

ACPOHE PHYSIOS FORWORK AND HEALTH

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Recovering From COVID-19: Return-To-Work Guidance

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Scope

This guidance has been developed by ACPOHE to assist all Physiotherapists and relevant healthcare professionals (HCPS's) in supporting employees to rehabilitate and successfully return-to-work following COVID-19.

The guidance provides advice on how to have relevant work conversations with patients in all clinical settings. It aims to educate the reader on the specialist role Occupational Health (OH) Physiotherapy plays in functionally rehabilitating a patient with COVID-19 to return-towork, following a biopsychosocial and occupational approach.

Furthermore, specific guidance is provided to OH Physiotherapists on how to carry out assessment, intervention and management of employees returning to work following COVID-19.

Lastly, the guidance document will equip all HCPs working in Occupational Health with the necessary guidance to encourage work conversations between employees, employers and key stakeholders and ensure a successful return-to-work with relevant adjustments and strategies.

N.B. This guidance is subject to change dependent on findings from ongoing research and evidence-based practice within this area.

Introduction

Impact of COVID-19 on Health and Function

COVID-19 is an infectious disease caused by the most recently discovered coronavirus (WHO, 2020a). Symptoms of COVID-19 are non-specific and can range from no symptoms (asymptomatic) to severe pneumonia and death (Centers for Disease Control and Infection, 2020). The most common symptoms include: a new continuous cough, high temperature or loss of, or change in, normal sense of taste or smell (anosmia).

Individuals at highest risk for severe disease and death include: people over the age of 60, those with underlying health conditions (such as hypertension, diabetes, cardiovascular disease, chronic respiratory disease and cancer) and those of Black Asian Minority Ethnic (BAME) origin groups (Public Health England, 2020a).

WHO (2020b) has highlighted that most people infected with COVID-19 virus might not test positive, may have mild disease and recover quickly. It is also evident that there are people who have been very unwell but not admitted to hospital, or admitted to hospital but not to intensive care. Some patients have required ventilation in intensive care unit (ICU) of which the intubated period will vary depending on individual need.

The full extent of the effects of COVID-19 on any of these survivors is not yet completely known. However it is understood that many COVID-19 patients experience lasting post virus symptoms including: physical breathlessness, hoarseness, fatigue, general de-conditioning, decreased mental acuity, guilt and anxiety (CSP, 2020a).

Impact of COVID-19 on Health and Work

COVID-19 will have impacted the wider workforce and not just those who have been affected by the virus. Therefore, there are a number of considerations which OH professionals need to address when supporting employees through the vocational rehabilitation process and discussing return-to-work during the COVID-19 pandemic. This is important as t is well documented that the longer someone is off work, the less likely they are to return (BSRM, 2003).

1. Employees with COVID-19

For those suffering from COVID-19, WHO (2020b) suggest the median time from onset to clinical recovery for mild cases is approximately 2weeks, whereas it is 3-6 weeks for patients with severe disease. However the lasting symptoms of COVID-19, can further affect work ability, result in mid to long term absence from work and return-to-work.

Thus an employee's ability to be able to return-to-work will depend on an individual's, recovery time, demographic characteristics, symptoms experienced and the requirements of their job. Therefore it is imperative that symptoms and work ability are addressed and employees are supported to return to work.

2. Physical and Mental Health of the Overall Workforce

Bevan et al (2020) reported a significant rise in both changes to employee physical and mental health during lockdown. This is due to increased demands at home and work, concerns about finances and job security, furloughed, shielding, hidden grief and stress (Rowlin, 2020). In addition, employees may have gradually de-conditioned, as they will not have been exposed to 'typical' work activities. This is important to address as de-conditioning can lead to an increased risk of injury, musculoskeletal issues and mental health problems (Lurati, 2017).

3. Employees with Additional Health Conditions

It is evident that throughout the pandemic, medical appointments with a GP or other health professionals have been decreased (Bostock, 2020).

This may imply that other potential medical issues, along with any related long-term conditions, may not been addressed and treatments interrupted during the lockdown. It is, therefore, essential to assess and consider these issues when discussing return-to-work.

Rehabilitation and Return-to-work

Research shows work to be beneficial for both physical and mental health and wellbeing (Waddell & Burton, 2006). It is therefore essential and beneficial to encourage return-to-work at the earliest opportunity, by making work attractive and providing reassurance.

Vocational rehabilitation (VR) is a term often used in Occupational Health (OH). The aim of VR is to help someone with a health problem to stay at, return to and remain in work (Waddell et al., 2008). Early intervention is central to VR, commonly requiring a combination of healthcare and workplace interventions, to address the employees' health problem and work issues.

A plethora of toolkits, leaflets and recommendations have been published to help HCPs assess and advise on medical fitness for work. For example, the Association of Local Authority Medical Advisors (2020) designed a toolkit to help HCPs assess an individual's vulnerability to COVID-19. The Medical Risk Assessment Calculator determines an individual's COVID age, taking into account their actual age, race, sex and comorbidities. The combination of clinical reasoning and COVID-age toolkit can assist in calculating vulnerability from medical conditions and supports the management of occupational risks to COVID 19.

Return-to-work is very important not only for an individual's physical health but also for their psychological and social wellbeing. Rehabilitation should therefore adopt a biopsychosocial approach, which focuses on both work and functional activities of daily living for each employee using a value based, goal setting approach.

