



Limited resources?


Identifying high risk musculoskeletal cases in the hours following injury.

David Brentnall  
Specialist Physiotherapist  
Managing Director Axis

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**Professional Development Plan**

- The Problem: Large caseloads and poor risk identification
- Mix of factors influencing RTW outcomes
- The Utility of the Orebro Questionnaire (10 questions) in hours following injury
- Orebro Plus: free application to collect, score and dashboard in one click
- Impact studies: using risk profiling at Coles, and in our telehealth/ hotline service with another supermarket using Premium Care
- Masterclass: interpreting Orebro Questions and Matching Treatment



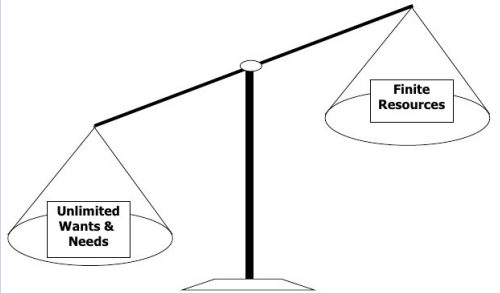
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Orebro Plus Try Out

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**The Economic Problem**




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**The Economic Problem**




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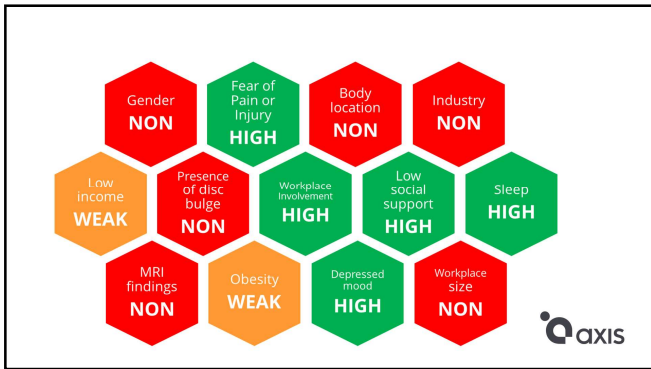


Prediction is difficult, especially the future.

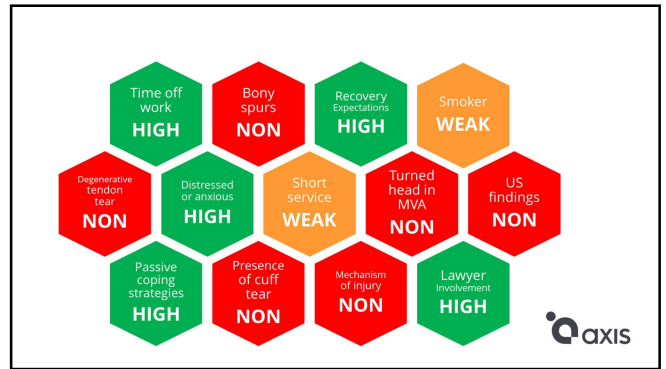
— Niels Bohr —



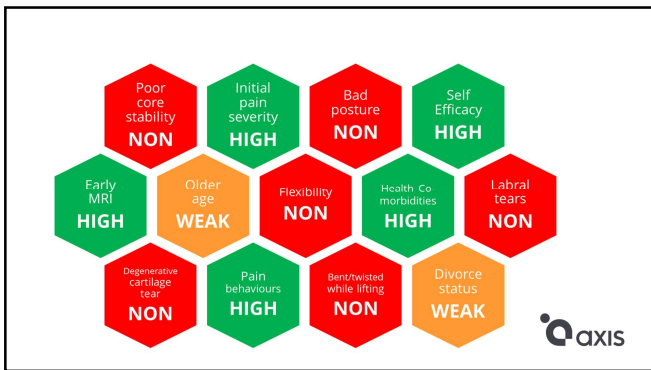
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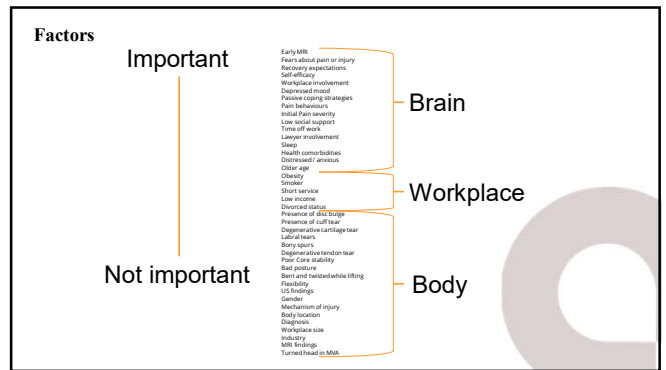
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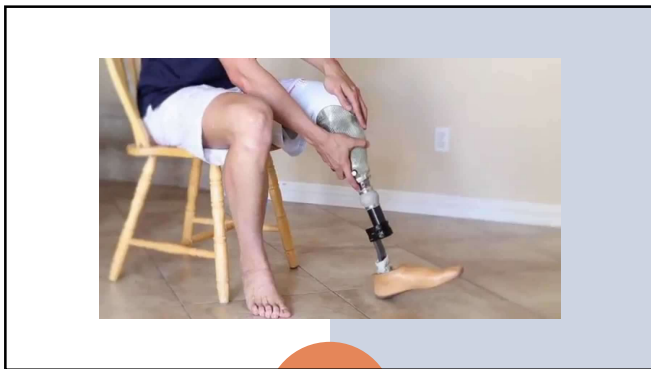
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**MRI changes in a pain-free population**

