





## From the Editor

There has never been a generation that did not experience serious health problems and epidemics as throughout history humankind has been challenged to maintain health. Despite the impact of cancer, heart disease, childhood injuries, and AIDS on the health of all Americans, more than ever, there are surgical procedures and drugs available to alleviate pain and suffering. Everyday, medical and health sciences researchers report new ways to detect illness, prevent injuries, and reduce hospitalizations.

Consider the following: there are 55 million visits to physicians each year for musculoskeletal conditions, which are the leading causes of limitation of activity of disability in people 18-64 years of age. Thirty-one million Americans have back pain, and 60% of these report symptoms severe enough to limit their functioning both socially and occupationally. At any given time 20-30% of the general population is estimated to be limited as a result of low-back pain, while only 20% of low-back-pain cases have recognizable causes. Disorders of the back and neck are the chronic conditions most frequently causing limitation of activity in persons under 45 years of age and, therefore, are the disorders most likely to have an impact on the disability process. Low-back pain is reported to be second only to headaches and frequency as a long-term pain problem as one of the top five in causes of hospitalizations.

The annual incidence of back injury among U.S. industrial workers has been reported to be > 10%, depending on the type of work being performed. Individuals who sit continuously > 4 h a day have shown a higher incidence of low-back pain compared with individuals who sit < 4 h per

day. Vibration and the combination of vibration and sitting increase the incident of low-back pain. Although most low-back injuries are temporary, they tend to recur; 5–15% of those who experience such injuries do not return to work.

Disability and inability to work are recognized as more complex problems for chronic pain than for acute pain. The emphasis in treatment is to move away from weeks of bed rest and surgery for back pain toward functional restoration and programs that are aimed at getting people back into the workplace as soon as possible. In fact, some employers do not require a pre-employment screen to identify work resources that are suspected risks for back injuries. From 1983 to 1984, 75-80 million Americans had chronic pain that cost the United States \$65-70 billion annually. More than 50 million people are partially or totally disabled, and more than 700 million days were lost as a result of chronic pain. This information comes from the Social Security Administration, which is the major government source of funding for people who have disabilities.

These statistics indicate the dramatic growth of disability in the United States and are even more remarkable because so many of the injuries and diseases are preventable through changes in personal behavior and the ways in which people conduct themselves. In this issue of the *Journal of Vocational Rehabilitation*, Dr. Martin Agran, a national authority on this topic for people with developmental disabilities, has put together a comprehensive set of insights regarding safety and health in the workplace. Among some of the basic behaviors and skills that should be acquired

by most individuals with disabilities, as well as by the population at large, are the following: avoid troubling allergies, practice good personal hygiene, remember to take prescribed antibiotics, avoid being over- or under-weight, avoid excessive fat in the diet, do not smoke, and know how to apply simple first-aid procedures. Parents often help their children develop these habits and skills, but these skills are all too often forgotten in dysfunctional families. Good teachers will incorporate many of these behaviors as instructional targets when teaching for transition from school to adulthood.

This issue will help rehabilitation counselors and service providers determine the types of health and safety goals on which to focus and will assist the rehabilitation team to clarify this topic as an important area of consideration for education and rehabilitation. Other key areas of interest discussed in this issue involve individual behavior at the workplace and understanding how a previous history of diseases or injuries may affect how well the program is going to work for an individual. This issue is specifically directed toward the health and safety of individuals with disabilities in the workplace. Much of this literature is in the occupational medicine and rehabilitation medicine area and has not crossed over into the vocational rehabilitation and special education fields, yet it is extremely important for professionals to consider. I am most grateful that Dr. Agran has been able to draw together such an excellent set of contributors for this outstanding issue.

Paul Wehman