



**Centre for Inclusive Employment & Disability Employment Australia**  
Lunch & Learn Session | Wednesday, 18 February 2026

**In the workplace: Back pain, arthritis and musculoskeletal conditions**

**Speakers:** Helen Jentz, CEO of Musculoskeletal Health Australia and Renae Hartmann, NDIS Policy Manager at Disability Employment Australia

RENAE: Good morning, everyone, if you're on the west side, good afternoon for the rest of you. My name is Renae Hartman. I'm the NDIS Policy Manager for Disability Employment Australia and I'd like to welcome you all to this webinar. I'd like to start by acknowledging the Wadandi Noongar people from the lands of which I'm coming from today in south-west Western Australia who have been the custodians of the land I am on for many thousands of years. I pay my respect to their Elders past and present, as well as those from all lands from which we are attending today. I acknowledge that this land is a place of age-old ceremonies, celebration and renewal where the living culture continues to play a valued and unique role. So I'd like to introduce the purpose of the Lunch & Learn sessions. These Lunch & Learn sessions are brought to you by the Centre of Inclusive Employment with partnership with DEA. The centre exists to support providers by providing practical resources, tools and training and help deliver high quality employment services for people with disability and employers alike. DEA is a peak body that - represents disability employment providers in Australia. The centre is delivered by a national consortium led by the centre for social impact by Swinburne University of technology working alongside Inclusion Australia. Disability Employment Australia, National Disability Services, family advocacy and the University of Melbourne, together the consortium brings a strong mix of research, lived experience and sector expertise to the work. So just a little bit of housekeeping, and I do apologise this is my first presentation of a webinar so please bear with the novice here. So just wanting to let you know that there is live captions provided by Expression Australia, thank you very much, and the session will be recorded alongside the slides and transcript. There is a Q&A. So please feel free to add your questions to that. We'll be monitoring it



throughout the presentation, as well as have some time at the end to look through those. So it's my pleasure now to introduce our host for today's webinar, Helen Jentz. Helen is the CEO of Musculoskeletal Health Australia. So Helen joined the Musculoskeletal Health Australia or MHA team in October 2023 with qualifications in business, economics and leadership. Helen has worked in the third sector for the majority of her career. Her work with MHA is focused on delivering real and lasting solutions and reducing the overwhelming burden of disease, pain and disability caused by musculoskeletal conditions through consumer empowerment and systemic health policy change. So I would like to hand over now to Helen to run this webinar for us today. Thanks, Helen.

HELEN: Thanks, Renae. So a few things before we get started today because we are going at a cracking pace because as Renae said it is learning over lunch. So I really do hope everyone has their Vegemite sanger in hand and cup of coffee because we are going to move through all things musculoskeletal very quickly over your lunch break. A couple of things from my end, I want you all to jump in if you've got a question as we're moving through this. There's lots of information we're going to go over in 20 or so minutes. So if questions pop into your head, all good, please ask. Pop them in the chat, pop them in the Q&A and we will look at trying to get a response to them as we're moving through or at the end during Q&A. Virtual presentations are really challenging at the best of times. They're challenging for you as an audience but believe me they're also challenging for me as a presenter. If I do a shout out for an answer to a question, please jump in and have a comment, put something in the chat. There is nothing worse than feeling like a really, really bad stand up comedian who has just delivered their absolute best joke and there's crushing silence in the room. The final point of my intro is that I'm not a clinician. I have a really, really good knowledge and understanding of RMDs, and we'll talk about what they are in a minute. I have a good understanding of health policy, business and a bunch of other really useless information like things about Jane Austin, Italy and leadership theory. But I can't answer specific medical or clinical questions. Okay. Let's crack on and, yes, that was a pun and a bone joke. So let's talk about the what. It took me at least two years to be able to say, rheumatological and musculoskeletal diseases. And the easiest way to say it is RMDs. Now, I'm just making sure that I'm not controlling the slides and moving through because I don't think I can click at the moment so we might start clicking on those to move through them to help everyone understand what I'm talking about at the moment. So most of you



will know about some of the higher profile, and I really do use that term loosely, RMDs. And they're things like arthritis and osteoporosis.