Published November 27, 2014 as 10.3174/ajivr.A4173

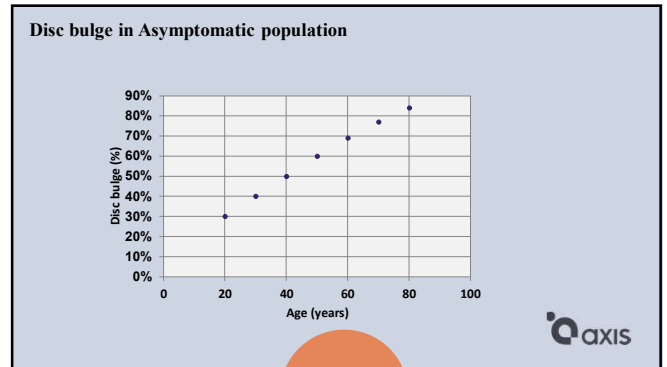
ORIGINAL RESEARCH  
SPINE

**Systematic Literature Review of Imaging Features of Spinal Degeneration in Asymptomatic Populations**

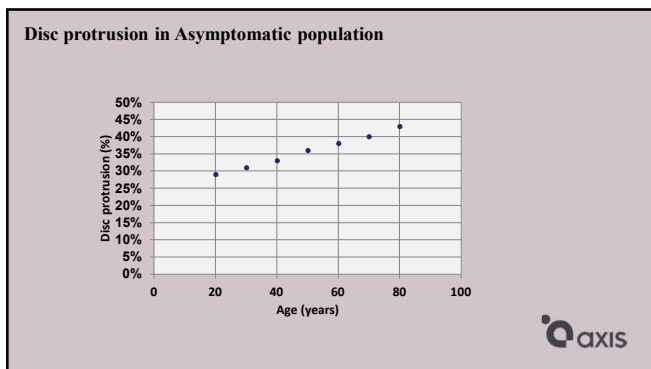
W. Brinjikji, F.H. Luetthier, B. Comstock, B.W. Bresnahan, L.E. Chen, R.A. Deyo, S. Haddad, J.A. Turner, A.L. Avrin, K. James, J.T. Wald, D.F. Kallmes, and J.G. Jarvik



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**MRI and Discography Vs Psychosocial – future serious back pain**

- “The study hypothesis postulated that structural findings at baseline, as found on high-definition MR and provocative discography, would most strongly predict serious future LBP events. Our findings did not support this hypothesis.”

The Spine Journal 15 (2004) 101-110


2004 Outstanding Paper Award: Neurosurgical Science

Discographic, MRI and psychosocial determinants of low back pain disability and remission: a prospective study in subjects with benign persistent back pain

Engene, J. Carragee, MD, Todd F. Alaman, MD, Jonathan L. Miller, MD, John W. Carragee, M.D.

Stanford University School of Medicine, 300 Pasteur Drive, Room 110, Stanford, CA 94305 USA

Received 14 January 2004; accepted 15 May 2004




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**Ultrasound findings in asymptomatic individuals**

- 51 men without symptoms aged 40-70 and US scans (25 right and 26 left)
- Findings:
  - - subacromial bursal thickening **78%**
  - - AC joint degeneration **65%**
  - - Supraspinatus tendinosis **39%**
  - - Partial thickness tear supraspinatus **22%**

