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### Background

Since March 1<sup>st</sup> 2005, the Fund for Occupational Diseases (FOD) is coordinating an evidence-based program to promote an early return to work and prevent chronic low back pain (LBP). Target workers must be off work due to LBP for at least 4 weeks and maximum 3 months, and are offered (see [www.fmp-fbz.fgov.be](http://www.fmp-fbz.fgov.be)) :

- a standardized multidisciplinary back rehabilitation program in more than 50 rehabilitation centers across the country,
- an ergonomic workplace intervention to be carried out at the initiative of the company occupational health physician (OP) or ergonomist

In 2008, 619 workers took part to the rehabilitation program, but the FOD was asked to support the workplace intervention for less than 3% of the participants.

### Aims

To identify the factors underlying such a major imbalance between the program two main components by conducting a survey among the Belgian OPs

### Methods

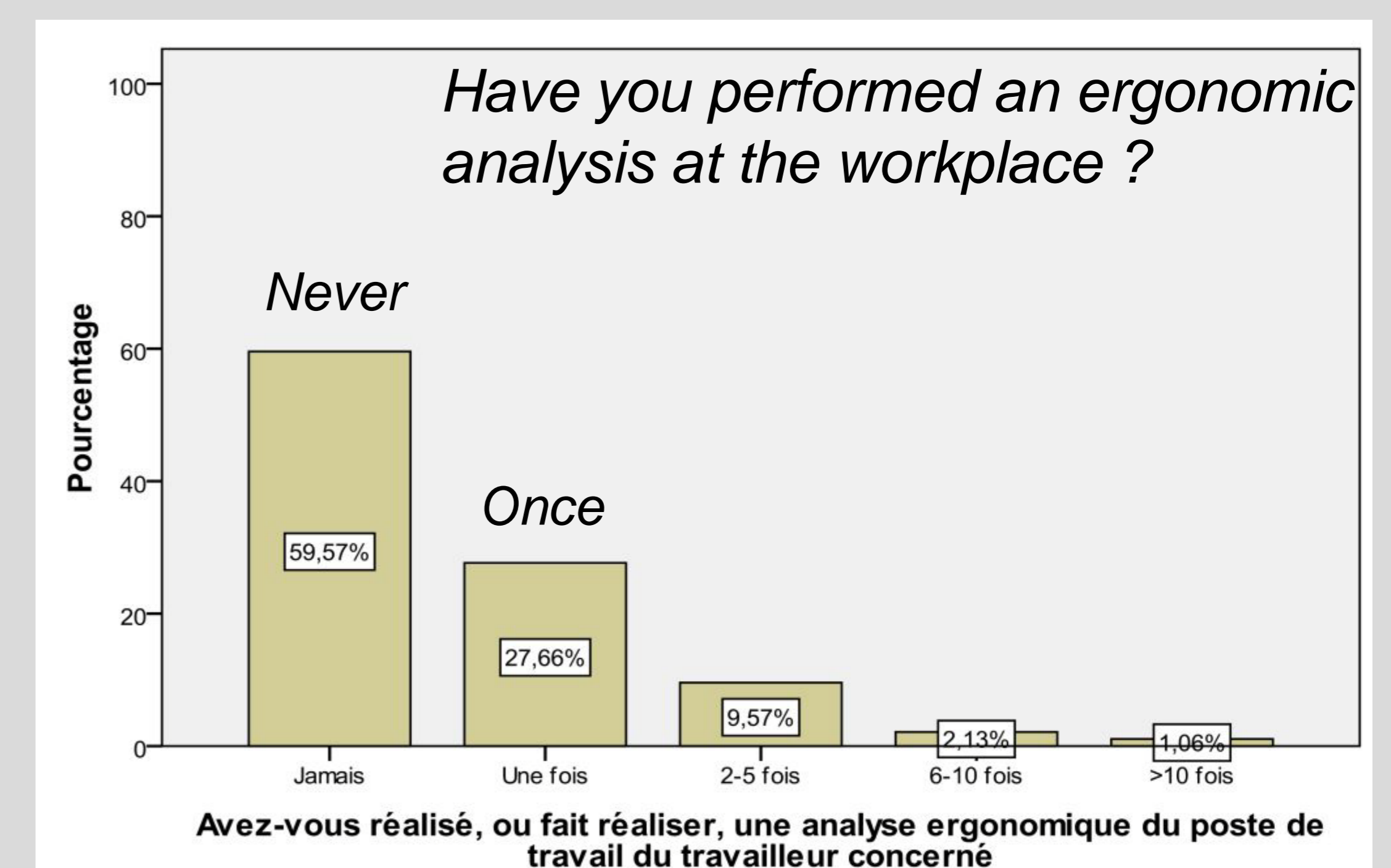
A questionnaire survey (23 questions) was distributed to the OPs participating to their 2008 annual congress. The questionnaire was also sent by e-mail to all Belgian OH services. Besides some demographic information, the physician was asked to describe his/her personal activities in relation to the program, the perceived barriers in carrying out an ergonomic intervention.

188 valid questionnaires were collected through this survey (response rate: about 25% of the whole population of OPs)

### Results (III)

Among the 49% of OPs who had included in the RTW program at least one worker, only 40% (see Fig 2) did perform an ergonomic analysis at the workplace . However among the 60% others, 10% did bring some workplace adaptations.

