

Teaching Injury Prevention Programs

If one does research on the history of teaching an injury prevention program or back schools, the medical literature generally uses 1969 as the formal date of the initiation of industrial back schools. The first schools started in Stockholm Sweden and consisted of four sessions:

Session I: The first session is a general discussion on back disorders, how frequent back disorders were, and who developed back pain. The program also provided a general explanation of anatomy and how the body worked.

Session II: The second session covered more of the details of the body's function, including interdiscal and intra-abdominal pressure. It also covered the principle of muscle corsets to protect the back.

Session III: The third session consisted of lifting techniques and activities of daily living.

Session IV: The fourth session covered the need for physical activity and discouraged the idea of decreased activity as a treatment for back pain. The last session also covered the concept of self responsibility. The constant theme of all sessions was that physical activity would not only cause physical improvement, but also psychological well being.

The Swedish program showed great promise with several studies documenting positive results. The program was marketed in the 1970s but did not find much success. Those who promoted the program found that the perceived reasons for failure were that it was just a concept, or that it was too time-intensive.

The actual critical factor, which to this day drives the direction of health care, was the failure to have a process to bill for the services and ultimately get paid for it. The failure of the Swedish program was the early writing of what has led to our current health care crisis: a system that pays for crisis care and directs a great share of the health care dollars into the industries of medical technology and pharmacology.

The concept of prevention has few champions, because to promote its cause increases the risk that they will go head to head with a well established and vested machine. Only the outcry of the consumer of health care, the industries of this nation, has rekindled an interest in the prevention of musculoskeletal injuries.

With industries demanding a new look at the dollars they are spending not only in workers compensation, but in health care in general, it opens a new door to the chiropractic profession. The chiropractic profession has not only promoted the prevention of illness, but chiropractic spinal education classes far outdate what medical historians delineate as the start of the modern back school.

In earlier articles in DC, we have provided outlines of why doctors of chiropractic are by far the best trained to step into the void that industries need filled. We will not go into it further in this article

other than to say that chiropractic has a great opportunity to be a part of a solution that industries are crying for.

In teaching any program, there are fundamental principles one must look at in preparation of the program. The most common error that we experience when reviewing back injury prevention programs is that the program is designed around a canned set of principles, (which could include proper body mechanics) that are taught in a passive setting to an audience that has been mandated to attend your program.

To properly develop your program, you need to take the canned set of notes or slides and customize them to your audience. You also need to use every available visual tool to assist in the audience's understanding of your concepts.

People will come to your class with the belief system that they have little control over what happens to them at work. The changing of this attitude must be the underlying focus of your program. The concept is that people do have control of their health; that healthy behavior is truly a choice that only they can make and have control over. Your purpose is to convince them to participate in their most valuable resource -- their health.

In persuading a person to do anything more complex than taking a pill (and even that has been shown by research to have less and less compliance), patients must understand and be convinced of the benefit to themselves before they will ever change their habits and health behaviors.

The original back programs in Sweden were over six hours long. Unless you're a lot better at selling management than we are, it is not a reality that you will get this amount of time to work with. The average industry will allow you 20-75 minutes for the program. Seventy-five minutes is the maximum time even the most experienced instructors will be able to keep a mandated audience's attention.

You are going to have to be well organized, entertaining, provocative and interactive with the audience. You need to spend the majority of your prep time on developing the interactive part of your program. This is the section that you need to customize for each program. The passive section should be 10% of your preparation time and actually decrease as you do more and more presentations.

To interact with your audience, you will have to gather information from them. Review injury reports and any accident data from the employer (OSHA logs). We have found that surveying employees is extremely valuable to find out what their complaints are, how they feel about the working environment and how they feel injuries occur is extremely valuable. Videotaping or taking pictures of each department you are going to present to also assists in the customizing of the program. Take the time to personally talk to some of the individuals that you will be teaching the program.

Include the foreman and lead personnel in your interviews. They are one of the primary keys to a successful follow through of your program. We have found that actually performing the job assists in your ability to functionally create solutions for the position.

By interacting at as many levels as possible with employees before you teach a program, it will not only allow you to teach the program with first hand knowledge but will decrease your outsider perception as seen by most workers. Developing the credibility with the workforce before teaching the program assists in the ability to have interactive teaching rather than passive instruction.

Dr. Bautch learned this firsthand several years ago when he was asked to teach a program to a trucking division of a Wisconsin manufacturing company. He was given a 45-minute presentation time and 15 minutes for questions. He spent 90% of his time preparing to teach principles and 10% of his time finding out about the actual truck drivers he was to teach.

The talk lasted 45 minutes; the question section was essentially nonexistent. Not really understanding the lack of interest shown by the drivers, he was later informed by one of the drivers that they thought that he had no credibility with the group. He had never seen their jobs; never driven a semi-truck before; and could not possibly understand their concerns.

The driver was right. He was asked to return the next year. This time, he surveyed the drivers, spent time interviewing them, and actually went out on the road to video tape their day.

The change in attitude of the second audience was remarkable. The passive teaching part of the program lasted 15 minutes; the interactive part 15 minutes and the facilitation of ideas took the next hour and a half. The safety director allowed the program to go as long as he could before stepping in. The program spawned subcommittees to address the concerns and led to general changes that were developed from the drivers and committees. In the first school, Dr. Bautch taught what he thought the drivers should know; the second time, he interacted with their concepts and belief systems.

When you spend all of your time preparing based on what you think your audience should know from your belief system, you will seldom connect with your audience. Teaching your belief system is a passive or traditional method of education and will generally lead to lack of activity or implementation of the concepts taught. By performing interactive teaching, the worker will feel more a part of the program; be more likely to feel the information directly affects them; and care enough to retain the information and put it into productive use.

The passive part of your presentation needs to address body mechanics as they relate to the worker; posture as it relates to everyday life; neutral spine concepts which relate to the ergonomics of their job; and dynamic body mechanics which relate to their life. Others include back first aid techniques; the rule of opposites in stretching; microbreaks and microstretches; and generalized stretching programs.

The interactive part is where you bring in the information from your surveys and interviews to make the passive section or concepts real to their specific needs. Create the need for self-responsibility for their workplace and health.

A basic outline of how we teach:

1. First 5 minutes: Relate what was found through the surveys and interact with the workers. Develop credibility with the workers. A little humor always seems to help.
2. The second 15 minutes: Review the principles of body functions and how they relate to their jobs. The videos assist in this section by showing the workers performing the concepts you discuss.
3. The third 15 minutes: Go over the neutral body positions, rule of opposites in stretching and microbreaks. It is advised to have the audience participate in all of the stretching programs using a sheet of exercises.

4. The last 20 minutes involves providing solutions. The best solutions are not created by you, but facilitated by you and created by the workers.
5. We always survey the workers at the end for future programs.

This is a basic outline. We have made many modifications throughout the years depending on the industry and audience that we present to.

Our goal is to take the benefits of chiropractic to the nation's industries. We look forward to your assistance in reaching this goal. Remember that every time you interact with industries, you represent the entire profession.

References

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