

INTRODUCTION

- Musculoskeletal disorders (MSDs) are a major cause of work disability, significantly impacting workers' quality of life and imposing substantial social and economic burdens [1]
- Self-management interventions offer promising avenues for supporting work participation among individuals with MSDs [2,3]
- The components, delivery characteristics and evaluation approaches of self-management interventions in the context of work participation remains unknown

OBJECTIVE

- To map the literature on self-management interventions evaluated in relation to work participation among individuals with work disability due to MSDs

METHODS

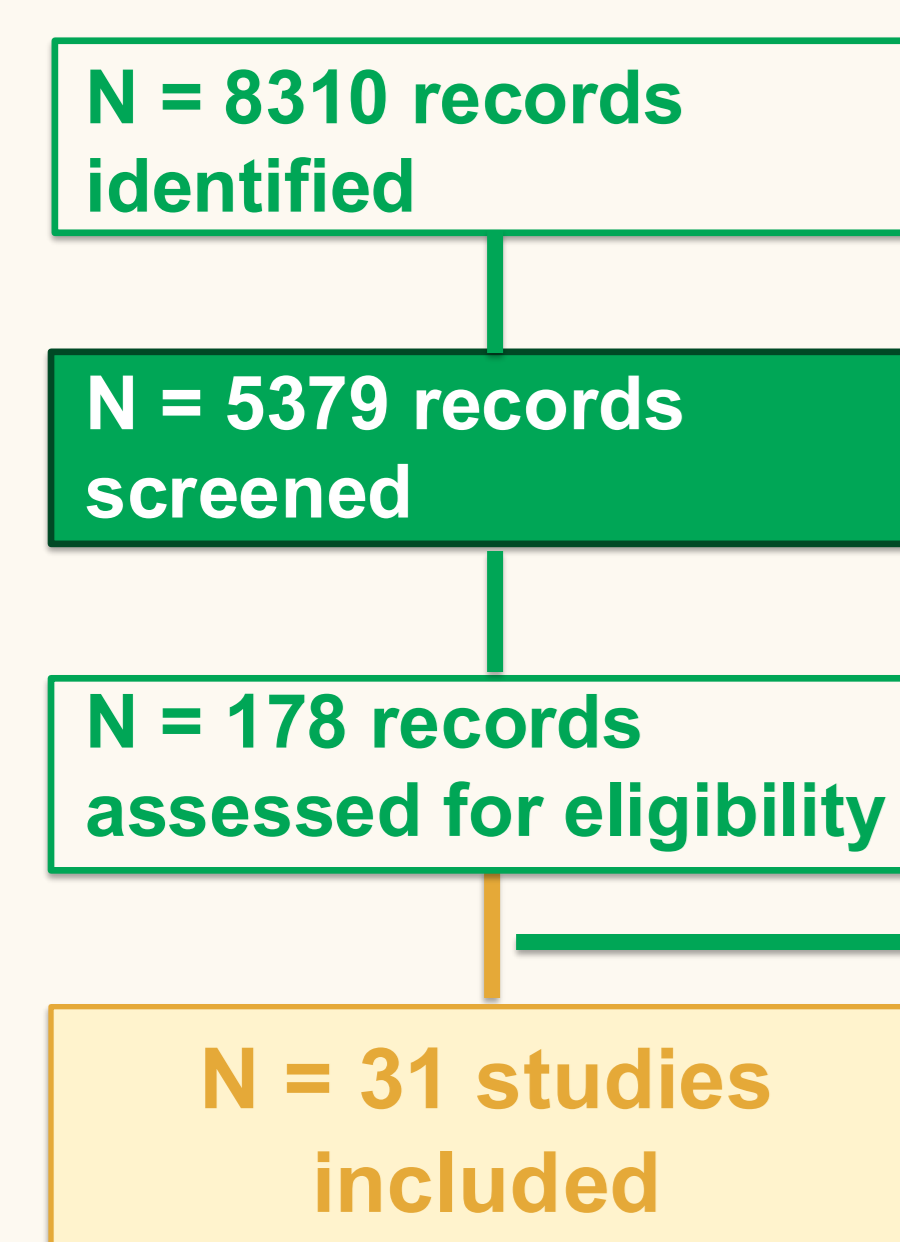
- Scoping review** based on the Arksey et O'Malley framework [4] and the PRISMA-ScR checklist [5]
- 10 databases searched (Medline, PsycINFO, CINAHL, Embase, Scopus, Cochrane Library, etc.)
- Coding framework for **content analysis** of self-management intervention components
- Selection criteria
 - Studies including working age individuals with MSDs
 - Studies including a self-management intervention
 - All types of primary study designs
 - Studies including at least 1 work participation-related outcome