Interventions relating to mental health and physical health should be delivered in parallel and cohesive to ensure an optimum outcome. Employees need to be exposed to relevant tasks and functional exercises, ideally while in the working environment, to get fit for work effectively.

Role of the Employer

Alongside healthcare practitioners (HCP's), it is essential to highlight the significant role of the employer in the RTW process in making the working environment accessible and supportive (Bajorek, Hind and Bevan, 2016). In doing so, employers need to implement reasonable adjustments to achieve better work outcomes for employees with long term conditions (National Institute for Health and Care Excellence, 2016).

Although OH professionals may give guidance around functional and mental ability and support to achieve a sustained return-to-work, their role is not to manage the employee. Employers will have to decide how they can manage risk in the workplace and decide on appropriate strategies. For example, they may implement alternate shift patterns and/or working from home.

The above demonstrates a phased return-to-work plan is crucial post-COVID-19 and should include input from both employer, and employee with support from the OH team.

Guidance for Work and Health

What do you need to be aware of when having RTW conversation?

A successful work conversation is crucial to understand barriers and support your patient to return-to-work. There are many reasons why an employee may struggle with getting back to work, including:

- Being worried that the job will make their condition worse
- Lack of confidence
- Financial disincentive
- Friends and family stating it is too soon to return
- Depression/fatigue
- Cannot easily discuss their concerns with the manager
- Caring for other family members

It is therefore important to find out the relevant and 'real' reasons why employees may be reluctant to return-to-work.

Following health issues, the employee is often best placed to know what further support they may require and can often have good ideas on how to achieve this. A fruitful work conversation is the starting point to identify both problems and potential solutions and is essential to guide on how to undertake the rest of the assessment.

Common work questions

Do's

- ✓ Always actively involve the patient and help to facilitate communication between the employee and employer
- ✓ Ask open questions (see Figure 1)
- Find out more about their job demands; always relate your questions to what is relevant for the individual
- ✓ Understand your own facts regarding return-to-work guidance (see Myth Busting below)





Dont's

- * Fail to undertake an effective work conversation
- Presume you know what the 'real' issues are without involving the patient
- Ask only closed questions

Further support on having successful 'work conversations' can be found in the <u>Council for Work and Health -Talking Work Checklist</u> (The Council for Work and Health, 2019)

Myth Busting

- 1. An individual does not need to be 100% fit to return-to-work. Many people work effectively despite significant illness or disability, mainly if they are provided with suitable support in the workplace.
- 2. An individual does not require a fit note to return to their normal duties of work.
- 3. Any fitness for work guidance is 'advisory' and can be amended by the employee and employer. An individual may find they return to fitness sooner than expected or suffer additional health issues and take longer get back to work.
- 4. The AHP Health and Work report can be used for purposes of Statutory Sick Pay (SSP) and the Department of Work and Pensions encourages employers to accept this Fit note. It is not accepted for other benefits.

The Allied Health Professions (AHP) Health and Work Report

The AHP Health and Work Report (Allied Health Professions Federation, 2019) is a Fit Note completed by Allied Health Professionals that supersedes the AHP Advisory Fitness for Work Report. It has full government support and backing, and it can be used either alongside or instead of the GP Med 3 Fit note (Department for Work and Pensions, 2016).

The AHP Health and Work Report includes greater detail on what the patient can do and on potential work modifications and work adjustments. All Physiotherapists (especially First Contact Practitioners) are very well placed to discuss work and follow these recommendations. Physiotherapists are often in a better position than GP's as they have longer contact times and know more about functional abilities and work demands.

Any OH report is advisory. The employer or employee may choose not to take this advice or provide alternative solutions. It is important to be clear why a recommendation is being made and provide practical and workable solutions, as this will improve the likelihood of your advice being undertaken.

General Tips for Use:

- ✓ The report can either be completed by hand or via an editable electronic PDF
- Think work and function. Do not state diagnosis or list clinical details in the report unless this is essential, and you have the full informed written consent from the individual
- Discuss the contents of the report with the individual. There should be no surprises when they read the report
- Timescales must be clearly stated for temporary workplace adjustments such as altered hours or duties
- ✓ With the individual's consent share the report with their GP. This will aid communication and help resolve any issues regarding conflicting advice

The <u>Allied Health Professions Health and Work Report</u> can be accessed online and via the CSP website (CSP, 2019).

Recommendations provided must be:

- Practical and easily understood without having a negative impact on other staff members
- Specific, easily achievable, realistic, and timely and with timescales for adjustments clearly stated
- Sensitive to the costs involved. No cost or low recommendations can often have an incredibly positive impact
- ✓ Original; think 'outside' the box. You might be surprised how effective simple but cleverly thought out recommendations can be

Case-Studies

Below are a number of case studies which can be used to help develop your understanding of how to have work conversations when supporting employees return-to-work following COVID-19.

1. COVID-19 Patient - Acute Respiratory Illness

Mr Andrews is a 37-year-old builder, who contracted COVID-19 around 5 weeks ago. He has recently been transferred from intensive care, where he was intubated for 3-weeks, to a respiratory ward. He is receiving in-patient physiotherapy twice daily and is making slow, steady progress.

Important information must be gained, and correct messages conveyed right from the beginning to help support an employee who has had COVID-19, return-to-work.

