Predicting Work Status for Patients in an Occupational Medicine Setting Who Report Back Pain

In their article in the April issue of the ARCHIVES, Krousel-Wood et al[1] use a complex group of patient rating scales to predict fitness for work for patients with back pain based on the self-reports of these patients. While the findings point out some items that are useful predictors, overall this study will not be of much use in my day-to-day practice. First, the population is atypical, with 87% of the patients being covered by workers' compensation for a work-related injury. Second, the rating scales are too long and would take an excessive amount of time to administer and analyze. Lastly, only about 50% of subjects filled out the surveys so there was a very high nonresponse rate. Hopefully the authors can refine and simplify their questionnaire and apply it in a more representative population so that it might be more useful for family physicians in practice.

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1. Krousel-Wood MA, McCune TW, Abdoh A, Re RN. Predicting work status for patients in an occupational medicine setting who report back pain. *Arch Fam Med.* 1994;3:349-355.

In reply

Although we used a number of health/functional status scales to determine which, if any, might be associated with fitness to work, the final model contained only one multi-item scale—the physical function scale. This scale consists of 10 brief questions similar in content to activities of daily living questions. Although the scoring for the physical function scale involves the transformation of data, scanners that perform automatic scoring in seconds are available commercially. The remainder of the model consisted of three additional items: employment status, smoking status, and gender. The final model items fit on one page with standard type and take approximately 5 minutes to complete. This renders the model a potentially useful tool in daily practice settings.

The generalizability of the study results to all patients with complaints of low back pain was addressed in the article; the study group was homogeneous with respect to payer class, thus, the results may not be generalizable to other patient groups. Additional work is planned to test the model in other groups.

Finally, as noted in the article, the response rate was less than optimal—those who did not respond were significantly more likely to be classified as fit for work. The inclusion of these patients would have potentially supported our findings. The original questionnaire was lengthy. A follow-up study would use the four-item model, which would likely result in a higher response rate. Assessment of this model in other patient groups would provide useful information on its generalizability.

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