What are the strongest predictors of the return to work for carpal tunnel syndrome ? Results from a french population based study

Submitted by Julie Bodin on Wed, 07/22/2015 - 19:27

Titre	What are the strongest predictors of the return to work for carpal tunnel syndrome ? Results from a french population based study
Type de publication	Communication
Type	Communication sans actes dans un congrès
Année	2010
Langue	Anglais
Date du colloque	29/08-02/09/2010
Titre du colloque	PREMUS 2010 - 7th International Scientific Conference on Prevention of Work-Related Musculoskeletal Disorders
Auteur	Parot-Schinkel, Elsa [1], Roquelaure, Yves [2], Ha, Catherine [3], Leclerc, Annette [4], Chastang, Jean-François [5], Descatha, Alexis [6], Raimbeau, Guy [7], Chaise, F [8]
Pays	France
Ville	Angers
Mots-clés	carpal tunnel syndrome [9], Prognosis of MSD [10], return to work [11]

| Résumé en anglais | **Aims:** The aim of this study was to determine the strongest predictors of return to work for carpal tunnel syndrome (CTS) after surgical release of the median nerve. **Methods:** Patients from the French Pays de la Loire region having undergone surgical release of the median nerve in 2002-2003, filled out a mailed questionnaire in 2004-2005. Cox's proportional hazards models, one for men and one for women, were performed to determine independent predictors of return to work and to estimate adjusted hazard ratios (HR). Analyses were restricted to patients employed at the time of the surgery. Variables were considered for inclusion in the multivariate models if they were significant at a $p<0.20$ level in the univariate analysis (Kaplan-Meier survival method and log-rank test). **Results:** 1,248 questionnaires were returned (62%). A total of 253 men and 682 women declared being employed at the time of the surgery. More than 90% of patients had returned to work at the moment of the questionnaire. The median duration of work disability was 60 days, the average duration was 70 days for men and 82 days for women. For men and women, a strong predictor for return to work was simultaneous intervention for another upper extremity musculoskeletal disorder (HR 2.2 for men and 1.4 for women). Conversely, belonging to the « white-collar workers » occupational category (reference: occupational category « bluecollar workers », HR 0.1 for men and 0.5 for women) was a good predictor for return to work. For women, two other strong predictors were further identified: sick leave compensated by the occupational health insurance system (HR 1.8) and belief (of the patient) in an occupational cause (HR 2.2). **Conclusion:** This study underlines the multifactorial nature of the prognosis for returning to work after surgery for CTS. To identify persons with a low probability of return to work, a complete evaluation must be carried out before and after surgery. For these people, the medical, social and occupational management must be adapted to facilitate a quick return to work and to reduce the risk of occupational disability. |

| URL de la notice | http://okina.univ-angers.fr/publications/ua13688 [12] |
| Titre traduit | 7e conférence scientifique internationale sur la prévention des troubles musculosquelettiques |

Liens
[1] http://okina.univ-angers.fr/e.schinkel/publications
[2] http://okina.univ-angers.fr/yves.roquelaure/publications
[3] http://okina.univ-angers.fr/publications?f[author]=8920
[4] http://okina.univ-angers.fr/publications?f[author]=8885
[5] http://okina.univ-angers.fr/publications?f[author]=8921
[6] http://okina.univ-angers.fr/publications?f[author]=8884
[7] http://okina.univ-angers.fr/publications?f[author]=23557
[8] http://okina.univ-angers.fr/publications?f[author]=23558
[9] http://okina.univ-angers.fr/publications?f[keyword]=9961
[10] http://okina.univ-angers.fr/publications?f[keyword]=20033
[11] http://okina.univ-angers.fr/publications?f[keyword]=14431
[12] http://okina.univ-angers.fr/publications/ua13688