Answering your FAQs on work-related pain

It is not uncommon for people with work related pain to experience some challenges or confusion. Below are some commonly described **Frequently Asked Questions** that you might find helpful.

How do I deal with the stress of it all?

Having work-related pain can be stressful. Prolonged stress can have a negative impact on you and increase pain (in simple terms, stress acts to turn up the volume knob for pain).

We can help you find ways to manage the stress. This will help to reduce pain and disability. There are a number of simple, day to day ways of managing stress that are helpful.

Things that help reduce stress include positive coping strategies (paced activity and exercise, relaxation, social interactions, good sleep, positive thinking). Check our 'Approaching Pain' for some practical tips for coping with stress and mood, or Sleep and Pain.

Many people with work-related pain who have a workers' compensation claim describe increased stress associated with the challenges of understanding the system and their rights and responsibilities. The first thing to do is to understand your rights and responsibilities.

- The WorkCover WA website is a good source of information and advice
- Your doctor or treating health professional can guide you about your recovery and how to access the WorkCover system.
- Your insurance company claims manager can also be an excellent source of information

I feel like I need to rest until I recover. Should I have more time off work?

Taking prolonged periods of time off work usually results in a worse outcome for people with work-related pain[1]. There are of course some exceptions to this rule, but in general, some form of ongoing work participation (such as reduced hours or lighter duties) is a great way to stay engaged in the positive aspects of your work while you are recovering[2].

Developing a realistic graded return to work program in collaboration with your employer and health professionals is the best approach[3].

What if my X-ray shows there is a problem?

A good health professional can help examine you, to make sure that there is nothing serious wrong.

Try out our Medical Screen Self Check to find out if there are any urgent medical issues that you should discuss with your doctor or health professional.

In some cases, an X-ray or image (CT or MRI) may be required. This is usually only indicated to exclude a serious cause of musculoskeletal pain (for example a fracture or break, or tissue infection). We recommend discussing your investigation findings with your health care professional.

Most work-related pain (for example, low back pain), that does not involve a traumatic injury is unlikely to require imaging[4]. In some instances, having early scans can increase work related disability.[5] If there are age-related changes that would be seen even without pain, this can make you worry. Remember that pain cannot be seen on x-rays!

Pain and tissue damage are not always strongly associated, especially when pain persists. Making Sense of Pain and Neuroplasticity may help you better understand this. Pain Stories also help you see what others have experienced and how they have found a way through pain.

What about pre-existing 'age-related changes' on X-rays?
As we age, muscles and joints also age. Age-related changes are common, especially as we are living longer. Sometimes people call this age-related change degeneration: this term is not ideal as this can make you think all sorts of unhelpful things.

Just because tissues age as we do, does not mean we will experience pain. Considering all the additional factors that could help to explain your ongoing pain is essential[1].

Some important points to remember are:[1]

- Pain does not necessarily mean damage!
- Many people with underlying age-related changes (commonly called 'degeneration') don't experience pain
- Once the other factors that contributed to the onset of symptoms (including physical, work, psychological and social factors) are addressed, symptoms usually settle and people can often successfully return to their previous level of function
- Where there are age-related changes in musculoskeletal tissues from X-rays or images (such as low back pain, hip or knee osteoarthritis, rotator cuff disease), the first line of management is gentle exercise and graded return to function[6]

I've been told to see a psychologist – does that mean my pain is not real?

No! Your pain is real.

Pain can 'push' onto your mood and affect your ability to think straight: especially when pain persists. Persistent musculoskeletal pain can be punishing. You can feel isolated, alone and stop doing the things that matter most to you – like socialising and having fun with friends and family. Good social support makes a big difference in pain – those with good support circles get better outcomes. Approaching Pain outlines how you can manage mood and better cope when you have pain.

A key part of getting the best outcomes when you have a musculoskeletal pain disorder relates to your mood and how you think. It is very common to experience low mood, to be anxious and fearful when you have pain. Addressing these issues early favours a better outcome for you. A clinical psychologist who has experience in pain can help make a big difference. The Medical Screening Self Check may help guide you about whether a clinical psychologist could help. The sooner you get the help you need, the less punishing the pain will be for you and your significant others.

What are my rights?

In some instances, workers can lodge a workers' compensation claim to assist with their recovery and return to work planning. See our About Workers' Compensation fact sheet.
If you are unsure of your rights as an employee, you can visit the Fair Work Ombudsman website: http://www.fairwork.gov.au

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