Managing chronic pain and return to work in the real world - A case study

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Chronic pain is challenging to manage - here is a case that was complex but where input and a structured approach paid off.

Take Home Messages:

Rehabilitation can be complex and challenging. However, the benefits of getting back to work are significant for the person and for the employer and the community.

Factors that contributed to a successful outcomes in this case include:

1. Using a collaborative approach;
2. Consistency of message;
3. A community-based approach focusing on changing beliefs and improving coping strategies;
4. Identification of realistic goals;
5. A focus on restoring function through the person increasing their activity and fitness;
6. Acknowledging that a successful program can take an extended period of time;
7. Recognising that setbacks can occur and they are a normal part of the process, but should not cause long term periods of time off work; and
8. Effective communication with the employer to identify appropriate duties is important.

Why the research matters:

Assisting people with chronic pain back into the workforce can be challenging. It is a common reason for people to seek healthcare, and, it is a significant cause or long term disability.

What the research involved:

This case study was documented by Canadian occupational therapists, who outline a case of successful return to work that required considerable input, but eventually had a good outcome.

Summary of the article:

Following a motor vehicle accident, the 27 year old single male was not able to return to his normal job as a full-time hotel bell man. His job involved shift work, opening doors, manually lifting luggage and transporting luggage using carts, as well as completing deliveries and responding to guests’ enquiries.
Whilst the initial neck and back pain from the accident did not seem severe, the gentleman subsequently developed headaches, nausea with vomiting, impaired concentration, reduced tolerance for light, and increased levels of neck and back pain.

An intensive pain management program provided physiotherapy, acupuncture and electrical stimulation, and supported the gentleman to become independent with self-care. However, he did not return to doing housekeeping or work, and avoided driving.

By the time the gentleman was reviewed by an occupational therapist some months after the pain management program, he had been assessed on a number of occasions. It was indicated that he “should” be capable of participating in a graduated return to work.

A second and community-based chronic pain management intervention was then put in place. This had two phases: the first was restoring everyday function; and the second was return to work.

Elements of the first phase of the program included:

In-home occupational therapy undertaken weekly for three months. This included education and training in coping strategies, and follow-up to practice the coping strategies.

- Development of a consistent daily routine.
- Development of structured weekly activities.
- This supported the gentleman to improve activity tolerance and develop a more regular routine.
- An exercise regime was established, including deep water walking, with the occupational therapist reassuring and reinforcing pain-coping strategies.
- Psychological counselling continued for six months and was focussed on establishing pain-coping strategies and self-reported feelings of depression. The gentleman gradually improved physically and emotionally.
- He was supported to resume driving.

As part of Phase 1 of functional restoration, there were early discussions about return to work. The gentleman was encouraged to practice daily commutes to and from work and to start to visit the workplace.

Regular communication occurred between the occupational therapist and the psychologist, to ensure consistency of message.

Phase 2 - return to work:
The return to work program occurred over an extended period of time and there were some delays with return to work.

The employer was able to provide modified duties and the gentleman was returned to work as an extra. He returned to day shifts and had a graduated increase in hours over a three month period. He had a setback with increased headaches, but was reassured that was normal.

The occupational therapist followed up every two weeks for eight weeks, and then sporadically for four months.

Psychological counselling was gradually reduced to once every two weeks and then discontinued. A further setback resulted in five days off work, but the employee then was able to return to work with reassurance.

The ultimate result was a successful return to work with an individual independent with self-care, not requiring continued treatment, and back in the workforce.

Original research:

Managing chronic pain and return to work in the “real world”: A case study
M. Rosenfeld and C. Hay.


Link to PubMed abstract