

Bury Physio's approach is as follows:

- Carry out an assessment;
- Reassure clients;
- Plan to tackle the issues identified in the assessment;
- Set goals;
- Educate clients;
- Help clients reactivate back to full function and teach them that experiencing a little pain is ok;
- Carry out an ergonomic assessment.

Four to nine treatment sessions cost around £250, reactivation and education (8-10 sessions) is around £500 and functional restoration costs £2,000.

5 EC UPDATE – VICTORIA MORTIMER-HARVEY (VMH)

VMH gave an update on the work of the EC of APIL including the ongoing work into third party capture and the problems surrounding mesothelioma claims. APIL would welcome any examples of third party capture claims.

The fast track limit is due to increase to £25,000 in April 2009.

Discussions with FOIL, ABI, MASS and trade unions are ongoing regarding the proposed claims process for road traffic accidents settling for £10,000 or less. VMH outlined that several issues are still being discussed, for example when a case would come out of the process and whether claims could fall back into the claims process after they had come out of it.

Mick Upton (Solicitor)
East Anglian Regional Secretary
23 March 2009