RESEARCH QUESTIONS

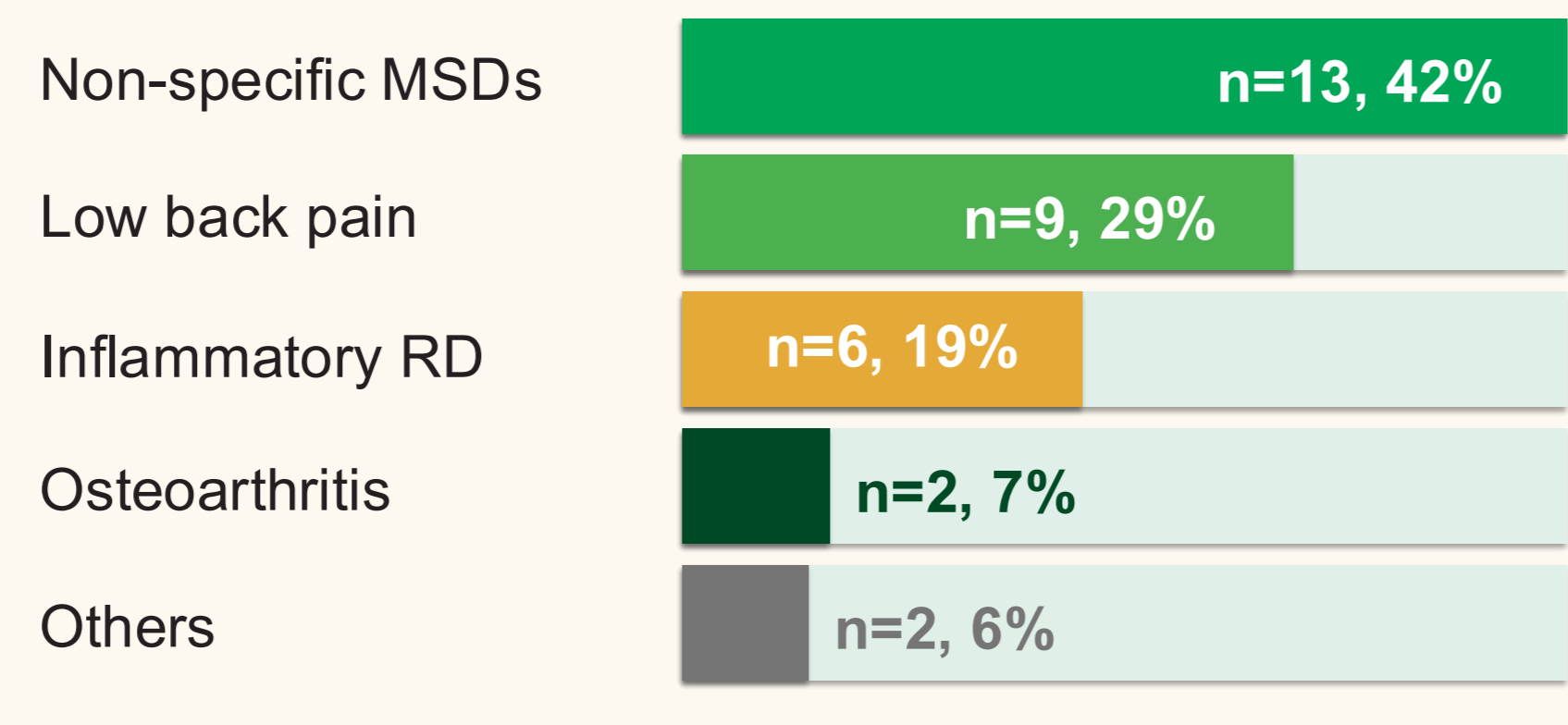
- What are the **components** of self-management interventions evaluated in relation to work participation among individuals with work disability due to MSDs?
- How are these self-management interventions **delivered**?
- How is the **impact** of these interventions evaluated in relation to work participation?

