

occupational medicine service and the multidisciplinary approach for referring and treating these workers.

Methods This descriptive and retrospective study comprised data from the occupational emergency care service from 2016 to 2020. All complaints related to International Classification of Diseases (ICD10) codes M and S were analyzed.

Results 13,312 consultations were carried out in our service from 2016 to 2020 due to ICDs M and S; 73.1% workers were female, which coincides with genre distribution in our service. The leading cause of musculoskeletal pain was low back pain (M54.5), whereas finger injuries (S61.0) and ankle sprains (S93.0) were the most important complaints related to trauma. Visits related to musculoskeletal complaints were less frequent in 2020 compared to other years due to Covid-19 pandemics, since this service was responsible for evaluating and testing workers with respiratory symptoms. Workers with musculoskeletal complaints were referred directly from emergency care or occupational physician to multidisciplinary team: orthopedic surgeon, acupuncture, physiotherapy or work adjustment with occupational team.

Conclusion Occupational emergency care data is an important indicator of injuries and pain in healthcare professionals. Its integration with a multidisciplinary team is essential to prevent further musculoskeletal illnesses in hospital workforce.

Muskuloskeletal-2

0-20 PREVALENCE, PREDICTORS AND WAGE REPLACEMENT DURATION ASSOCIATED WITH DIAGNOSTIC IMAGING IN AUSTRALIAN WORKERS WITH ACCEPTED CLAIMS FOR LOW BACK PAIN: A RETROSPECTIVE COHORT STUDY

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Introduction Diagnostic imaging is not recommended for low back pain (LBP) in the absence of clinical evidence to suggest a serious pathology is the cause of pain. Workers may access funding for wage replacement and healthcare, including diagnostic imaging, from workers' compensation if they cannot work due to LBP.

Objectives This study sought to determine in Australian workers with accepted workers' compensation claims for LBP (1) the prevalence of diagnostic imaging of the spine and factors associated with its use, and (2) the association between spinal diagnostic imaging events and wage replacement duration.

Methods Workers with accepted workers' compensation claims for LBP longer than two weeks were grouped by whether workers' compensation funded no, single, or multiple diagnostic spinal imaging in the two years since reported low back pain onset. Ordinal logistic regression was used to define the demographic, occupational and social factors associated with each group. Time-to-event analysis was used to determine the association between spinal imaging and wage replacement duration.

Results In the sample of 30,530 workers, 9,267 (30.4%) received single spinal imaging and 6,202 (20.3%) received multiple spinal imaging. Male workers and workers from the

state of Victoria had significantly higher odds of multiple imaging. Socioeconomically advantaged workers and workers from remote Australia had significantly lower odds of multiple imaging. Magnetic Resonance Imaging was the most common imaging modality. Workers with single spinal imaging (median duration 17.0 weeks; HR 2.0, 95%CI 1.9, 2.1) and multiple spinal imaging (median duration 49.0 weeks; HR 4.0, 95%CI 3.9, 4.1) had significantly longer wage replacement duration than those with no imaging (median duration 6.1 weeks).

Conclusions Over half of Australian workers with an accepted workers' compensation claim for LBP longer than two weeks received diagnostic spinal imaging. Receipt of diagnostic imaging, particularly multiple imaging, was associated with longer wage replacement duration.

0-2021 WORKERS ON PROLONGED WORK DISABILITY FOR MUSCULOSKELETAL DISORDERS DO NOT WORRY FOR NOTHING

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Introduction Workers worry during prolonged work disability, but do their worries relate to their actual work disability situation?

Objective The aim of this study was to assess worries and their maintaining factors, while considering the margin of maneuver/leeway at work and their impact on return to work (RTW).

Methods We conducted a cohort study with a convenience sample of 79 (39 men and 40 women) workers having persistent (≥ 3 months) work-related musculoskeletal disorders causing absence from their regular work. Following Dugas' theory validated self-administered questionnaires (ex.: intolerance of uncertainty, utility of worrying) were completed at the beginning and the end of the work rehabilitation program. Also, the questionnaire on type of worries (QTW) assessed specific types of worries and their relationship to work. Trained occupational therapists, (n = 16) evaluated the margin of maneuver of all workers. Multivariate analyses were performed on RTW predicted by workers' indicators and occupational therapists' margin of maneuver.

Results

Twenty-one workers did not RTW The model predicted 54% of the variance in N-RTW (p .0001). Significant factors explaining N-RTW were: lack of a margin of maneuver (OR = 8.5; p = .008); high intolerance for uncertainties (OR = 1.12; p = .01), perceived utility of worrying (OR = 1.11; p .001), and for the QTW scores, a high mean intensity of worries (OR = 2; p = .004) emerging from actual situations (OR = 17.15; p = .02) occurring at work (OR = 8.5). A posthoc analysis (pseudo R² = .33; p =) shows that a lack of a margin of maneuver is associated with QTW scores of worries emerging from uncertainties at work.

Conclusion Workers not returning to work worry about actual situations at work, but this is also associated with low margin of maneuver, assessed by occupational therapists. Thus, RTW interventions should focus on the work environment.