Success with systems at work for shoulders

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Shoulder problems are common. Having a standard management system in place can streamline return to work.

Take Home Messages:

The study reports a consistent method of a workplace dealing with shoulder problems. The employee and supervisor have clear accountability in the early stages, with backup support from an occupational therapist.

A formal program supported most people to remain at work and the vast majority were able to return to their normal duties.

A clear structured approach for managing shoulder problems was associated with reduced disability and incapacity, and helps provide a supportive base for workplace management of this common health condition.

Why the research matters

Shoulder problems are a significant cause of workplace disability

Work-related musculoskeletal problems in the arm are fast approaching the rate of low back problems in many organisations.

Shoulder problems such as rotator cuff injuries often require treatment to continue for much longer than other types of upper limb problems, and are a significant cause of long term disability.

What the research involved:

There is considerable information on medical treatment for rotator cuff problems, and a focus on clinical assessment and individual treatment. The authors of the study, undertaken in Canada, point out that there has been little in the way of specific work rehabilitation focus on shoulder problems. The authors evaluated a program focused on participatory ergonomics and a structured return to work program for shoulder problems.

Research summary:

Ergonomics focuses on fitting the tasks to the person, and participatory ergonomics involves
the active participants such as the employee and the supervisor in the process. The principle of participatory ergonomics is that when people are actively involved in developing solutions, they are more likely to comply with the process, be active and positive participants, and success rates are improved.

The organisation’s approach to managing shoulder injuries was as follows:

1. Workers were encouraged to report early symptoms of shoulder or other problems to the supervisor.
2. The worker and the supervisor work together with the first level of accountability to resolve the problem. This included making ergonomic changes to the job or changing the worker’s rotation schedule.
3. If the worker’s symptoms or the job concern was not resolved, the employee was referred to the occupational health department. An occupational therapist would review the individual and assess the person and the co-workers doing the job.
4. A formal return to work plan was drawn up, as agreed by the employee and supervisor, and the occupational therapist. The return to work program included:
   - Return to work outcomes;
   - Modified duties including an adjustment to any rotation, restriction from certain jobs, any variation in tasks performed over the shift - eg, part-time restricted duties, part-time normal duties. The return to work plan identified how the worker would return to their normal job, either through a reassessment or a "reintegration phase".
   - The reintegration phase began with the person’s condition was improving and they were starting to be able to reintegrate normal duties. There may be a graduated increase in the percentage of time working on normal hours, and the plan specified the worker may be provided with a supportive co-worker to assist reintegration.
5. If the person did not was not able to progress with their program, then re-evaluation would occur. The worker may be placed in other sections of the plant until the condition had improved.

The researchers analysed return to work outcomes to modified and normal duties, and these results were compared to other organisations’ experiences.

At the same time, workers received usual medical care for their shoulder problems.

The results were that:
• 88% of people returned to their regular duties - ie, their pre injury work - without having time off work
• 7% had some period of time off work
• 42% of people had returned to their usual job within one month
• 84% had returned to their usual job within 120 days.

These results were better than the compensation system’s general results for return to work with shoulder problems. It is possible that this in part relates to a greater proportion of less troublesome cases being reported.

Original research:

An investigation of a workplace-based return-to-work program for shoulder injuries.


Link to PubMed abstract