RESULTS

Study Selection

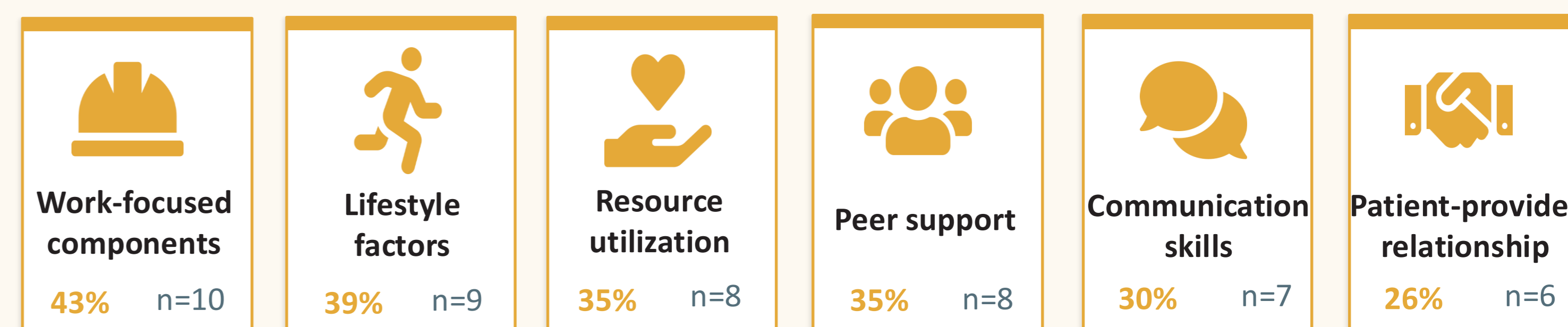
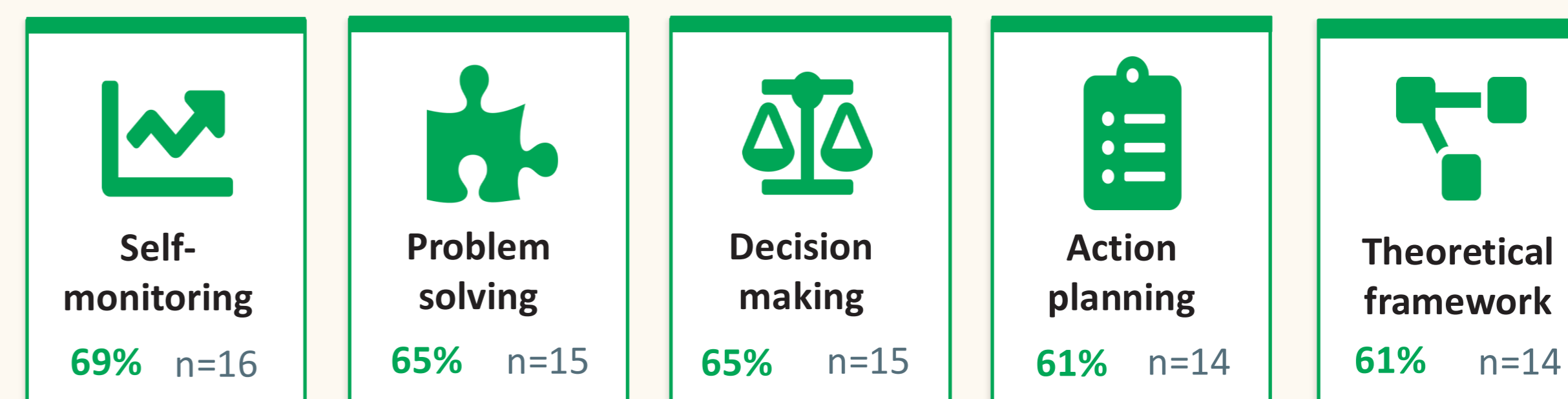
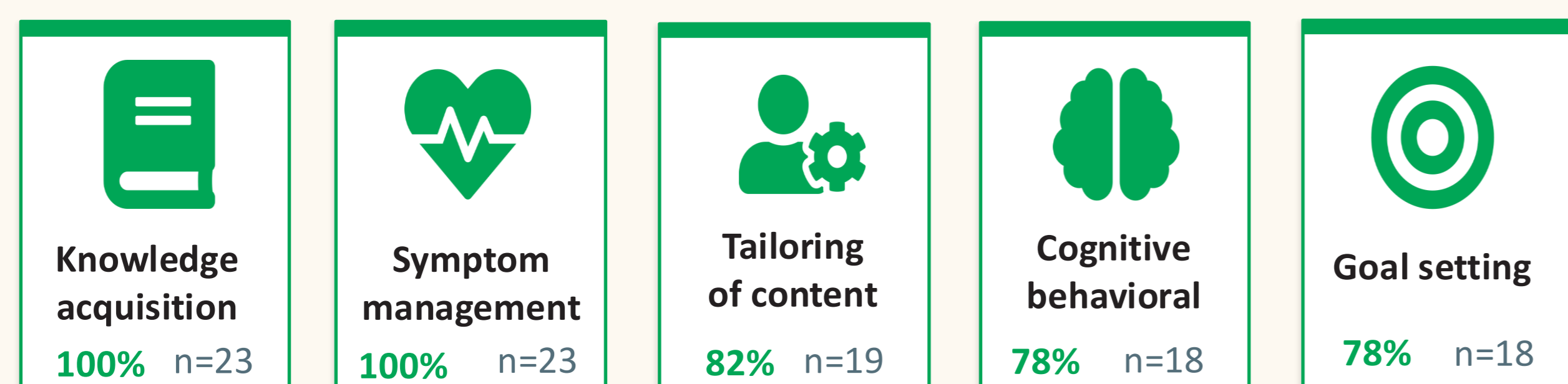


