COMPENSATION FACTOR IN LOW BACK INJURIES*

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The histories of 509 patients treated for low back injuries were studied for differences that might be related to compensation. Only 55·8% of the 272 patients receiving compensation were rated as improved at the time of discharge, as compared with 88·5% of the 237 patients not receiving compensation. Over two-thirds of the patients who did not receive compensation had appeared for treatment during the first month of symptoms, whereas only about one-half of the patients who received compensation had been seen at this point.

The mean number of treatments received by the compensation group, both men and women, greatly exceeded that for the non-compensation group. Some patients in the compensation group responded well to conservative treatment and returned to their jobs after a minimum number of treatments, but in others there appeared to be a difficulty within the basic personality structure. Psychiatric experience with the latter type has not been encouraging. Throughout the study, the women expecting compensation showed the worst response to treatment while receiving the greatest number of treatments. Prompt adequate diagnosis and early conservative treatment are recommended as essential in handling these patients, but there is real need for further investigation of the problem.

Results show that the longer a patient with a low back injury waits before treatment the smaller is the probability of his improving, regardless of whether he expects compensation or not, and that generally the patients who receive compensation are referred for treatment later than those who do not. The reasons for this are hard to explain. Admittedly, the more severely injured patients are eventually hospitalized for an intensive treatment programme, but one gets the impression that many of these patients receive inadequate therapy for a prolonged period of time. Even when an attempt is made to give physical therapy, this frequently consists of applying heat from a heat lamp or diathermy machine alone. This is certainly not adequate, but the patient considers it to be 'physical therapy' and, when he is finally referred for more intensive treatment, he has developed a prejudice against physical therapy which has to be overcome.

From this standpoint, it would often be preferable for these patients to receive no treatment rather than inadequate therapy, and certainly the latter should not be continued over prolonged periods of time. Otherwise, many patients become extremely resentful towards their employers, their doctors, or both, and lose their motivation to return to work. If a doctor is treating a patient without being able to provide an intensive treatment programme, there appears to be a danger point at about 1 month, after which results of treatment fall off sharply for patients in the compensation group.

Although results are worse for patients who are referred for treatment after 3 months or more, it is usually still advisable to give them a trial of adequate treatment, since it has been shown that over one-third of them can be improved sufficiently to return to work. Of course, if the same treatment could be provided within the first week after injury, almost twice as many would recover. Providing the patient with early treatment is especially important if he is receiving compensation. The earlier an accurate diagnosis of the need for possible surgery can be obtained, the easier it becomes to treat the patient.

Although there may be no ideal treatment time, we feel from our clinical impressions that a series of 18 treatments or a period of 3 weeks' intensive care, including bed rest and adequate physical therapy, constitutes a fair trial of conservative management. A patient who does not get any relief from these measures during that period should be reviewed with considerable concern. He probably requires surgery, or perhaps his psychological problems are so fixed that little help can be expected from further treatment.

Adequate physical therapy can often do more than directly affect the injury. It can provide an 'out' for the patient's psychological problems if it is started early enough and carried out properly. It is well to encourage this effect by the general approach to the patient. Such an approach consists of maintaining from the outset the attitude that the back disability is only temporary and recommending early settlement of the case. It appears that one can safely recommend to the patient early financial settlement with provision for surgery if it be needed, since the passage of time does not greatly change the results of formal physical therapy. It might be advisable to stress that 'early' settlement refers to prompt settlement after diagnosis and a fair trial of adequate treatment, and not to settlement immediately after the injury.

It is interesting to note that women expecting compensation have shown the worst response to treatment, while receiving the greatest number of treatments. Apparently, many resent that they are required to hold a job, and there seems to be no motive for women with compensable back injuries to return to work. The compensable back injury is so common and its economic implications are so far-reaching that there is real need for further investigation.

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