



Gregory Terrace
Rehabilitation

GREGORY TERRACE REHABILITATION QUARTERLY NEWSLETTER

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AUGUST 2005

Early Assessment and Treatment to Improve Return to Work

A Workshop was held on 27 April this year focussing on "**Achieving Better Outcomes for Complex Return to Work Cases**".

The workshop run by psychologist Chris Allan from the University of Wollongong discussed key skills for:

- **assessing complex cases;**
- **determining the most appropriate treatment approach; and**
- **better understanding of symptom manipulation and malingering in compensation cases.**

Chris Allan advocated an alternative approach in handling initial claims for chronic pain. He discussed identification of at risk clients through early comprehensive psychological assessment.

He also recommended early referral to combined psychological and exercise treatment.

The use of the Orebro Pain Questionnaire to assess Yellow Flags was discussed.

Chris Allan advised that two large insurance companies in New South Wales are currently using the Orebro Pain Questionnaire for all musculoskeletal claims on the day of claim acceptance. He advised that those with high Orebro scores were then referred quickly for comprehensive psychological assessment.

It was discussed that rehabilitation providers including psychologists must be remunerated adequately on the basis of outcome of their treatment as opposed to process.

The use of multidisciplinary pain management programs was discussed. It was mentioned that lengthy expensive pain management programs that ran for three to four weeks and only started every few months may not be suitable for all and their outcomes were often limited or difficult to quantify.

Work Hardening Programs which consist of psychological pain management in conjunction with exercise programs are considered to generally have good outcomes.

Chris Allan indicated that behavioural and cognitive behavioural approaches have been shown to be most effective when dealing with complex return to work cases.

He advised those employers and insurers engaging the services of a psychologist must find out who the best psychologists are and must utilize psychologists experienced in Cognitive Behavioural Therapy and who have had experience with chronic pain.

In terms of the issue of malingering the workshop leader highlighted that malingering is a highly pejorative term. He advised that the assessment of malingering must proceed with the utmost care. He went through a range of different psychological tests including the MMPI-2 as indicators to assess malingering. It was discussed that Post-Traumatic Stress Disorder is the most frequently malingered diagnosis.

In summary, the main focus of the workshop was to take early control of complex return to work cases and identify those people with significant psychosocial factors that may influence their return to work, possibly by using tools such as the Orebro Pain Questionnaire. A team approach has been indicated as the best approach when dealing with these complex cases. The assessments must be comprehensive and the treatment must be goal-focussed.

Melissa Walter

Rehabilitation and Back Pain

It is interesting to note the change in attitude to rehabilitation and back pain.

The Gregory Terrace Rehabilitation (GTR) Program has been functioning for nearly ten years, born out of the pain clinics in America with earlier application in the sub-acute phase (6 weeks to 6 months), rather than later. The GTR Team has been working together for nearly twenty years and has watched the controversy regarding the effectiveness of rehabilitation wax and wane.

It is very interesting to note that in the international meetings in the last few years there has been a considerable change in attitude to rehabilitation programs for back pain. Whereas there had been considerable cynicism due to the lack of double blind studies, I detected a big change in attitude at the International Society for the Study of the Lumbar Spine Meeting in Oporto, Portugal in 2004.

At one combined session a senior figure in the spinal world said that rehabilitation was now an accepted method of treatment.

There is an excellent paper from Jeremy Fairbanks in the Oxford Group with a massive double blind study supporting the idea that rehabilitation is as effective as spinal fusion. The paper has attracted considerable criticism as regards methodology and also statistics, which resulted in delayed publication. The paper was presented at the Oporto meeting and has since been published in the British Medical Journal.

The study was made possible due to a government grant of millions of pounds. It was done in the National Health Service.

Now there is a drive in the U.K. to have large numbers of these clinics both in the public and the private sector.

At a recent meeting of spinal surgeons in Europe, a senior spinal surgeon who was involved in the British study was asked why his unit did not have a rehabilitation program for back pain, to which he replied that this was a great defect which they should have attended to years ago.

This represents a considerable turnaround in thinking, especially for that surgeon.

My personal opinion is that we should have both surgical and rehabilitation treatment, as both have been shown to be effective. It also gives us more choices in the selection process and a fall back position for failures in each method of treatment.

Bill Ryan

**Don't Forget
Date for your Diary
05 October 2005 @ 6 pm**

*Pinot by the Pool
Wine Tasting hosted by*

Bill Ryan

**Our Guest Speaker will
be
Newly Appointed
District Court Judge**

*Her Honour
Julie Rylie*

**"Workers' Compensation
and the Law"**

Invitations to follow

Conference Calendar

Official Satellite Symposia
of 11th World Congress on Pain

Pain, Mind and Movement
17 - 19 August 2005 - Cairns

Email: M.Simmonds@soton.ac.uk

Expanding Vistas in Neuropathic Pain

17 - 20 August 2005 - Uluru

Email: npp@dcconferences.com.au
www.dcconferences.com.au/npp2005

Partners in Pain : Patients, Clinicians and Pain Management

18 - 19 August 2005 - Sydney

Email: pinp@dcconferences.com.au
www.dcconferences.com.au/npp2005

Occupational & Post-traumatic Pain Syndromes

18 - 19 August 2005 - Melbourne

Prof George Mendelson
Phone: 0398664278 Fax: 0398200843
george.mendelson@med.monash.edu.au
www.med.monash.edu.au/pyschmed/staff/george.htm