OLIVIA: Helen, it's just Olivia. I'm so sorry to interrupt. Is it okay if you share the slides from your end because I'm just having trouble getting them from here. I just don't want to miss anything you're saying. It's okay. We'll just take a quick second.

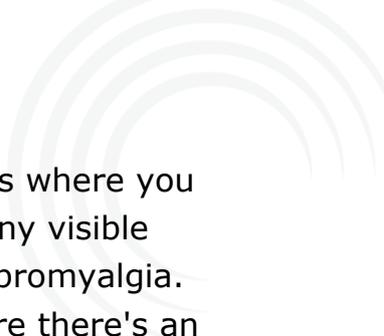
HELEN: Okay. Just give me two seconds and I'll get them up and - apologies, everyone. And you may see lots on the screen as I am trying to share these. So I apologise for that as well. So is that showing -

OLIVIA: Looks good. If you go to slideshow, that's showing up and then just go from the top. Maybe go - yeah. We're just seeing your presenter - there we go. Perfect.

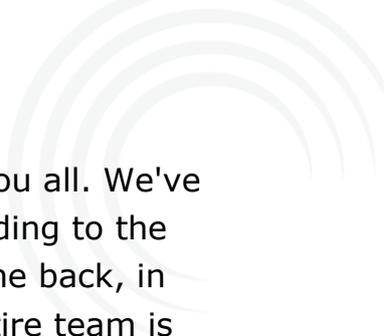
HELEN: Okay.

OLIVIA: Thank you.

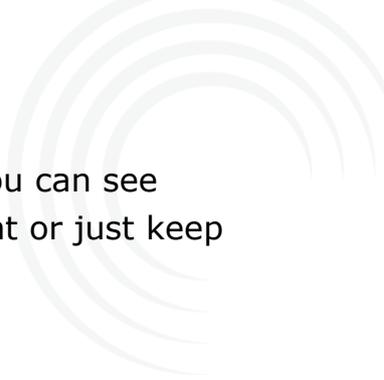
HELEN: So we're talking about the what. Can you - sorry, okay. Fantastic. So we're talking about the what. And here's basically a run-down of RMDs in 30 seconds or less. So what RMDs do is they affect the joints, muscles, bones and connective tissues in your body. And they're often accompanied by pain and that can range from mild pain through to absolutely debilitating pain. There can be other symptoms like swelling of joints, redness. And they can also have, as a major outcome of living with one of these conditions, disability. So movement, struggles with moving, walking, those types of things. They do fall into four key categories. So the first one is autoimmune inflammatory diseases. So think of things like rheumatoid arthritis and lupus. So this is where your autoimmune - where your own system attacks itself. It attacks various healthy tissue in your body to create the disease. The second area is degenerative. And I'm sure we've all heard about this, you're just getting older. You're going to get one of these anyway. Not actually the case but this is about wear and tear. This is things like osteoarthritis and osteoporosis. Then