Types of MSDs included:



Components of self-management interventions

- N = 31 studies describing **23 distinct self-management interventions**
- Median of 10 components per intervention (range 3–16)**



Delivery characteristics

Delivery format			Delivery context			Provider type		
Individual	Mixed	Group only	In-person	Digital modality	Hybrid	Clinician	Self-directed	Mixed
61% n=14	26% n=6	13% n=3	52% n=12	43% n=10	4% n=1	56% n=13	30% n=7	9% n=2

Impact evaluation

Outcome evaluation studies N = 23			Process studies N = 14			Views studies N = 8		
1. Work ability	43%	n=10	1. Acceptability	79%	n=11	1. Perspectives	50%	n=4
2. Absenteeism	39%	n=9	2. Implementation and delivery	57%	n=8	2. Experiences	38%	n=3
3. Work disability	30%	n=7	3. Appropriateness	36%	n=5	3. Needs	25%	n=2
4. Work productivity	22%	n=5	4. Accessibility	7%	n=1	4. Understanding of the intervention	13%	n=1
5. Presenteeism	13%	n=3						

DISCUSSION

- There was considerable heterogeneity in self-management components, delivery and evaluation methods
- Less than half of self-management interventions included a work-focused component, despite reporting work-related outcome**
- Most self-management interventions lacked integration with workplace systems and occupational support via key workplace actors
- Limitations to consider:
 - Incomplete reporting of interventions may have led to underestimation of components
 - No quality appraisal conducted and intervention effectiveness was not analyzed

IMPLICATION AND FUTURE RESEARCH

- Our findings provide guidance for developing self-management interventions to support work participation**
- Clinicians can use these insights to foster workers' self-management skills
- Future self-management interventions should be grounded in work-focused frameworks with active involvement of occupational actors to foster work participation**
- Digital self-management intervention to support work participation should be co-designed and integrate worker and employer perspectives
- Future research should identify which components drive effectiveness