Below are a few tips on the advice and support you can offer Mr Andrews:

1. Provide COVID-19 specific advice and rehabilitation

e.g. 'Your body has been through an ordeal and it's going to take time to get back to what you were. Getting stronger and being more active will help your recovery from COVID-19' (CSP 2020)

You can find here further details on patient information on <u>The Road to</u> <u>Recovery from COVID-19</u> (CSP, 2020b)

2. Ask work relevant questions to support rehabilitation and return-to-work

- I understand you are a builder, but what does your normal work actually involve each day?
- Do you work alone or with others?
- Are you self-employed or in a salaried position? Do you feel there is scope to modify your work a little when you first return?
- How do you see this working?

Ideally you wish to optimise communication between the individual and their employer and use of the AHP Health and Work Report is an excellent way to undertake this.

Build your rehabilitation programme based on his specific job demands and clearly document goal setting so this is effectively communicated to out-patient physiotherapists.

• What are your main concerns regarding returning home and getting back to work?

Prompt identification of these factors will enable you to signpost or refer to other professionals for early intervention and support. It will also enable you to be mindful during your therapeutic consultation and enable you to help address issues early on.

Many individuals become fearful of returning to work, and new mental health issues such as Post Traumatic Stress Disorder may occur post-COVID-19. It is therefore, essential that these issues are not missed as they could easily become a significant barrier to a successful return-towork.

Further guidance for <u>self-management of respiratory symptoms during</u> <u>and after the COVID-19</u> pandemic and <u>advice for clinicians</u> can be found at the CSP website (CSP, 2020d, 2020c).

2. Shielding Individual (Prolonged period off work and reduced activity levels)



Mrs Burton is a 61-year old bus driver who has been advised to 'shield' during COVID-19 due to a longstanding history of asthma and emphysema. She also has a history of episodic low back pain and has taken frequent spells off work before COVID- 19. She relies on receiving regular massages for her low back pain and does not like exercising. Her husband is unwell with colon cancer which has caused her anxiety and mild depression. She does not like talking to her line manager as she feels he is not interested in her problems. She misses seeing her work colleagues.

Table 1 below outlines potential psychosocial and physical risk factors for a successful return-to-work. It highlights the importance of identifying and addressing psychosocial risk factor as it is unlikely that Mrs Burton will successfully return to her work as a bus driver if only physical risk factors were treated.

Psychosocial Risk Factors	Physical Risk Factors
Concern over the husband's health	General de-conditioning that may impact on other physical
history. Possibly deteriorated	health issues such as blood
during shielding period	pressure or other cardiovascular
	complaints
Reliance on passive treatment to	
help low back pain	
Poor relationship with line	
manager	
Possibly fearful of movement and	
exercise	
Isolation, possible lack of support	
from work colleagues	

Table 1: Multifactorial Nature of Risk Factors

Early intervention must address all potential barriers to recovery and provide positive messages about the need for activity and pacing. It should aim to improve self-efficacy, reduce fear avoidance and anxiety as well as providing support for depression and how to improve coping skills.

Completion of the AHP Health and Work Report will improve communication to her line manager, however, a referral for specialist Occupational Health support may also be required. It may also be necessary to involve her GP so extra support such as counselling can be provided.

Here you can find further guidance on <u>shielding and protecting</u> <u>vulnerable persons</u> (Public Health England, 2020b).

Guidance For Working In An Occupational Health Setting

Scope of Occupational Health Physiotherapy

Occupational health (OH) services aim to improve the health of the working population and help employers to establish safe working practices. Physiotherapists have been practising in this field in the UK since 1947, and they have been recognised as a separate speciality within the Physiotherapy profession.

OH Physiotherapists work collaboratively with a range of people including employers, employees and other health professionals to help prevent work-related disorders, provide early interventions for those who develop a health condition in the workplace and engage in activities such as workplace health promotion, injury prevention, and management.

The scope of practice of OH Physiotherapy is guided by the CSP and HCPC standards and encompasses the ACPOHE registered members. The scope entails specialist competency in the fields of occupational health or ergonomics and is defined by activities and work in diverse settings such as manufacturing, service industries, retail, healthcare and ergonomics consultancies in both public and private sector. These activities are linked to an existing practice framework acknowledged by profession ACPOHE the and association. The behaviours, knowledge and skills required by Physiotherapists to work in the field of Occupational Health fall beyond the scope of this guideline and have been reported elsewhere: <u>Competency Framework</u> for Physiotherapists working in Occupational Health & Ergonomics (ACPOHE, 2015)

Work reconditioning and rehabilitation provides a program and process for returning to work. The goals would be to restore:

- Physical capacity, e.g. strength and cardiovascular fitness
- Mental capacity, e.g. decreasing the fear of returning to work
- Functional abilities, e.g. bending, lifting, reaching movements specific to the job

To achieve this OH Physiotherapists are skilled in the provision of:

- Fitness for Work Assessments
- Analysis of Job Demands
- Functional Testing
- Functional Rehabilitation
- Return-to-work programmes
- Return-to-work planning

In the context of post-COVID-19 rehabilitation, an OH Physiotherapist approach and core practices will play a fundamental role in supporting all employees returning to work. Each intervention can be adapted to meet individual needs whether this is due to work specific deconditioning as a result of absence from the workplace during furlough/ working from home or as a result of contracting the COVID-19 virus.

Assessment

BioOccupationalPsychoSocial (BOPS) Approach

To facilitate return-to-work and promote health and wellbeing in the workplace, OH Physiotherapist adopt a BioOccupationalPsychoSocial (BOPS) approach (Denning and Hunter, 2013). This ensures the OH Physiotherapist address the physical, occupational, psychological and social needs of an employee during assessment and rehabilitation.