there's one that - ones that fall into soft tissue disease. And that's where you get widespread pain throughout the body but there may not be any visible signs, as in joint damage or swelling. So they're conditions like fibromyalgia. And then the final area is what we call metabolic. And that's where there's an imbalance in your body chemistry. So they're conditions such as gout - sorry, I'm just getting all my clicks together. So let's talk a little bit about the why, why this is so important. Why this is so important is that as an economist by profession I do get slightly excited by an attractive dataset, I won't apologise for that, but for others I do realise that it's a bit of a yawn so we'll move through this section quite quickly. So RMDs are a major health problem here in Australia and globally and these diseases impact every aspect of a person's life. They are ongoing and critically there is no cure. The cost to the Australian economy are astronomical. And I'm not just talking in terms of cost to our healthcare system, I'm talking about overall economic cost. So things like loss in productivity, payments in social benefits, those types of economic cost. Now, a really interesting fact that very few people know is that low back pain is actually the number one cause of disability globally and it is also the number one cause of early retirement. So these conditions have real life impact on, not only individuals, but on families, on communities, on workplaces and on the population as a whole. So let's talk a little bit about these impacts. Let's look at it from not only the personal but the professional workplace impacts. From a personal impact there are a range of things that happen when you're living with a musculoskeletal disease. You can be living in constant pain and you may have difficulties doing normal, everyday activities, and I'm talking about things like getting dressed, showering or even opening a bottle or a lid off something to cook for dinner. There's social impacts associated with these diseases. There's a high level of isolation when you're living with musculoskeletal disease. And you don't feel like being social. You don't feel like going out. Going out can be a real challenge because of the disabilities associated with your RMD. And then this, of course, has flow on effects to areas of your life, including financial and economic impacts. It has a real impact on mental health. It can have an impact on your career, your career progression, your profession. And it definitely has impacts on your broader health and wellbeing. People living with RMDs have a much greater incidence of other comorbidities like diabetes, like cardiovascular disease, like dementia, like strokes. So these conditions, these diseases have very, very real, all encompassing impacts with the people who are living with them. But they also impact workplaces. And that's probably not in the ways that we would generally think about it. So let's just pause for a second and I want to address the broader public narrative that has been built in relation to RMDs. So let's just pick one condition. Let's talk



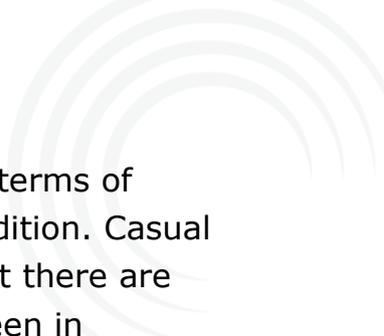
about back pain. So I'm going to do a little bit of a scenario for you all. We've had a really successful year in our organisation and we're all heading to the local pub for an end of year celebratory drink. Pat ourselves on the back, in terms of what a great job we've done. Everyone is there. The entire team is there. We're all chatting, we're mingling, we're congratulating ourselves, we've done such a great job. And that's when Jane, the one, she's always walking around the office, instead of doing her job, she stands up and - or rather she makes sure everyone sees how hard it is for her to stand up and she announces she has to go home because she's in so much pain in her back and you're sitting there looking at it thinking, wasn't she the one having a chardy and a good laugh and chat about five minutes ago? So the public understanding the narrative that has been built up in relation to these types of conditions is driven by the fact that these conditions, these RMDs, they're invisible. And as such the narrative is if we can't see them, well then we don't believe them. Another issue is that having these conditions, and I'm going to put this really bluntly, is there is no direct link, causal link, between having one of these diseases and mortality. So isn't the fact that someone is living with a far more important disease that could actually reduce their life expectancy more important? Isn't it worthy of more attention? And this then leads me to another general consensus out there in the broader public is that if we can't see something, it must be made up. Or the person with it must be making it out to be worse than it actually is. Or worse still, it's all in their heads. And we've all heard the stories, I know we've all heard the stories, that oh well, it's just because you're getting older. You're going to get this. Your bones are going to hurt. Your joints are going to hurt. Everyone gets it. It happens to all of us. Well, it actually doesn't. So how do these factors actually affect a workplace? Well, back to some data, and I do apologise for this, according to WorkSafe in 2019-20, physical injuries including musculoskeletal disease accounted for 87% of serious Workers Compensation claims for injury and disease. And according to research, low back pain or LBP and neck pain are said to make up two-thirds of the MSD claims in Australia. So in terms of workplaces the impacts can include lost productivity, loss of access to the best staff, or because of a lack of understanding not gaining the best staff due to these pre-conceived misconceptions about musculoskeletal diseases and there can be impacts, in terms of team morale, the list goes on and on. So this leads me to a really important part of today's LOL, learning over lunch. And that's making sure people living with these conditions are actually set up for success from the beginning of their employment and that is absolutely critical and that is where you all come in. Now, I do realise the next few slides, and as I said I apologise but I am just navigating things, I think there are some comments or



