

BIBLIOGRAPHY

July 28, 1999

FINAL GRANT REPORT BIBLIOGRAPHY

**Minnesota Workers' Compensation Health Initiative:
Mandatory Treatment Parameters Evaluation**

Grant ID # 030652

January 1, 1997 - June 30, 1999

Bibliography

Applied Research Instruments

"Workers' Compensation Health Initiative Claimant Survey." Radosevich, David M., Lohman, William H., and Werni, Tina L. K., Stratis Health, Inc. Fielded April-December, 1997.

"Workers' Compensation Health Initiative Follow-up Survey." Radosevich, David M., Lohman, William H., and Werni, Tina L. K., Stratis Health, Inc. Fielded November, 1997 - July, 1998.

"Assessment of Minnesota's Workers' Compensation Mandatory Treatment Parameters for Low Back Claimants." Radosevich, David M., Werni, Tina L. K., Gilbertson, David T., and Lohman, William H., Stratis Health, Inc. Fielded November-December, 1998.

Conferences, Meetings, and Workshops

Workers' Compensation Institute Annual Meeting and Workers' Compensation Health Initiative Training Session, March 8, 1997, Boston, MA. Attended by 30 RWJ grant recipients and researchers. David Radosevich presented an overview of the project's goals, proposed project design, and evaluation design.

Advisory Board Meeting, April 1, 1997, Bloomington, MN. Attended by 10 Advisory Board Members. David Radosevich and Tina Werni presented an overview of the project's goals, proposed project design, data collection strategies, and patient eligibility requirements.

Workers' Compensation Health Initiative Annual Meeting, May 15, 1997, Orlando, FL. Attended by 20 RWJ grant recipients. David Radosevich presented an overview of the project's goals and recruitment efforts.

Advisory Board Meeting, December 17, 1997, Bloomington, MN. Attended by eight Advisory Board Members. David Radosevich and Tina Werni presented preliminary findings for the project.

Advisory Board Meeting, March 19, 1998, Bloomington, MN. David Radosevich and Tina Werni presented preliminary findings for the project, including early results from the follow-up survey.

Workers' Compensation Health Initiative Annual Meeting, June 11-12, 1998, Charleston, SC. David Gilbertson presented an overview of project goals, methods, and some preliminary results.

Workers' Compensation Health Initiative Technical Assistance Meeting, September 15-16, 1998, Washington, D.C. David Gilbertson presented preliminary survey results and analytic methods.

Research Instruments Developed Under This Grant

1. Baseline survey
2. Follow-up survey
3. Focus group survey

Claimant ID Label

Workers' Compensation Health Initiative Survey

Instructions

1. This survey asks about your recent job-related injury, and how you have felt since the injury. Please answer every question that applies to you.
2. Use either a ball point pen or a pencil to record your answers.
3. Answer questions by circling the appropriate number(s), shading in the region, or filling in the blank as directed. If you make a mistake or change your mind, clearly erase the mark or indicate the change before recording your correct response.
4. If you are unsure about how to answer a question, please give the best answer you can and make a comment in the margin.
5. Place your completed survey in the enclosed stamped, self-addressed envelope.

Workers' Compensation Health Initiative Survey

1. Did you have any low back pain or leg pain (sciatica) following your job-related injury?

(check one box)

1 Yes

2 No

[If no, stop here]

Thanks for participating

2. Do you continue to have any low back pain or leg pain (sciatica)?

(check one box)

1 Yes

2 No

If no

a. How many days did you have this pain?

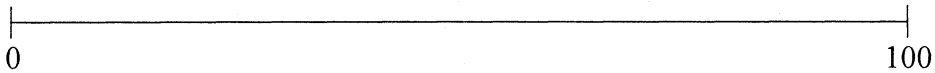
_____ days

3. Below, place a mark on the scale from 0 to 100 indicating your level of pain discomfort with 0 being 'None' and 100 being 'Unbearable.'

a. Indicate the level of low back or leg pain (sciatica) at the time you **first visited** a health care provider for your job-related back injury:

None

Unbearable



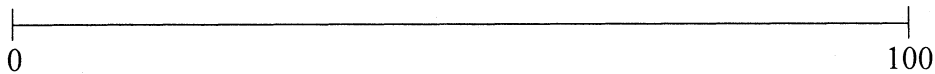
Office
Use Only

A rectangular box containing four vertical lines, intended for marking the scale.

b. Indicate how the low back or leg pain (sciatica) has been **on average** during the **last seven days**:

None

Unbearable



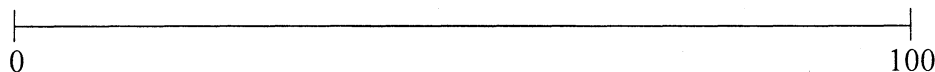
Office
Use Only

A rectangular box containing four vertical lines, intended for marking the scale.

c. Indicate how the low back or leg pain (sciatica) is **now**:

None

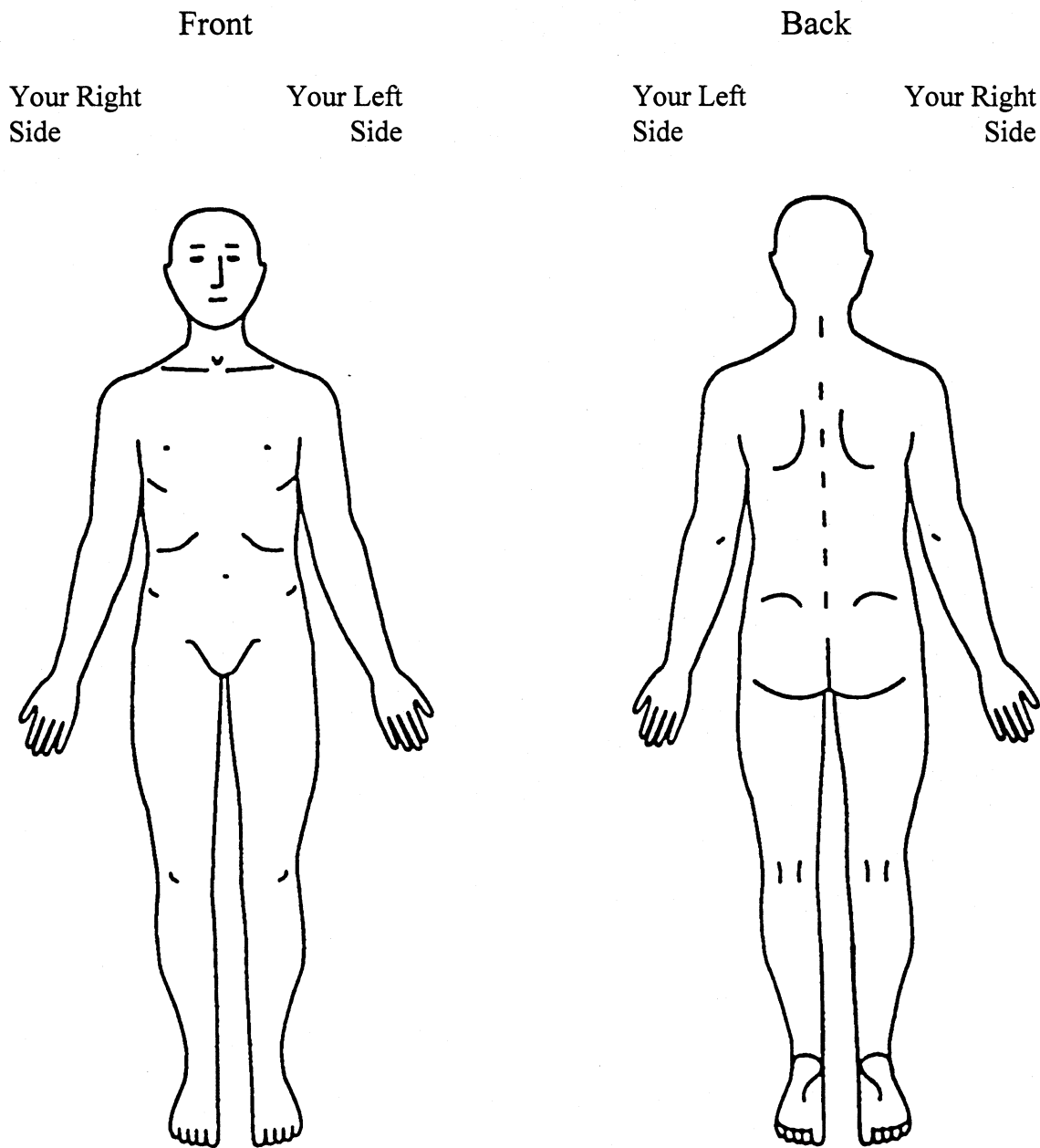
Unbearable



Office
Use Only

A rectangular box containing four vertical lines, intended for marking the scale.