The Flag System

The flag system is frequently used in Occupational Health Assessment (Kendall et al., 2009). Flags can be split into two distinct categories: clinical flags and psychosocial flags. Clinical flags such as red flags are common in healthcare and used to identify serious pathology where urgent medical attention is required. Orange flags are the mental health equivalent to red flags.

Psychosocial flags (yellow, blue, black) are potential barriers to recovery and identification of these issues is essential when working with the Bio-Occupational-Psycho-Social model of health. Pink flags identify positive behaviours and attitudes that are likely to support an individual's successful return-to-work. Further information on these flags can be seen in the infographic below (Figure 1).

OH Physiotherapist Approach to Assessment

- ✓ Carryout a full subjective and objective and functional assessment
- Use your subjective examination and your communication skills to identify psychosocial risks and make workers feel heard, safe and secure
- \checkmark Remember to use open questions, and be guided by patient goals
- \checkmark Be empathetic and encourage employees to talk about how they feel
- Identify orange flags and signpost when needed, e.g. look for signs of depression, fear of stigma or of contaminating others, impaired memory functioning, stress and exhaustion. The Modified Zung Questionnaire is a useful outcome measure to identify changes in mood. Carryout a suicide risk assessment where appropriate
- ✓ Remind the employees of the support available internally and externally, e.g. signpost to appropriate online resources

- Encourage workers to exercise and have valid resources to offer, e.g. signpost to mindfulness and meditation
- ✓ Encourage workers to be socially active feel connected with colleagues
- ✓ Collaborate with employers and line managers to implement health and wellbeing strategies that will benefit the mental health of all employees, e.g. initiatives and exercise promotion, administer leaflet to increase awareness

Figure 1. The Flag System

M	TTHE UST BE CONSIL	DERED ELACE
		Signs and symptoms of serious physical pathology
		YELLOW FLAGS Patient beliefs and behaviours; these must be explored and identified, particularly those that are obstacles to recovery and RTW, e.g. catastrophising or fear avoidance
		ORANGE FLAGS These are the mental health equivalent to red flags. Identifying difficulties with anxiety and low mood that requires psychological or pharmacological treatment. Suicide risk assessment maybe indicated
		BLUE FLAGS The perceptions about the relationship between work and health,e.g. the belief that work it too onerous or difficult or a belief that work caused the injury or illness
		BLACK FLAGS System and contextual obstacles to RTW, e.g. legislation or policies restricting options for RTW or unhealty workplace culture
		PINK FLAGS Positive behaviours and beliefs such as early RTW and resumption of normal activities will help recovery

Psychosocial Screening

The return-to-work process can fail due to persistent problems associated with musculoskeletal disorders (MSDs) such as pain or reduced mobility. The biopsychosocial approach describes pain and disability as: "a multidimensional, dynamic interaction among physiological, psychological, and social factors that reciprocally influence one another, resulting in chronic and complex pain syndromes" (Meints & Edwards, 2018). The approach explains the role these factors play in perpetuating disability and work loss and facilitates effective interventions.

Research has demonstrated that employees' representations of their pain and their social and occupational consequences are significant prognostic factors when they result in psychosocial factors such as catastrophising, anxiety, fear, pain-related avoidance or dysfunctional behaviour (Roquelaure, 2018; Vlaeyen & Linton, 2000).

ACPOHE advocates the use of psychosocial screening tools, in the form of standardised questionnaires, to ensure psychosocial factors are identified during assessment and addressed during rehabilitation. Examples of psychosocial screening tools which would be relevant to employees returning to work post-COVID-19 include:

- The Readiness for Return to Work Scale
- Modified Zung Questionnaire
- FACIT Fatigue Scale

Besides, ACPOHE has developed a guideline on 'Psychological Screening in Functional Capacity Evaluation' with recommended screening tools for OH physiotherapists (ACPOHE, 2014). The guide can be used to identify psychosocial factors that predict long term disability and returnto-work readiness.

Fitness for Work Assessment

An OH Physiotherapist will assess fitness for work to identify an employee's: physical limitations, functional capacity concerning job demands, psychosocial barriers to recovery and return-to-work, following a period of absence. This is done through:

- Subjective and objective musculoskeletal assessment
- Functional testing
- Psychosocial screening

A fitness for work assessment ensures appropriate adjustments to facilitate return-to-work. Also, the employees' rehabilitation programme is individualised and modified based on the needs of the individual and their work.

For further information on fitness for work assessment, ACPOHE (2014) provides guidelines for Occupational Health Physiotherapists on the use of Functional Capacity Evaluation and Functional Measurement for the Assessment of Fitness for Work.

Functional Testing

Functional testing is the objective measurement and analysis of an employee's functional performance. Functional tests which replicate the demands of an employee's job are used to assess their ability to perform the task and potentially sustain work tasks over a defined time frame. A comparison is then made between assessed performance and work demands to identify work ability. This formulates a baseline for discrepancies to be addressed within the functional rehabilitation and return-to-work programmes. ACPOHE's (2016) 'Guidelines for Occupational Health Physiotherapists on Functional Capacity Measurement Tests' provides specific and detailed guidance on how to carry out Functional Measurement.