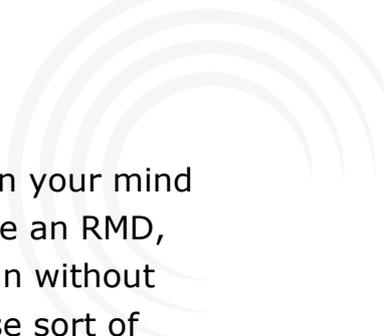
questions, I can't see them at the moment. Renae, I'm hoping you can see them and are there any that we want to jump in right at this point or just keep cracking on?

RENAE: We do have a question a little while back from Eva, they are also immunocompromised, apart from the actual disease. Do the medications for rheumatological. So I'm -

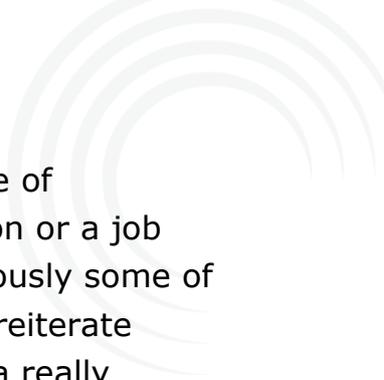
HELEN: Eva, you're absolutely correct. A lot of the biologics and the treatments to manage these conditions, because we get back to the fact that they can't be cured, the management does necessarily mean for the autoimmune group that people are in an immunocompromised position. So that's another consideration, in terms of how people are navigating these conditions. So let's talk about the tools. Now, this is a little bit of an odd way to talk about the tools but bear with me. I'm going to talk about what's in place in terms of actual employment, and I'm doing this because I think it builds a really good understanding of what are some of the things that, in terms of recruitment and placing people with these conditions should be uppermost in your minds. So I do know these slides relate specifically to employment situations but bear with me. Come along on this lunchtime journey and we'll get to the point eventually. Whilst there's a lot about what can happen when a person's employed, this gives us a picture of discussing what flexible work arrangements and what reasonable workplace adjustments are, and I think that that can form a really good context when you're thinking about putting or trying to place a person who has an RMD into a position. So there are a number of pieces of legislation that control this area. And I'm not - I'm hopefully not telling people on the webinar things they already know, you no doubt know all about this, I'm just going to touch basics on this. So under section 65 of the Fair Work Act there are legal requirements around flexible work arrangements. And these can be requested in writing for people in full-time and part-time work and they have to fulfil one of several criteria. Now, two of these criterias that relate to what we're talking about is if it they are a person with a disability or if they're a person 55 years or older. And this is the really important bit around this legislation, is if you are requesting flexible work arrangements you have to show what they call a nexus or a connection between what you're asking for, the flexible arrangements, and the actual criteria or condition that you are basing that request on. So, for example, if you're asking for flexible work arrangements and you are living with