4. For each of the figures below, shade in the regions where you had any **pain** (this includes aching, burning, and/or cramping) at the time you **first visited** a health care provider for your job-related back injury.



Office Use Only

5. For each of the figures below, shade in the regions where you had any **numbness** and/or **tingling** at the time you **first visited** a health care provider for your job-related back injury.

Front

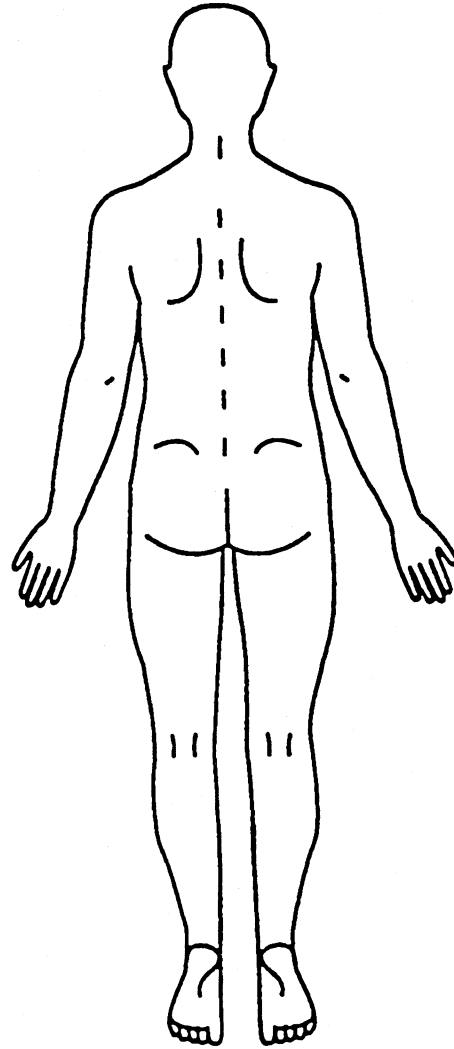
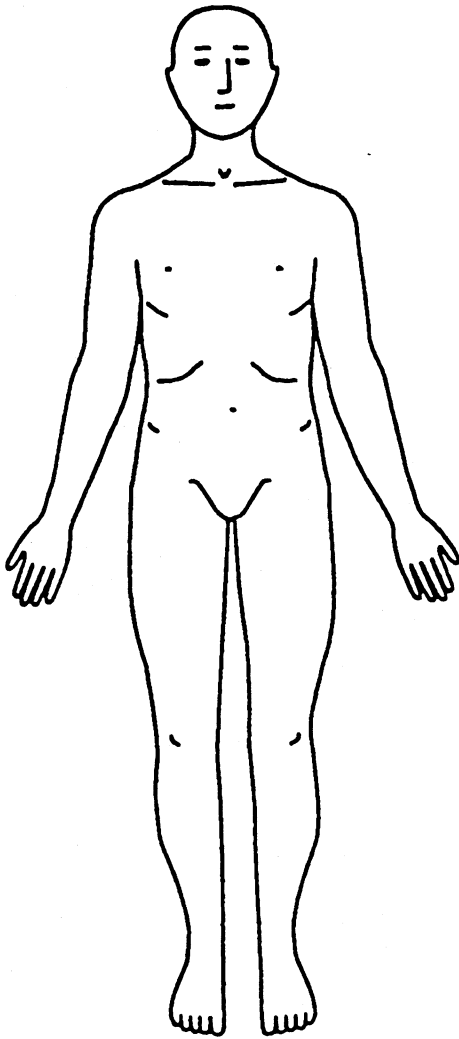
Back

Your Right
Side

Your Left
Side

Your Left
Side

Your Right
Side



Office Use Only

6. Before your recent job-related back injury, did you have previous low back problems which caused you to change your usual activities?

