

## ***"Returning to work - tailored physical activity and patient education in everyday life with chronic pain"***

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### **INTRODUCTION**

Pain affects quality of life. In some situations pain can't be reduced and the individual has to master pain by learning to live and cope with it.

Treatment and prevention of chronic musculoskeletal pain related to columna and the upper body are today performed in several sectors and lacks guidelines and golden standards.

A systematic review of interventions for work-related pain in the upper body has shown contradictory evidence with regard to efficacy of physical exercises compared to no treatment or as add-on to other efforts. Currently, there is no evidence that some types of physical exercises are superior to others regarding the effects on pain and pain coping.

The patient education "Chronic Pain Self-management Program" is an alternative for citizens who live with chronic pain. There is a lack of interdisciplinary research that can provide guidance about the appropriateness in moving on with implementation of such standardized concepts of patient education and current scientific documentation is scarce.

### **OBJECTIVE**

Evaluation of the efficacy of either graded physical activity or a 'Chronic Pain Self-management Program' on returning to work for citizens sick-listed for 3-7 weeks.

### **MATERIALS AND METHODS**

The project is based on three sub-studies:

#### ***1. Prospective intervention study designed as a randomized controlled study.***

225 citizens sick-listed for 3-7 weeks with chronic musculoskeletal pain related to columna or the upper body will be randomized to one of three possible groups:

- a) Health guidance (1,5h) and tailored physical activity (3×60 min/week in 10 weeks)
- b) Health guidance (1,5h) and 'Chronic Pain Self-management Program' (2,5h in 6 weeks)
- c) Health guidance (1,5h).

Primary outcome measure is registration of the individual status as sick-listed or not and the number of sick days. In addition testing of aerobic capacity, grip strength, antropometric measurements and questionnaires.

Primary endpoint is 3 months and follow-up is done after 12 months.

#### ***2. Significance of the group on the effect of physical activity and patient education for sick-listed citizens – a qualitative study.***

Semistructured interviews of citizens participating in physical activity group and or the group with patient education.

### 3. *Literature Study of 'Chronic Pain Self-management Program'.*

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