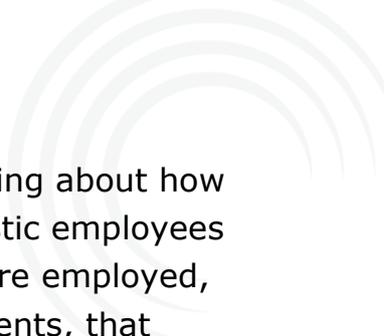
rheumatoid arthritis of the hands then what you're requesting in terms of flexible work arrangements have to be directly linked to that condition. Casual workers can also ask for - request flexible work arrangements but there are conditions around that, which I'm sure you all know, you have been in employment systematically for 12 months and have a reasonable expectation of that going forward. Now, what can be requested? You can request things like a change in the location of work. So it's an office environment. You can request to work from home for these reasons linked to your particular condition. You can request changes in patterns of work, in changes to the location hours of where you're located to do your work and you can also request compressed hours, a nine-day fortnight. Now, from an employer perspective they can, and I love the way the law is written, they can refuse on reasonable grounds. But they have to have discussed why they're refusing it with the employee and they have to genuinely have tried to find a solution. They also must show in rejecting the request, what the consequences of doing so might be. Now, this gets us to the point of what's reasonable. So the law defines that or the legislation defines that it's too costly, that it has impacts on other employees that can't be accommodated, it's likely to result in significant inefficiencies or productivity losses and it may have a negative outcome on customer service. The other thing to consider is the employer's circumstance, the type of organisation that it is, the size, the nature of the business is also a factor when assessing whether flexible work arrangements have been rejected and whether that decision was reasonable. So let's talk about reasonable workplace adjustments. Now, what does this mean? Well, this relates to things like operational requests, in terms of the environment in which you're working. So things like you can ask for - and keep in mind reasonable workplace adjustments don't have to be in writing. And it is state-based legislation. It usually falls under the Equal Opportunity Acts which are state-based legislation. So we're dealing with lots of variations on that. But they're things like, say you request noise cancelling headphones or you ask for equipment modifications, a sit/stand desk, those sorts of things. They're reasonable workplace adjustments. Now, once again when you are talking about reasonable workplace adjustments there are certain criteria that have to be met. And if an employer refuses them they have a range of options that they can say as being the reason why they refuse them. So how does this help in our thinking about placing people into - to a position? So when working with someone with an RMD I think it's really good to ask yourself in the first instance, if I'm placing this person in this position and I have to ask for, say, a reasonable workplace adjustment before we place them, would it be considered reasonable to ask the employer to make those adjustments to



employ this person? And the other question to keep uppermost in your mind is, in the position I'm looking at placing this person who may have an RMD, can they actually perform the job that I'm looking to place them in without reasonable workplace adjustments being made? And I think those sort of questions, and keeping those uppermost in your mind, is a really good place to start. So how do these - sorry, just moving through my notes. So let's move to the next section which is - apologies, everyone, I'm all over the shop now. Let's look at what this means in terms of the challenges it presents you with as people working with individuals living with these conditions and looking at placing them in roles, in various positions. So I'm going to ask and I'm going to ask you to pop this in the - thanks, Jennifer, you love the data. Fantastic. I'm going to ask people to pop this in the chat so we can see. What are the key challenges that you see it when you are trying to - or when you're thinking about trying to place someone - and let's just pick one condition. Say the person has severe back pain. What are some of the challenges that you face in looking for a role that would suit someone with that condition, with that disease, and what are some of the challenges that you believe you would face in placing that person? And whilst you're thinking about that, and as I said please pop your answers into the chat but I will keep forging on because I know we're running out of time, I want to note that according to - sorry, I'll just move back. According to the - here we go - lack of confidence in client and lack of job opportunities - okay, great - understanding the condition - fantastic, impacts, perfect, Laila, excellent. Keep them coming and we'll come back to them. Yep. Perfect. So let's talk about these challenges. And according to the Australian Human Rights Commission, in most circumstances there is no obligation to disclose to a potential employer any information about your disability. But, and there's always a but, if the disability means the person is unable to carry out the inherent requirements of the job without reasonable adjustments being made then it is a really good idea to have an open and transparent conversation. So some of the things I want you to take into consideration when you're looking at the clients you're working with and they may have an RMD is does the person's RMD actually affect their ability to do a job, the job, any job that you're considering putting them forward for? Does the person already have a really good self-management strategy in place? Because one of the things with RMDs is very much about self-management. Managing your pain, making sure you're doing things to keep moving because movement is medicine in the RMD space, and what sort of team of health service providers do they have around them that will support them once they're in paid employment. And the other big one is, is there any stigma associated with the type of RMD they have? And how would that stigma affect

