

After two years off work, there's no going back. Or is there?

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It is commonly reported in the chronic pain and rehabilitation literature that individuals who have been off work for more than two years with a chronic pain problem have virtually no chance of successfully returning to employment thereafter. While this figure is commonly cited, the data upon which the figure appears to be based are in fact somewhat limited.

Odyssey's experience in treating chronic pain patients disabled from between two and 15 years with admittedly very intensive and comprehensive interdisciplinary treatment programs, suggest that the probability of successfully returning to work is certainly greater than zero. In fact we have been able to achieve levels of functional improvement permitting return to gainful employment in as many as 60 to 70% of patients selected for such treatment, with an average duration of work disability of more than five years.

The most common reference for the pessimistic view of return to work success is Waddell's 1987 paper¹. Waddell presents a figure that suggests that the probability of ever returning to work is just over 25% after one year off work due to disability and is then extrapolated to approach 0% at two years.

Waddell indicates that the figure is based upon data provided by the Workers Compensation Board of British Columbia and by Hrudey. However, both these references as given in Waddell's paper refer to unpublished data from the Workers Compensation Board of British Columbia. Thus, independent examination of the population upon which this was based is rendered impossible.

It seems reasonable to assume that the data are derived exclusively from chronic pain problems, deemed to be compensable under Workers Compensation, and for which individuals sought, and presumably received, compensation. There is no information respecting what therapeutic interventions were or were not attempted or when.

Unfortunately, the widespread of prevalence of citations of this figure may have led to a degree of learned helplessness with regard to health care providers, insurers, employers, and patients seeking a return to some degree of normal functioning, including a return to gainful employment, when chronic pain problems have persisted for two years or more.

A careful examination of the literature reveals primarily a paucity of data addressing this

¹ Waddell, G. (1987) A New Clinical Model for the Treatment of Low Back Pain, Spine, Volume 12, No. 7, 632-644.

issue other than common recurrence citations of Waddell's 1987 paper.

There are however some studies suggesting that even in cases for individuals seeking compensation for persistent chronic pain, appropriate and comprehensive intervention may be of benefit².

Our experience, and these papers, suggest that with comprehensive intervention, including very structured functional restoration, in the context of cognitive behavioural therapy, in the further context of a biopsychosocial model of pain and pain-related disability, can achieve significant functional improvement, well beyond the infamous two year point.

However it is clear that much more extended efforts at educating health care providers and in particular pain professionals, as well as employers, insurers, and patients themselves is necessary in an effort to overcome the learned helplessness that is often seen on the part of all such parties, which can result in significant resistance to efforts at intervention beyond the two year point.

It is interesting that recent studies have documented both the presence of dysfunctional beliefs related to fear and avoidance with pain, in health care providers including both general practitioners and specialist physicians, and the detrimental impact of these beliefs upon their patients. It does not seem to be an unreasonable inference that beliefs about the intractability of disability beyond two years have both a similar presence and impact.

In conclusion, it is clear from Odyssey's experience that a significant number of claimants who have been off work for over two years can be successfully treated and return to gainful employment. The myth perpetuated by questionable research findings should not rule out treatment, especially in those cases where the probability of success is actually quite high.

² Block, A.R., Gatchel, R.J., Deardorff, W.W., and Guyer, R.D. (2003) The Psychology of Spine Surgery, American Psychiatric Association, Washington, D.C.; Mayer, T., McMahon, M.J., Gatchel, R.J., Sparks, B., Wright, A. and Pegues, P. (1998) Social Economic Outcomes of Combined Spine Surgery and Functional Restoration in Workers Compensation Spinal Disorders with Matched Controls. Spine, Volume 23, 598-605; Bailey, B.E., Freeddenfeld, R.N., Kiser, R.S. and Gatchel, R.J. (2003) Lifetime Physical and Sexual Abuse in Chronic Pain Patients: Psychosocial Correlates and Treatment Outcomes. Disability and Rehabilitation, Volume 25, 331-342; Gatchel, R.J., Adams, L., Polatin, P.B. and Kishino, N.D. (2002) Secondary Loss and Pain-Associated Disability: Theoretical Overview and Treatment Implications. Journal of Occupational Rehabilitation, Volume 12, 99-110.