*11th World Congress on Pain
International Association for the Study of Pain*

21 - 26 August 2005 - Sydney

Phone: 206 547 6409
Fax: 206 547 1703
Email: iaspdesk@iasp-pain.org
www.iasp-pain.org

Interface Between and Impact of Personality Disorders on Occupational Functioning & Return to Work

7th September 2005
Duxton Hotel - Melbourne

Contact:
Sally Lane – PPL Education Services
Ph: 02 9476 0338 Fax: 02 9476 0328
Email: enquiries@ppleducation.com.au
Website: www.ppleducation.com.au

Advanced CBT Workshop

11 August 2005 - Sydney
18 August 2005 - Brisbane
01 September - Melbourne

Contact: Sally Lane - PPL Education

A Rehabilitation Approach to Chronic Pain in a RTW Setting

07 September 2005 - Brisbane Marriott
14 September 2005 - Sydney - Vibe Hotel

Contact: Sally Lane - PPL Education

Compensable Injuries - Improving Rehabilitation and Real Long Term Health Outcomes

28 September 2005
Crowne Plaza - Sydney

Contact: Sally Lane - PPL Education

*Australian Society of Rehabilitation Counsellors (ASORC)
National Conference 2005*

13 - 15 October 2005
Hilton on the Park - Melbourne

Website: www.asorc.org.au

*20th Annual Meeting
North American Spine Society*

27 September - 01 October 2005
Philadelphia, Pennsylvania

NASS

22 Calendar Court LaGrange IL 60525
Phone: 708-588-8080 Fax: 7085881080
www.spine.org

Research Update

Surgical stabilisation of the spine compared with a programme of intensive rehabilitation for the management of patients with chronic low back pain: cost utility analysis based on a randomised controlled trial. RiveroArias, O; Campbell, H; Gray, A; Fairbank, J; Frost, H; WilsonMacDonald, J. British Medical Journal 2005 7502 1239-1242

Randomised controlled trial to compare surgical stabilisation of the lumbar spine with an intensive rehabilitation programme for patients with chronic low back pain: the MRC spine stabilisation trial. Fairbank, J; Frost, H; Wilson MacDonald, J; Yu, LM; Barker, K; Collins, R. British Medical Journal 2005 7502 1233-1238

Surgery versus intensive rehabilitation programmes for chronic low back pain. Koes, BW. British Medical Journal 2005 7502 1220

Long-Term Effect of a Combined Exercise and Motivational Program on the Level of Disability of Patients With Chronic Low Back Pain. Friedrich, M; Gittler, G; Arendasy, M; Friedrich, KM. Spine 2005 30 (9) 995-1000

A 3-year follow-up of a multidisciplinary rehabilitation programme for back and neck pain. Jensen, IB; Bergstrom, G; Ljungquist, T; Bodin, L. Pain 2005 115 (3) 273-283

Psychosocial differences as predictors for recovery from chronic low back pain following manipulation, stabilizing exercises and physician consultation or physician consultation alone. Riiipinen, M; Niemisto, L; Lindgren, KA; Hurri, H. Journal of Rehabilitation Medicine 2005 37 (3) 152-158

Responsiveness of the Numeric Pain Rating Scale in Patients with Low Back Pain. Childs, JD; Piva, SR; Fritz, JM. Spine 2005 30 (11) 1331-1334

Do Physical Therapists in the United Kingdom Recognize Psychosocial Factors in Patients With Acute Low Back Pain ? Bishop, A; Foster, NE. Spine 2005 30 (11) 1316-1322

Individual Active Treatment Combined With Group Exercise for Acute and Subacute Low Back Pain. Wright, A; LloydDavies, A; Williams, S; Ellis, R; Strike, P. Spine 2005 30 (11) 1235-1241

The Relationship of Anticipated Pain and Fear Avoidance Beliefs to Outcome in Patients With Chronic Low Back Pain Who Are Not Receiving Workers' Compensation. AlObaidi, SM; Beattie, P; AlZoabi, B; AlWekeel, S. Spine 2005 30 (9) 1051-1057

Our First

*Pinot by the Pool
Wine Tasting hosted by Bill
Ryan*

for 2006

will be held sometime in
February

We are pleased to advise that
psychologists Ms Ronita Neal and
Dr Sarah Angel for WorkCover
Queensland's Medical and Allied
Health Unit will present:

**“ Work Related Psychological
Injury Claims -
Preventing Chronicity ”**

They will be examining the complex bridge between patient / injured worker, employer, treating practitioners and insurer and ways to achieve the best outcome for all those involved.

Did you know ?

That Rehabilitation Case Managers
and Workplace Rehabilitation
Co-ordinators are welcome to
attend our weekly Friday Team
Meeting at 8 am.

It's a great opportunity to meet
with our professional team and
discuss your worker's progress at
GTR. Please call Narelle Nolan on
38315538 to arrange attendance.

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EARLY INTERVENTION REHABILITATION
PROGRAMMES PTY LTD ACN 075 813 928
TRADING AS GREGORY TERRACE REHABILITATION