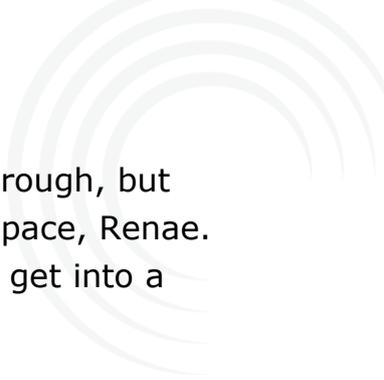


the person living with the RMD and their ability to take advantage of opportunities that are presenting themselves in terms of a position or a job opportunity? So one of the - so we've put up on the screen obviously some of the critical things we're dealing with in this space. And I want to reiterate disclosing these types of conditions because they are invisible is a really personal decision to make. It's going to make your jobs a lot harder if people don't disclose but you having an awareness of what these conditions are and how they may impact someone's ability to fulfil a role or role requirements is really important about deconstructing those myths and misconceptions about what it is to have an RMD and to live with one. So what are the actual real challenges we're talking about from your perspective? And this gets to what should you ask, as opposed to what can you ask, when you're looking at employing or exploring job opportunities for an individual. If the person's disclosed they have an RMD then my recommendation is you talk to them about what that means for them in their daily lives. A significant number of people are really good at self-managing these conditions. They've lived with them so long they know how to manage them. Chat to them about where they go for support with their conditions. Do they have good healthcare teams around them? If they don't, maybe recommend some options, and I'm going to give you a big hint here and I'm going to say three letters MHA and I'll tell you about some of those resources at the end of this presentation. Discuss what limitations they believe might impact them taking on a role. And understand why they believe those things to be limitations based on their condition and disease and work with them about what things could possibly be done to alleviate those impacts or mitigate those impacts. So now we're getting to the sales, what I'm calling the sales pitch, which is really what you are going to be doing when you're talking to an employer. You're making a sales pitch. So in spite of all these challenges that I've mentioned as we've gone through this presentation at a cracking pace, and all the challenges associated with living with an RMD, there are so many benefits. Benefits for the individual and benefits for the employer, in terms of having an understanding of how employing someone with one of these conditions can actually be managed and managed well and therefore ensuring that you have access to the best possible people for jobs, in spite of the fact that they may be living with an RMD. From an individual perspective the benefits are huge. Paid employment, economic security, social stimulation by being in a workplace, the psychosocial benefits of being in a workplace, the opportunity to further your skills, further yourself, have benefits in terms of your overall health and wellbeing. And that's why it makes having challenging conversations upfront so important because you're at the front line and you



actually have the opportunity to raise awareness and understanding about how people can live with these diseases, can be productive and fantastic employees and can do so with perhaps very minor adjustments to how they're employed, what different tools they're given, in terms of workplace adjustments, that ensure they can be the most productive and contributing member to your team and to your business. So let's talk about some of these resources.