Analysis of Job Demands

Job demands are activities an employee is required to do at work. Job demands are understood when an OH Physiotherapist carries out a comprehensive job evaluation as part of the fitness for work assessment. Job demands form the basis of functional capacity evaluation and functional rehabilitation as tests and activities are selected to represent the work tasks an individual will carry out. This improves the validity of functional testing (Pransky & Dempsey, 2004).

The infographic outlined in Figure 2 (Kendall et al., 2009) provides details of common considerations required in job demands analysis.

Adapting Assessment for Remote Delivery

The implementation and service delivery of remote consultations is the same in occupational health as many other areas of physiotherapy. The CSP has created various guidance documents to support this process. This includes:

- Guidance on how to implement remote consultations
- Guidance on the <u>digital tools and options to support service</u> <u>delivery</u>

Figure 2. Job Demands



- Mobile plant operatorHi-Speed
- Work at height where controls

- Can you tell me more about

Assessing Job Demands via Video Consultation

Assessing job demands is more difficult when you cannot visit the workplace and observe the job in action. However, some understanding of key job demands can still be achieved over a video consultation. Once the patient has described their job role, it is possible to gain further understanding by asking the patient to re-enact certain key job tasks and demonstrate the movements which they would usually perform to complete a task. Specifically, ask the employee to demonstrate any movements which they struggle with, due to pain, restriction or worry.

Please see a video example of how to conduct this approach: <u>Assessing</u> job demands via video consultation

Functional Testing via Video Consultation

Functional testing is usually conducted face to face, due to the equipment required to conduct the tests and take physiological measurements such as blood pressure and heart rate. A modified form of functional testing can be conducted via video, allowing for some level of objectivity and functional assessment.

Functional tests could be adapted by using the space and equipment available in a person's home or work environment. For example, a 6minute walk test could be conducted in a convenient space in the persons home. The distance may not be measured, but walking duration, rate of perceived exertion and pain level could still be recorded, which would provide useful information about the employees' current ability to walk. Click on the links below for video examples of how to conduct each functional test:

<u>6-minute walk test</u> <u>Lifting test</u> <u>Carrying test</u> <u>Static bending test</u> <u>Static kneeling or squatting</u> <u>Repetitive bend and reach test</u>

It is important to note that this form of testing has yet to be researched and does not allow for comparison with normative data. Validity and reliability of this battery of tests are likely to be affected by this form of delivery.

Safety is an essential aspect of functional testing. When delivered face to face, this would include biological, physiological, biomechanical and psychosocial aspects.

Table 2 provides more information on the suggested adaptation for carrying out functional testing via video consultation.

Safety Aspect	Face to Face Delivery	Video Delivery
Biological	Full subjective assessment	Full subjective assessment
	Co-morbidity exacerbation	Co-morbidity exacerbation
	Pain level exacerbation	Pain level exacerbation
Physiological	Heart rate & Blood pressure	Heart rate & Blood pressure (if self- monitoring available e.g.
	RPE (Borg scale) Shortness of breath	fitness watch) RPE (Borg scale)

Table 2: Safety monitoring of functional testing delivery

	Dizziness or blurred	Shortness of breath
	vision	Dizziness or blurred
	Headache	vision
	Chest or arm pain	Headache
		Chest or arm pain
Biomechanical	Review of risk	Review of weight
	assessment	available
	Agreed test weight	Agreed test weight
	Test instructions	Test instructions
Psychosocial	Subjective assessment	Subjective assessment
	Psychosocial questionnaires	Psychosocial questionnaires

For full safety information, please see ACPOHE's (2014) 'Guidelines for Occupational Health Physiotherapists on Functional Capacity Measurement Tests'.

Rehabilitation

Functional Rehabilitation

Functional rehabilitation is a form of physical rehabilitation which has a work-specific focus relating to an employee's job demands. Functional testing (see above) establishes an individual's baseline and identifies discrepancies in functional capacity and job demand and forms the basis for functional rehabilitation. During functional rehabilitation, an employee carries out exercises and activities which replicate their work activities and their current functional capacity and health status. The intensity, frequency and repetition of these activities are gradually increased as an employee progresses through their rehabilitation to achieve the necessary demands of their job sustainably.

Return-to-work programs (RTWP's)

Return-to-work programs are work-focused, individualised rehabilitation programmes designed for employees needing support to remain in or return-to-work. They adopt a biopsychosocial and multi-disciplinary approach to effectively prevent the development of long term conditions and associated absence from work (Brendbekken et al., 2018; Steiner et al., 2013).

The key components of a RTWP are:

- Graded exercise rehabilitation interventions to restore physical function and modify pain behaviour
- Functional rehabilitation based on job demands
- Education to tackle unhelpful health behaviours and develop selfmanagement techniques
- Adoption of a cognitive behavioural therapy approach: to support psychosocial factors, including pain beliefs and associated fear avoidance (FA) behaviours
- Return-to-work planning advice and support (Brendbekken et al., 2018; Steiner et al., 2013)

Return-to-work programs are a fundamental part of an OH Physiotherapists role and can be adapted to support employees returnto-work following the COVID-19 pandemic. It is important to understand that employees will feel able to return-to-work at different times. This will depend upon their recovery, their job demands and their attitude towards the various health risks that should be considered within an RTWP. Considerations relating to COVID-19 specific symptoms also need to be addressed within the RTWP.