**SHOULDER ‘ABNORMALITIES’ WERE FOUND IN 96% OF ASYMPTOMATIC PEOPLE!**


Grish et al 2011



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a) the body

b) the brain



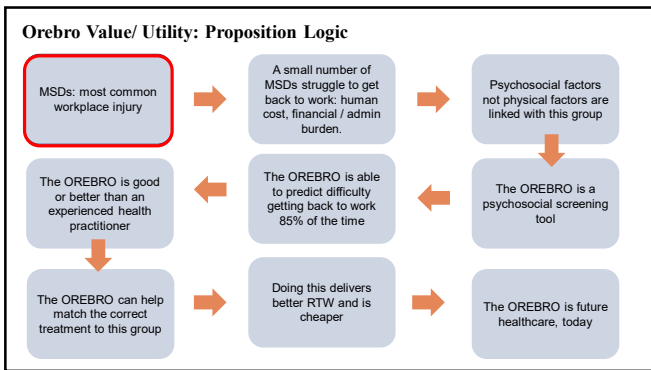
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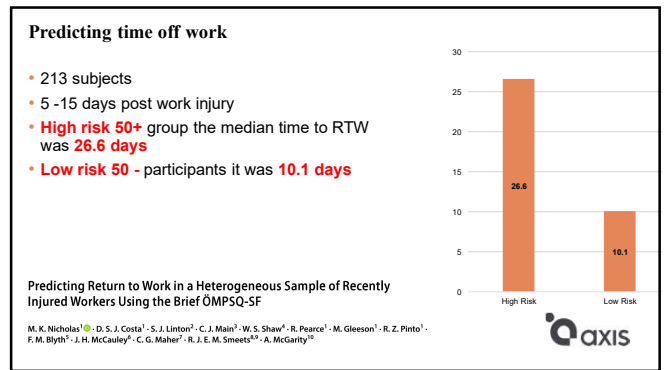
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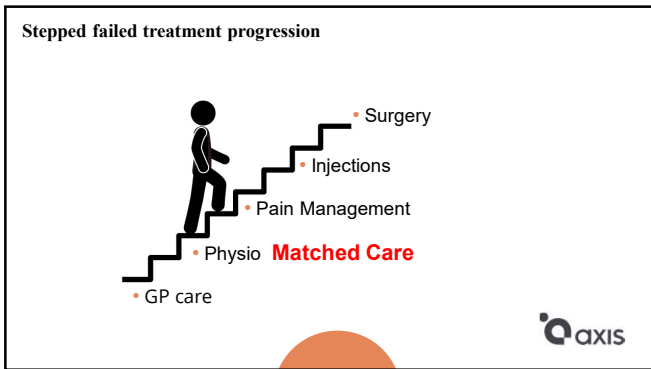
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**Published this month**

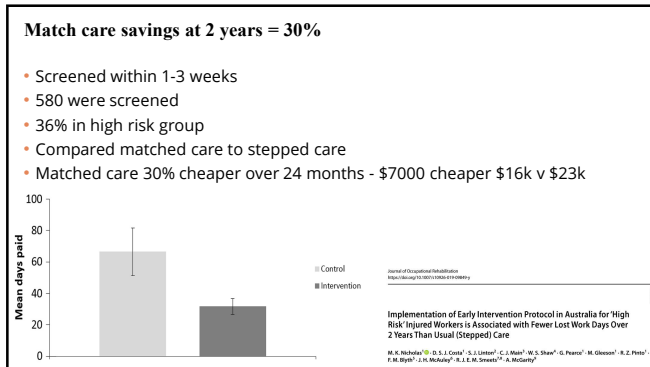
CSIRO PUBLISHING  
*Australian Journal of Primary Health*  
<https://doi.org/10.1071/PY21006> Forum

**Stepped care for musculoskeletal pain is ineffective: a model for utilisation of specialist physiotherapists in primary healthcare management**

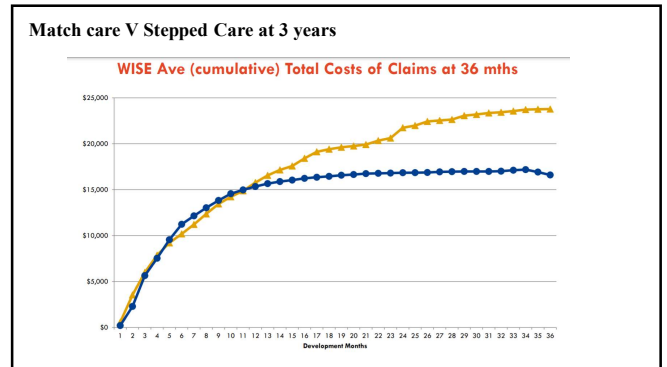
Darren Beales<sup>A,B,D</sup>, Tim Mitchell<sup>B</sup> and David Holthouse<sup>C</sup>

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<sup>C</sup>Claremont Pain Clinic, PO Box 563, Claremont, WA 6010, Australia.  
<sup>D</sup>Corresponding author. Email: D.Beales@curtin.edu.au