Musculoskeletal Health Australia is a national organisation and some of the really important things that we offer, and I think for you as professionals placing people with RMDs into workplace environments, as well as people with these RMDs is we have the BAM helpline. So we have the back pain and Musculoskeletal Health Australia health line. It is a free health line and it is the only one of its kind in Australia in this space in that when you ring up you talk to healthcare professionals. Now, it's not a telehealth. It is not a medical appointment. What you are doing is you're ringing up and talking to healthcare professionals from registered nurses, to physiotherapists, to a whole range of other allied health care professionals who have knowledge around RMDs and have tools that they can provide people living with these conditions but also to help educate employers around what things they could possibly do in the workplace to help support employees who are living with these chronic conditions. The other big thing that we do once a year is we run a national campaign called The World's Biggest Sit-In. And it's about shining a spotlight on these invisible conditions. And it is a world record attempt for the largest chair-based work, 30-minute chair-based work out ever held. And it's held in October every year. You can do it in person or virtually. It is our big fundraiser for the year as an organisation but more importantly it's about getting people to think differently about the way they move. And chair-based exercise is a fantastic first step to educating people that simple movements when you're sitting at work in your chair can actually help with your musculoskeletal health. We also have a whole suite of free resources that you can jump on our website and download. We have self-care plans that help people work through how they can manage their various musculoskeletal conditions and be empowered to do so. We also have a phenomenal YouTube channel that has - and this is probably really relevant for all of you who are on this session today - is that we have free webinars on particular topics. There's a webinar on reasonable workplace adjustments and on flexible work arrangements. You can go on our YouTube site. It's on demand. You can watch them whenever you want. You can tell your clients to watch them. There's also a lot of great stuff on our YouTube channel about recipes that help musculoskeletal health, things to eat, just great resources there all free. You can access them at any point in time. So I have very much, I think, gone over time and I am really keen if people



have questions or want to raise points that we can quickly talk through, but thank you so much for this opportunity. I know it was a cracking pace, Renae. I'm sorry about that. But there was an awful lot of information to get into a very short amount of time.

RENAE: Always tricky to squeeze that much into half an hour and such valuable information, Helen, thank you so much. Do you have access to the Q&A now? If you want to quickly scan through while I -

HELEN: Now, I'm hoping I've stopped sharing my screen so you can no longer see it.

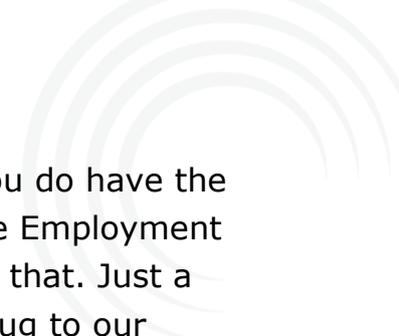
RENAE: Yeah.

HELEN: So I will open the - I can't see anything in the Q&A.

RENAE: Sorry, in the chat.

HELEN: In the chat, so we've put up the links to the YouTube channel and the website. I think Josephine made the comment that the individual can often manage, and out of necessity they have to, as I said these are lifelong conditions, you're navigating this. And interestingly enough, Renae, the data shows that younger and younger people are developing these conditions. And one thing that people seem to forget about is that there is also diseases that affect children from as young as four. So there is juvenile idiopathic arthritis that can affect little people all through their entire lives. So these are not conditions of the old, so to speak. They are lifelong and significantly impacting conditions and we need to do more to change the narrative around them. And we need to do more to empower people to be able to manage them and continue living productive lives and being in employment and contributing to workplaces and everything associated with that.

RENAE: Yeah. I couldn't agree more. And I think you've got - we're all preaching to the choir in this group by the look of the chat. I just want to



invite you all, if you're still online, to contact us at any time if you do have the kinds of ideas of evidence that you'd like the Centre for Inclusive Employment to look into. Any ideas for Lunch & Learns, we're always open to that. Just a reminder for you to please log your CPD points. And a bit of a plug to our leaders network, please look into our Emergent Leaders Network so we can support you in that journey in this sector. And the next Lunch & Learn will be on the 4th of March. So that's all the things that I need to wrap up. Helen, I'm not sure if there's further interactions you'd like to have through the chat but that's it from me.

HELEN: I'm all good, Renae. And as I said, please, everyone who watches this webinar now or post this, please that 1800 number, the BAM helpline is a resource for anyone and everyone. So even if you're working with a client and you have some questions, ring the BAM helpline and you'll speak to a healthcare professional and they will be able to provide some insight around RMDs or the specific one you're dealing with your client.

RENAE: Great. Thanks, Helen. Thanks, everyone. Signing off.