Education and Advice

Graded Physical Activity

A graded physical activity programme promotes engagement in relevant physical activities which starts slowly and within an individual's level of capability, gradually increasing exposure over time. The starting point for such a program will vary depending on the individual's current level of fitness and participation in physical activity. For example, one person's starting point may be walking up some stairs, whereas another person may be running 5 kilometres.

The key to success is the gradual increment of physical activity following the body's adaptation from previous activity. Figure 3 presents the need for this gradual increase in physical activity or load to achieve an increase in functional capacity.



Figure 3: Progressive or graded increase in activity to increase functional capacity

Physical activity can be gradually progressed in various ways:

- Increase the intensity of the physical activity, e.g. walking faster
- Increase the duration of the physical activity, e.g. walk longer
- Increase the frequency of the physical activity, e.g. walk more often
- Change the type of physical activity, e.g. walking upstairs or outside

Return-to-work programmes need to encompass graded physical activity. A graded or phased return to usual activities at work will help restore physical function and modify thoughts, beliefs and behaviour.

COVID-19 specific symptoms also need to be considered in terms of graded physical activity to reverse the decline from de-conditioning. This is important for rebuilding strength, managing pain, reducing breathlessness, reducing fatigue and providing psychological support.

However, people recovering from COVID-19 will likely need paced rehabilitation and physical activity, particularly if they have fatigue symptoms. A typical physiotherapy programme of graded physical activity, no matter how gentle it begins, always hinges on the principle of progression, and will, therefore, end up at a level that triggers fatigue. Paced physical activity should be short but prescribed several times per day. Intensity and frequency will be determined by the person's tolerance-after, taking into account the level of fatigue.

Progressive reconditioning should help with breathlessness by increasing the oxygen capacity of muscles. However, this should be considered alongside pacing for people with fatigue and breathlessness symptoms. Please see the Chartered Society of Physiotherapy (CSP) COVID-19: <u>The road to recovery</u> (CSP, 2020a) for further information.

Pacing

Adaptation will ensure that pacing strategies are in line with energy levels, rather than pushing beyond limits. It is also important to communicate your concerns with the multi-disciplinary team for ongoing monitoring and support. It is also necessary to remind and ensure that your patients get adequate rest, nutrition and sleep.

Pacing is also an excellent tool for patients suffering from fatigue and breathlessness. The 3 P's principle is an excellent way to both educate patients and help when the development of a return-to-work plan. The 3 P's principle includes;

Pace: Pacing yourself will help have enough energy to complete an activity. You'll recover faster if you work on a task until you are tired rather than exhausted. The alternative, doing something until you're exhausted, or going for the big push, means that you'll need longer to recover.

Plan: Look at the activities you usually do on a daily and weekly basis and develop a plan for how you can spread these activities out. If certain activities make you breathless or fatigued, rather than do them in one go, plan to do them throughout the day.

Prioritise: Some daily activities are necessary, but others aren't. Ask yourself the following questions to find out which of yours are necessary:

- · What do I need to do today? What do I want to do today?
- · What can be put off until another day?
- \cdot What can I ask someone else to do for me?

Check this useful <u>guide for patients</u> created by the Royal College of Occupational Therapists.

Psychotherapy, Mindfulness and Relaxation

Most publications on COVID-19 and mental health have emphasised a variety of symptoms such as anxiety, stress, and conditions related to other or situations as loneliness, and social isolation in uninfected individuals (Duan & Zhu, 2020). Published research has emphasised wellbeing, mindfulness, social connection and self-care for the post-acute COVID-19 patient (Greenhalgh et al., 2020). A skilled OH physiotherapist can offer a variety of interventions guided by the scope of practice and/ or signpost to relevant professionals. These can include:

Cognitive Behavioural Therapy (CBT)

In CBT patients and therapists work together to identify and understand problems in terms of the relationship between thoughts, feelings and behavior (Gray et al., n.d.). This leads to the identification of personalised therapy, goals and strategies which are continually monitored and evaluated (Donaghy et al., 2008). You may explore resources for supporting those with COVID-19 <u>here</u>.

Guided Discovery

This approach is forming a collaborative basis to work with the patient, guide them to find the answer, seeing them as the expert and helping them to rely on himself/herself rather than the therapist (Donaghy et al., 2008:167). You may find more information about Guided discovery <u>here</u>.

Mindfulness

In this method, the physiotherapist helps the individual to develop selfawareness and empower them to manage chronic pain rather than just rely on passive interventions (Pike, 2008). For more information, see the Online Meditation Resources for Times of Social Distancing / COVID-19

Relaxation Techniques

In physiotherapy, these techniques include any methods, procedures, or activities that help a person to elicit physiological changes and voluntary control of the autonomic nervous system and reduce, e.g. the levels of <u>pain</u> and anxiety (Álvarez-Melcón et al., 2018). You may refer to Martha et al., (2008) book: <u>relaxation and stress workbook</u> where you can find here a copy of helpful activities.

Return-to-work (RTW) Planning

Evidence suggests that a stepped approach is the most successful in supporting employees back to work following sickness absence (Kendall et al., 2009; Shaw et al., 2009). Figure 4 demonstrates an adaptation of this approach.