(check one box)

1 Yes

2 No ***[If no, skip to question 7]***

a. Did you receive any treatment from a health care provider for this low back problem?

(check one box)

1 Yes

2 No ***[If no, skip to question 7]***

b. Have you had previous low back surgery?

(check one box)

1 Yes

2 No ***[If no, skip to question 7]***

c. Indicate the date of your most recent low back surgery

____ / ____ / ____
Month Day Year

d. How many low back surgeries have you had?

(check one box)

1 1 surgery

2 2 surgeries

3 3 or more surgeries

When your back hurts, you may find it difficult to do some of the things you normally do. This list contains some sentences that people have used to describe themselves when they have back or leg pain (sciatica). When you read them, you may find that some stand out because they describe you **today**. As you read the list (numbered 7-30), think of yourself **today**. When you read a sentence that describes you today, check the **Yes** box associated with the sentence. If the sentence **does not** describe you today, check the **No** box associated with the sentence.

Yes No

- 1 2 7. I stay at home most of the time because of my back problem or leg pain (sciatica).
- 1 2 8. I change position frequently to try and get my back or leg comfortable.
- 1 2 9. I walk more slowly than usual because of my back problem or leg pain (sciatica).
- 1 2 10. Because of my back problem, I am not doing any of the jobs that I usually do around the house.
- 1 2 11. Because of my back problem, I use a handrail to get upstairs.
- 1 2 12. Because of my back problem, I lie down to rest more often.
- 1 2 13. Because of my back problem, I have to hold on to something to get out of an easy chair.
- 1 2 14. Because of my back problem, I try to get other people to do things for me.
- 1 2 15. I get dressed more slowly than usual because of my back problem or leg pain (sciatica).
- 1 2 16. I only stand up for short periods of time because of my back problem or leg pain (sciatica).
- 1 2 17. Because of my back problem, I try not to bend or kneel down.
- 1 2 18. I find it difficult to get out of a chair because of my back problem or leg pain (sciatica).
- 1 2 19. My back or leg is painful almost all the time.
- 1 2 20. I find it difficult to turn over in bed because of my back problem or leg pain (sciatica).
- 1 2 21. My appetite is not very good because of my back or leg pain (sciatica).
- 1 2 22. I have trouble putting on my socks (or stockings) because of the pain in my back or leg.
- 1 2 23. I only walk short distances because of my back or leg pain (sciatica).
- 1 2 24. I sleep less well because of my back problem.
- 1 2 25. Because of my back problem, I get dressed with help from someone else.
- 1 2 26. I sit down for most of the day because of my back or leg problem.
- 1 2 27. I avoid heavy jobs around the house because of my back problem.

Yes No

- 1 2 28. Because of my back problem, I am more irritable and bad tempered with people than usual.
- 1 2 29. Because of my back problem, I go upstairs more slowly than usual.
- 1 2 30. I stay in bed most of the time because of my back or leg pain (sciatica).

Your Health

31. In general, would you say your health is:

(check one box)

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

32. Compared to the time you **first visited** a health care provider for your job-related back injury, how would you rate your health in general **now**?

(check one box)

- 1 Much better now
- 2 Somewhat better now
- 3 About the same
- 4 Somewhat worse now
- 5 Much worse now

Thinking about your work and everyday physical activities such as walking, climbing stairs, carrying groceries, or participating in sports...

33. Compared to the time you **first visited** a health care provider for your job-related back injury, are you more or less limited **now** in your work and everyday physical activities because of back or leg pain (sciatica)?

(check one box)

- 1 A lot more limited now
- 2 Somewhat more limited now
- 3 About the same
- 4 Somewhat less limited now
- 5 A lot less limited now