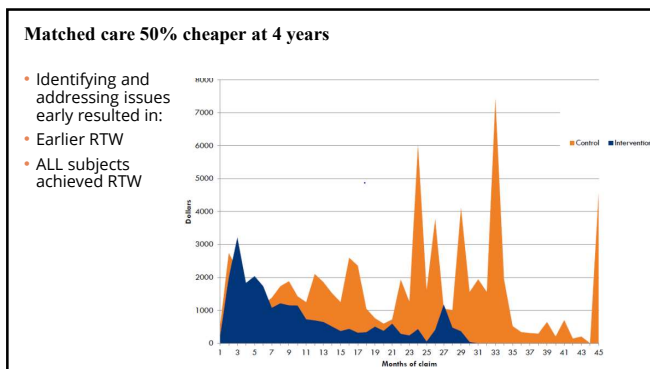
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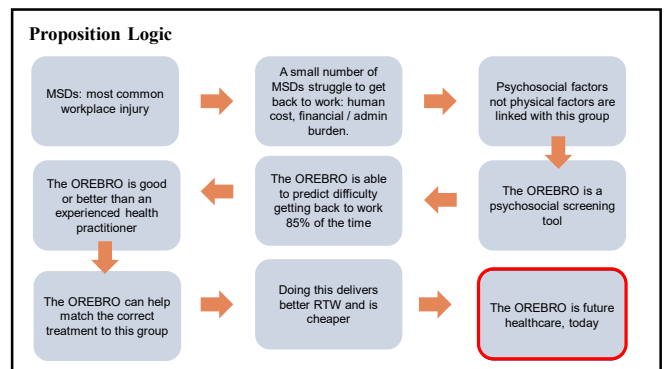
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### Current Practice Vs Best Practice (Future Care today)

Factors	Current practice	Best practice
• Risk focus	Physical factors	Psychosocial factors
• Investigations	Guide treatment	Rarely required
• Management	Gut feel	Screening questionnaires
• Treatment	Physical	Bio psychosocial
• Direction	Stepped fail	Matched care
• Return to Work	Biased / Arbitrary	Recover at work

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- ### Summary
- Can we predict the future - No
  - We can pick people at risk - Yes
  - Is it based of physical factors - No
  - Does it help with forecasting disruption of staffing / HR, finance, -Yes
  - Is the Orebro better than gut feel - Yes
  - Can risk profiling direct treatment: Yes- matched care
  - Is match care for better and cheaper -Yes
  - Is it best practice - Yes
- 

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**OREBRO Plus**  
axis

One click delivery of the world class OREBRO risk questionnaire to your people

David Brentnall  
Specialist Musculoskeletal Physiotherapist  
Axis

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**Risk profiling**

Risk Profile	Percentage Requiring SDP	Average Length of Time on SDP
Low	20%	6.0
Medium	68%	11.5
High	100%	21.3

**coles**

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**National Supermarket Real-Time Risk Profiling**

- Premium Care-Hotline/ telehealth
- Digital risk profiling tool pushed to team members' phones, following initial consultation with AXIS.
- Available on the AXIS Dashboard.
- Guides treatment, predicted claims cost and expected time to return to work.

Risk category  
● High  
● Medium  
● Low

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**AXIS Premium Care Pathway**

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**Partner Program & Adjustment to Injury**

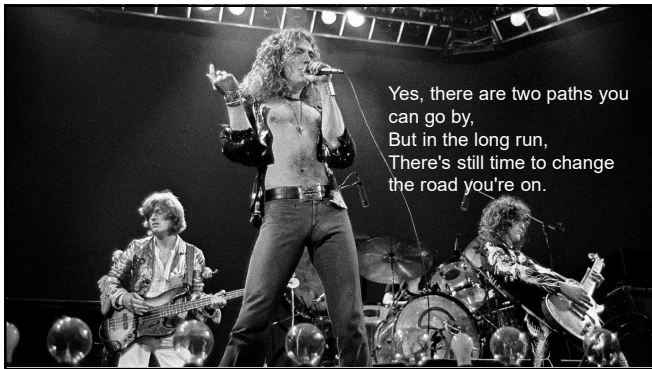
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Reassurance  
Support at work/  
Matched treatment  
Psychosocial screening  
Surgery  
Injections  
Worry  
Scans

