

Update 7

INCREASED EARLY ACTIVITY FOR THOSE WITH SPINAL PROBLEMS REDUCES SICK LEAVE

A study by Hagan, Grasdahl and Eriksen evaluated long-term clinical and economical effects of early activity on the duration of sick leave for patients with spinal problems.

Other studies have suggested that early intervention (spinal examination, giving the patients information, reassurance, and encouragement to engage in physical activity) had significant effect in reducing sick leave.

Patients in this study were followed-up for a period of 3 years to investigate possible long-term effects of such an approach.

Four hundred fifty seven (457) patients placed on a sick list for 8 to 12 weeks for lower spinal problems were placed into one of two groups: an intervention group and a control group. The intervention group was examined at a spine clinic and given information and advice to stay active. The control group was not examined at the clinic but was treated within the primary health care system.

Over the 3 years of observation, the intervention group had fewer days of sickness compensation (average 125.7 days/person) than the control group (169.6 days/person).

Importantly there was no increased risk for reoccurrence of illness from early return to [work. Net](#) benefits accumulated over 3 years of caring for the intervention group amount to \$2,822 per person.

For patients with certain spinal problems, early intervention with examination, information, reassurance, and encouragement to engage in physical activity as normal as possible had economic gains for society. Although there were no significant long-term effects of the intervention, the initial gains did not lead to increased costs or increased risks for reoccurrence of illness over the next 2 years.

REFERENCE:

Molde Hagen E, Grasdahl A, Eriksen HR. Does Early Intervention With a Light Mobilization Program Reduce Long-Term Sick Leave for Low Back Pain: A 3- Year Follow-up Study. Spine 2003; 28:2309-16.