Figure 2



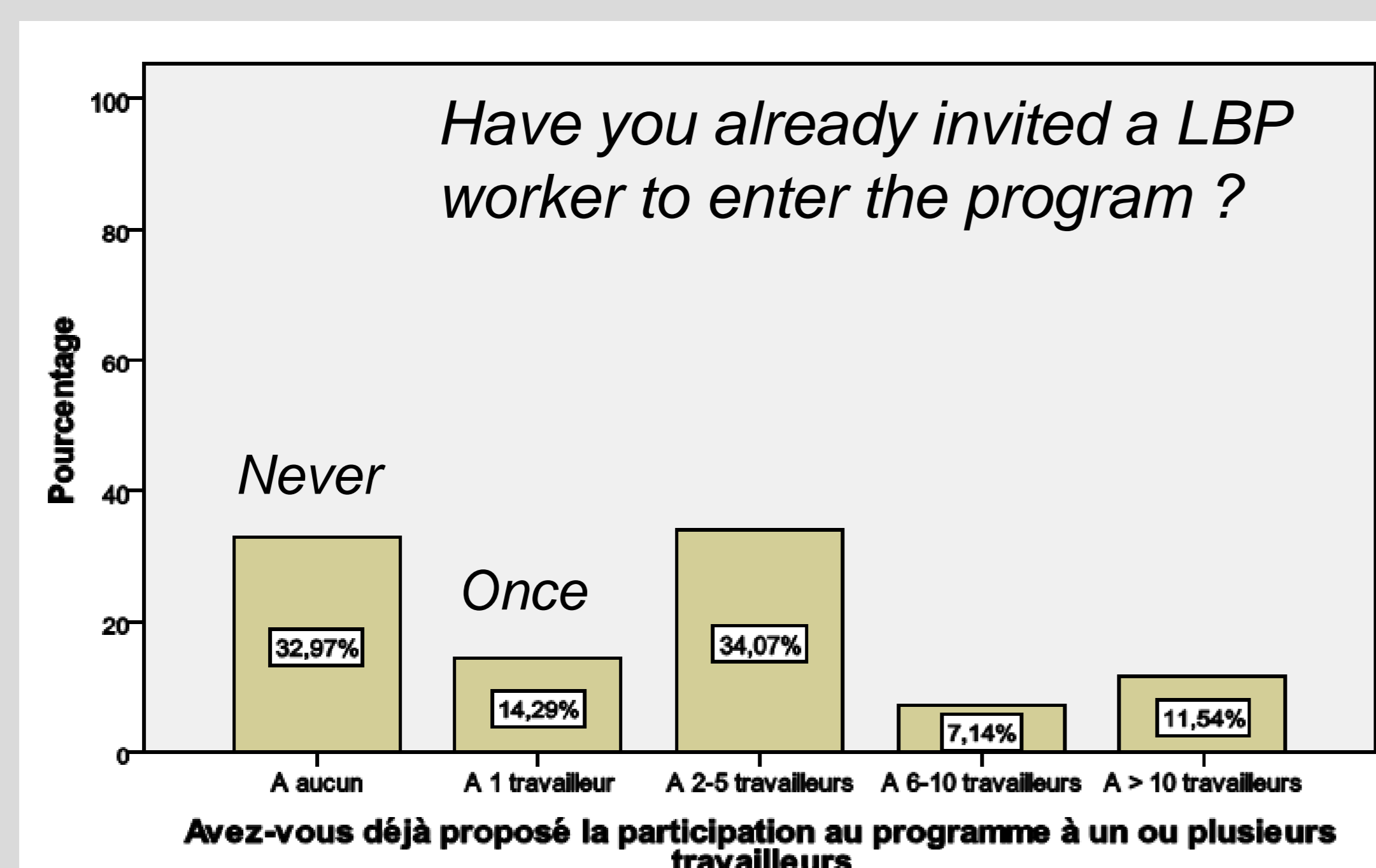
### Discussion

- Some ergonomic intervention did take place for about 40 to 50% of program participants but without the FOD financial intervention;
- The OP actual commitment to the program was influenced also by his/her personal representations regarding his/her professional role ;
- Dutch- versus French-speaking differences in commitment were partly related to similar differences in program adherence among the rehabilitation centers ;
- A new information procedure put in place by the FOD after this study is having an impact on the rate of subsidized ergonomic interventions: the % of participants having access to a formal ergonomic intervention raised to 6.3% in 2009 and to 10.2% in 2010.

### Results (I)

The sample of respondents seems representative of the OPs population : 60.6% were Dutch speaking (vs 59.7%), 88.5 % worked in external OHS (vs 89 %) but female physicians were slightly overrepresented, 61.8% vs 53.2%; 55.7% had more than 10 yrs seniority in the profession (no reference figure available).

Figure 1



### Results (II)

Among the respondents, 96% did know the RTW program but

- 37% had not informed about their affiliated companies
- 33% had not yet proposed participation to a LBP worker (see figure 1)
- 51 % had not yet included a worker in the programme

A stronger commitment for promoting the program was observed among Dutch speaking OPs ( $p < 0.001$ ) and more senior OPs ( $p = 0.019$ ), concerning the information given in enterprises, and among Dutch speaking OPs ( $p < 0.02$ ) and female OPs ( $p < 0.02$ ), when inviting LBP workers to participate.