Figure 4. Stepped Approach to Return To Work

< 2 Weeks	2-6 Weeks	6-12 Weeks	≻12 Weeks	> 26 Weeks
Provide Support - Evidence-based advice - Myth busting - Symptoms control	Light intervention - healthcare + workplace accomadation - Identify psychosocial obstacles - Setup plan for early RTW / activity	Shift up another gear - Check for ongoing obstacles - Expand vocational rehabilitation approach - Cease ineffective healthcare	Multidisaplinary approach - Revisit plan and goals - Consider cognitive behavioural programme - Maximise RTW / acitivity efforts by all players	Move to social solutions - Provide signposting + ongoing support - All player maintain communication - Avoid unnecessary medical intervention

Phased Return-To-Work (RTW)

A phased RTW is recommended post-COVID-19, where the symptoms have been significant. It is important to involve the manager, occupational health, the employee, and any other relevant stakeholders.

Any phased RTW plan must be time-bound, e.g. over 4, 6, 8 weeks, or longer in some circumstances. The time scale can be altered depending upon progress, so regular reviews are necessary to evaluate this.

In some instances, an individual may decide they are fit to return to full duties earlier than their RTW plan suggests. In other situations, a RTW plan may be lengthened in time, but in this case, guidance on the length of a revised plan must be provided. It must be remembered that OH support is advisory.

An example of a simple phased RTW plan can be seen in Figure 5. This RTW plan aims to recondition the employee to be able to complete 8-hour shifts, 5 days per week working as a platform host, dispatching trains for a rail company:

Figure 5: Example of a phased return-to-work plan

Week 1:	4-hour shifts, covering one platform only
Week 2:	5-hour shifts, covering one platform only
Week 3:	6-hour shifts, covering two platforms
Week 4:	7-hour shifts, covering two platforms
Week 5:	Usual 8-hour shifts, full duties as required

Work Modifications

Other temporary adjustments in the workplace may include:

- Allocating some work duties to another employee for a defined period
- Transferring the employee to a different place of work for a defined period
- Acquiring or modifying equipment to help support an employee to carry out their work post-COVID-19 Symptoms sickness, for example providing a perching stool to help with fatigue
- Allowing the employee to be absent during working or training hours for rehabilitation, assessment, or treatment
- Giving or arranging mentoring or support in the workplace, for example, a named individual to provide support for an individual with post-traumatic stress disorder
- Providing car-parking nearer to the work environment, if the employee has reduced walking tolerance due to shortness of breath

Like phased return-to-work recommendations, any temporary work modifications must be for a defined period, and regular OH reviews may be required.

The following case study detailed in Figure 6 below highlights how an OH RTW is undertaken. It provides information and advice on your assessment.

POST COVID RTW CASE STUDY

INITIAL OCCUPATIONAL HEALTH ASSESSMENT

(NB: Keep session short if Mr Chambers is suffering fatigue)

Aims of session:

1. Explain service aims and reinforce we are here to support his rehabilitation. Gain trust and 'buy in' with client

2. Gather further medical information and screen for red and orange flags Further information required on HPC, PMH, drug history. What treatment is he receiving

from either primary or secondary care? 3. Find out more about levels of social support currently received

Is signposting or referral required for practical or social support? 4. Gain details on work duties and work demands. Start the work conversation and encourage

communication on work issues with line manager More information required on job role and potential for modified duties

5. Ask Mr Chambers how he is feeling. What are his worries and concerns (yellow, blue, black flag screening)?

These potential barriers to recovery must be identified at an early stage 6. Gain informed consent to send OH report, contact GP, line manager/employer for further information

Legal requirement and necessary to manage employer expectations and provide realistic time scales for RTW

OUTCOME OF INITIAL ASSESSMENT SUMMARY

1-year history of mild angina - advised (pre Covid) to increase exercise and lower BMI. No other medical history

Currently takes half an aspirin daily, no other medication. BMI now 24 - healthy (since Covid 19)

Older brother died of Covid 19 whilst Mr Chambers was in Intensive Care. Feels upset about this as did not say goodbye and reports frequent low mood. GP has already referred him for counselling

Wife is incredibly supportive and is also physically fit. However, he finds it difficult to discuss his anxieties with her about getting back to full fitness. Is really worried about this and has not undertaken much activity at home for fear of over-doing things and relapsing

Has worked for 23 years in the sorting house for Royal Mail. Job is full time (05:00 until 13:30, with 45minute lunch break) and entails standing and sorting items of post, up to 25 kilos in weight. Is concerned about stamina to undertake this work and the early starts as he is not sleeping well

Written consent for liaison with GP, line manager and HR provided by email. Does not wish to see any reports before they are sent

PLAN FOLLOWING INITIAL ASSESSMENT

Request Mr Chambers undertakes the following questionnaires: Chalder fatigue scale (CFS), Fear avoidance and beliefs (FAB) questionnaire, General Anxiety Disorder (GAD, Patient Health Questionnaire (PHQ-9) for

depression and Work Ability Index (WAI) The results will help to highlight areas where further support or referral maybe required and provide a base for further comparison. Is current counselling helping or is further support required?

