Considerations when gradual-onset musculoskeletal conditions may be work related

Consider this scenario: A 41-year-old patient comes to your primary care clinic reporting onset of dominant-arm elbow pain while performing their regular work activities (scanning and bagging items at a grocery store), with no linkage to a specific activity or incident. The patient states they have not had prior injuries or problems with the elbow.

Your physical examination is notable for tenderness over the anterior and lateral aspects of the elbow, as well as joint pain with flexion/extension. You are unsure of the diagnosis. You request an X-ray and advise the patient to limit activities that provoke symptoms pending follow-up. Ten days later, the patient presents with ongoing pain over the outside of the elbow. The X-ray shows mild degenerative changes in the lateral compartment. Your physical examination is notable for tenderness over the anterolateral compartment and the lateral epicondylar region.

Given that there is no specific incident, you may be wondering if the patient's symptoms are related to work and how WorkSafeBC approaches this scenario.

WorkSafeBC may consider claims not tied to a specific workplace incident

WorkSafeBC does not require a single, identifiable incident for a claim to be considered, but it does require evidence that work activities contributed to the worker's condition. A claim may be accepted even when an injury results from work activities the worker is accustomed to and has previously performed without injury.

Once a worker files a claim for such a condition, WorkSafeBC gathers information about their work activities and work environment to determine if these are related to the injury. The primary care physician assists by submitting medical information using Form 8 (Physician's First Report) and Form 11 (Physician's Progress Report).

WorkSafeBC may consider work to be related to a worker's condition in the absence of a specific incident under one of two categories: gradual-onset injury or activity-related soft tissue disorder. Gradual-onset injuries are musculoskeletal injuries arising from overexertion during usual work. Activity-related soft tissue disorder is a WorkSafeBC term that refers to a group of specific soft tissue disorders that affect muscles, tendons, and other soft tissues—for example, carpal, cubital, and radial tunnel syndromes; epicondylitis; and shoulder and hand/wrist tendonitis.[1]

The biomechanics involved in these conditions is often complex; therefore, WorkSafeBC will look at your patient's specific job duties and work environment—particularly those impacting the affected area(s)—within the context of their medical history. This is why it is helpful for primary care physicians to provide information about the onset and course of symptoms, work activities, and non-occupational activities that may be contributory.

Key information

A clear diagnosis assists WorkSafeBC in managing your patient's claim. Nondiagnostic or nonspecific terms such as "elbow pain" or "arm tendonitis" may not provide sufficient information to support the WorkSafeBC claims team.

Returning to the 41-year-old patient, a clear, precise diagnosis, such as symptomatic lateral compartment osteoarthritis, distal biceps tendonitis, or lateral epicondylitis, supported by a detailed history (including occupational history, relevant medical history, and relevant prior injuries), as well as physical examination findings, help WorkSafeBC focus on how the worker's work activities and environment may impact specific muscles, tendons, and nerves.

Medical management

Medical management of gradual-onset musculoskeletal conditions typically involves active treatment such as strengthening and stretching, often guided by community health care providers, as well as analgesia, which can be more effective than prolonged rest, immobilization, or exclusively passive modalities.

If recovery is not as expected, you can request a discussion with a medical advisor at WorkSafeBC on the Form 8/11 or via the RACE app (www.raceconnect.ca/get-raceapp).

Your patient's journey

You started by recommending limited use of the elbow; however, your patient remained symptomatic. At follow-up, you clarified the diagnosis and recommended community-based musculoskeletal therapies, including strengthening and conditioning, workplace ergonomic supports, and additional work activity modifications.

Your patient continued to work, because their employer was able to accommodate

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the temporary modifications. Four weeks later, your patient successfully returned to regular work duties and regained full function. They maintained their physical fitness and resilience to future injury with ongoing self-directed exercise and regular activity. ■

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COHP

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should have a foundational understanding of seniors' nutrition. Early recognition can prevent decline and improve quality of life. See the **Box** for additional resources on older adult nutrition, and increase your nutritional knowledge following National Seniors Day (1 October). ■

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