**OREBRO Plus**  
axis

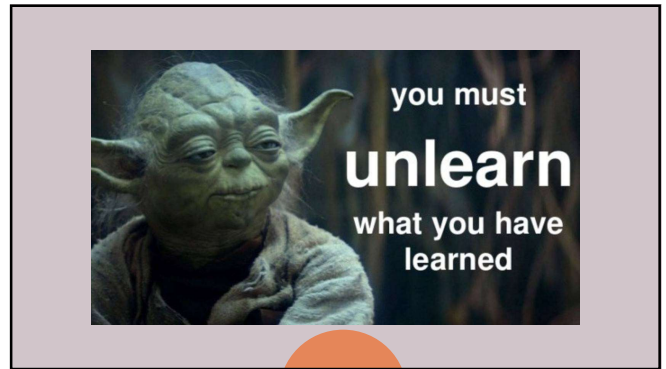
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Yes, there are two paths you can go by,  
But in the long run,  
There's still time to change the road you're on.

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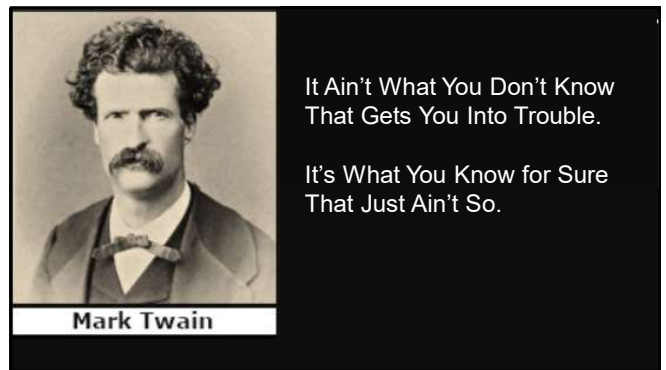
you must  
**unlearn**  
what you have  
learned

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Stages of an organisation on their Orebro Journey

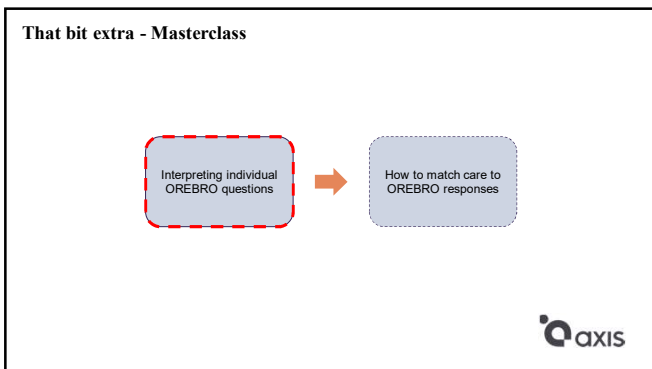
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It Ain't What You Don't Know  
That Gets You Into Trouble.

It's What You Know for Sure  
That Just Ain't So.

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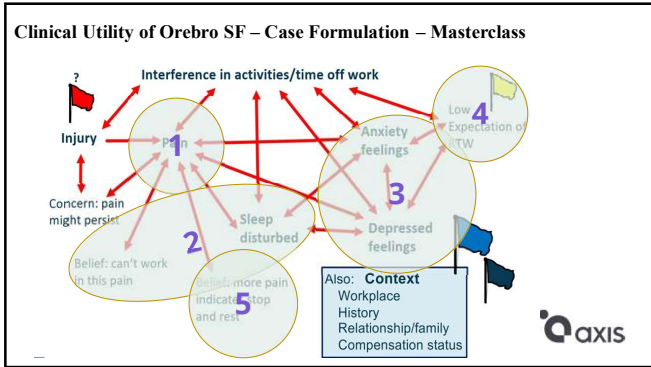


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**Orebro Domains**

Item	Concept Area	Scoring*
1 How long have you had your current pain problem?	Pain	1-10
2 How would you rate the pain that you have had during the past week?	Pain	0-10
3 Please circle the one number that best describes your current ability to participate in each of these activities: I can do light work for an hour.	Self-perceived function	0-10, reversed scoring
4 Please circle the one number that best describes your current ability to participate in each of these activities: I can sleep at night.	Self-perceived function	0-10, reversed scoring
5 How tense or anxious have you felt in the past week?	Duties	0-10
6 How much have you been bothered by feeling depressed in the past week?	Duties	0-10
7 In your view, how large is the risk that your current pain may become persistent?	Return to work expectancy	0-10
8 In your estimation, what are the chances you will be working your normal duties in 3 mo.	Return to work expectancy	0-10, reversed scoring
9 An increase in pain is an indication that I should stop what I'm doing until the pain decreases.	Fear avoidance beliefs	0-10
10 I should not do my normal work with my present pain.	Fear avoidance beliefs	0-10

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### Feedback and Free Professional Development

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