2. Consider functional measurement tests undertaken face to face or adapted to being undertaken remotely if necessary (ensure there are no contra-indications) such as

2-minute of 6-minute walk test as a base measure and to compare to normative data for aerobic fitness Timed sit to stand test (quick, easy test to measure lower limb strength) Back performance scale (BPS) to assess general spinal mobility and strength post long period of immobility

Progress over time to undertaking specific functional tests specific to his work demands such as lift high, lift low and Chester Step Test

Discuss 'pacing' and set rehabilitation (outcome) goals with Mr Chambers and break these down into how these can be achieved via clear and achievable process goals, for example: Outcome Goal: walk to local shop from home (which is 600m away) in 4 weeks' time. Process Goals/ week 1 – walk on the spot three times a day, start with 1 minute each session and increase by 30 seconds each day. Week 2-

increase process goals as appropriate 4. Ensure positive active approach with Mr Chambers and be aware of signs or symptoms of severe depression or other mental illness. Refer or signpost, as necessary 5. Liasion and support with other health professionals such as respiratory team

Practical

ALL INTERVENTIONS:

Patient involved and specific to their needs

Supportive

Positive

Objective

Timely and time bound



BACKGROUND

Mr Chambers is a 68-year-old male who works full time as a postal worker. Diagnosed with Covid 19, 9 weeks ago and immediately admitted to intensive care due to difficulties breathing. He remained in intensive care for 3 weeks and hen a further 4 weeks in a general hospital ward

hospital and his manager has referred him to OccupationalHealth for help with his rehabilitation and subsequent return to work

MEDIUM TO LONGER TERM

This may include reassessment of physical and psychosocial testing, increasing home exercise programme and rehabilitation, sleep hygiene support, moving towards more independent rehabilitation and workplace assessment with Mr

RTW PLANS

A phased return to work is likely to be required and may include modifications of his normal work duties.

Ensure report states time scales for each recommendation, and these must be clear and all recommendations practical and

achievable.

Examples of recommendation for Mr Chambers may include:

Reduced hours of work and gradually increasing hours over a period of 8 weeks starting work at 09:30 to allow improved sleep and avoidance of any rush hour travel

Increase breaks to allow him to sit down regularly

Reducing the weight limit of items, he is required to lift, i.e. to lift not more than 10 kilos for the first 3 months of his RTW

Ensure that his line manager keeps in close contact to ensure that Mr Chambers is coping

Report any problems to line manager or Occupational Health



Further case-studies on how to support individuals back to work, either through temporary or permanent work modifications can be found at the Council for Work and Health Website - <u>Work Modifications</u> (The council for Work and Health, 2019).

Scope of Practice

The range of symptoms and health issues emerging from COVID-19 demands a multi-disciplinary rehabilitation approach. Guidance from the British Society of Rehabilitation Medicine (Phillips et al., 2020) recommends that COVID-19 rehabilitation should be delivered by coordinated multi-disciplinary rehabilitation teams comprising of:

- Rehabilitation Medicine
- Psychiatric and neuropsychiatric support
- Rehabilitation nursing
- Physiotherapy
- Occupational therapy (O/T)
- Clinical psychology/neuropsychology
- Speech and Language Therapy (SLT)
- Dietetics
- Social work

The requirement for such a multi-disciplinary team will depend on the individual's presentation and symptoms, and it is subsequently important to recognise what is within our scope of practice. Most employees that are in a position to be considering return-to-work will have either already had or not needed multi-disciplinary hospital care. However, they may still have symptoms ranging from de-conditioning,

breathlessness, fatigue, pain, neurological symptoms and reduced mental wellbeing.

Musculoskeletal and OH physiotherapists are well-positioned to support with reconditioning, pain, reduced mental wellbeing while also considering the impact of symptoms such as breathlessness, fatigue, neurological symptoms and other co-morbidities. However, they should signpost appropriately in cases that specialists input is needed to manage such symptoms (Section 4). For example, where people are struggling with respiratory, neurological or cognitive symptoms, they should be signposted to NHS care if they are not already seeking support via their GP.

In a workplace context, OH Physiotherapists will likely be working alongside occupational health advisors, nurses, physicians and health and safety professionals. This multi-disciplinary team should be utilised for supporting with return-to-work advice around COVID-19 symptoms and any co-morbidities as well as site health and safety practices related to COVID-19 such as workplace social distancing measures.

Resources and Signposting

- > <u>ACPOHE website</u>
- > <u>ACPOHE Guidance documents</u>
- ACPOHE YouTube channel
- > <u>Council for Work and Health</u>
- CSP website
- CSP resource on <u>COVID-19</u>: guide for rapid implementation of <u>remote consultations</u>
- > CSP resource on Digital tools to support service delivery
- CBT <u>self-help</u> and <u>therapy resources</u>
- Cognitive Behaviour Therapy Resources
- Guide Discovery resources
- Heads Together have launched their 'My Frontline' campaign that offers round the clock mental health support to health professionals during the pandemic
- Looking after your mental health as we come out of lockdown
- Mental Health at Work
- > Section on managing feelings as lockdown eases
- <u>'Return-to-work'</u> toolkit
- The British Psychological Society site
- > Society of Occupational Medicine
- This <u>confidential service</u> delivered by Remploy is funded by the <u>Department for Work and Pensions</u> and is available at no charge to any employees with depression, anxiety, stress or other mental health issues affecting their work

- Free course from future learn on <u>COVID-19: Helping Young People</u> <u>Manage Low Mood and Depression</u>
- Free course from future learn on <u>Understanding Anxiety</u>, <u>Depression and CBT</u>
- Free course from future learn on <u>COVID-19</u>: Psychological Impact, <u>Wellbeing and Mental Health</u>
- Free course from future learn on <u>Conducting Remote</u> <u>Consultations and Triage</u>
- Free course from future learn on <u>COVID-19</u>: <u>Psychological First</u> <u>Aid</u>
- Royal College of Occupational Therapists guidance on Practical advice for people during and after having COVID-19
- The Flag System

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