Introduction.– Time to work ability (TWA) was measured as the number of days that were paid by SUVA as compensation for work disability during 4 years after discharge from the rehabilitation clinic. The aim of this study was to test whether some psychological variables can be used as potential early prognostic factor of TWA.

Material and methods.– A Cox proportional hazards model was used to estimate the associations between predictive variables and TWA. Predictors were global health, pain at hospitalisation and pain increase during the stay (all continuous and standardized), perceived severity of the trauma and expectation of a positive evolution (both binary variables).

Results.– The data were available for 603 inpatients (496 men, 107 women). We observed positive associations with better perceived health (hazard ratio [HR] = .07, 95%CI = [1.05; 1.10], P < 0.001), low disease severity (HR = 1.39 [1.07; 1.80], P = 0.014) and expectation of a positive evolution (HR = 1.43 [1.36; 1.50], P < 0.001) and pain increase (HR = 0.83 [0.76; 0.90], P < 0.001) were negatively associated.

Discussion.– The present results provide some evidence that work disability during a four-year period after rehabilitation may be predicted by pre-rehabilitation perceptions of general health, pain, injury severity, as well as positive expectation of evolution.

Conclusions.– Highly significant improvements (P < 0.01) in pain relief were noted in both groups after LLLT without a difference between the groups (P > 0.05). Functional improvements were better in the second group treated with the dose of 4J per point (P < 0.05).

Keywords: Work ability; Perceived health; Perceived pain; Prospective study; Invalidity pension; Musculoskeletal injury

http://dx.doi.org/10.1016/j.rehab.2014.03.912

Posts

P383-e

CRPS-1 patients, the Hospital Anxiety and Depression Scale
Y. Ozkan a,*, B. Sanal b, A. Öztürk c
a Dumlupınar University School of Medicine, Kütahya
b Dumlupınar University School of Medicine radiology, Kütahya
c Dumlupınar University School of Medicine Psychiatry, Kütahya
*Corresponding author.

Introduction.– Complex regional pain syndrome type I (CRPS-I) is defined as series of symptoms as continuous pain, allodynia, hyperalgesia, vasomotor abnormality that usually occurs after an injury or trauma. We investigated the relationship between depression/anxiety symptoms with CRPS-1.

Material and methods.– Sixty participants were investigated after Pouteau-Colles surgery. Thirty patients developed CRPS-1. Thirty patients were included in the control group. Anxiety and depression were evaluated by Hospital Anxiety Depression Scale (HADS). HADS was applied to all patients. Participants with the history of inflammatory disease, malignancy, previous, osteoporosis, chronic renal failure, advanced liver disease, cerebrovascular accidents, any proven cancer, multiple sclerosis and major psychiatric disorders (including major depression, bipolar disorder, and psychotic disorder) were not included.

Results.– Seventy-five percent of the patients had clinical anxiety disorder and 80% had depressive disorder.

Discussion.– For patients with CRPS-1, anxiolytic and anti-depressive treatment plan with the increase in sympathetic activity and the effect of the pain with a significant effect on both anxiety and depression effective treatment.

http://dx.doi.org/10.1016/j.rehab.2014.03.913

P384-e

Low level laser therapy for radicular pain: Comparative analysis of two energy doses
M. Jovicic a, M. Hrkovic, M. Lazovic, S. Kostic
Institute for Rehabilitation, Belgrade, Serbia
*Corresponding author.

Keywords: Low level laser therapy; Pain; Dose

Introduction.– The aim of this study was to compare the effects of different doses of low level laser therapy (LLLT) on acute radicular pain in patients with lumbar disc herniation.

Material and methods.– The study included 44 patients who had been randomly divided into two groups received different doses of LLLT. The patients were treated for a total of 10 treatments, with the following parameters: wave length 904 nm, frequency 3000 Hz, average diode power 25 mW; energy dose of 1 J per point in the first group, 4 J per point in the second group; daily treatment time and accumulated energy were 160 s and 4 J in the first group and 640 s and 16 J in the second group. The main parameters of assessment were: leg pain measured by visual analogue scale and functional improvements measured by modified North American Spine Society-Low Back Pain Outcome Instrument.

Results.– Highly significant improvements (P < 0.01) in pain relief were noted in both groups after LLLT without a difference between the groups (P > 0.05). Functional improvements were better in the second group treated with the dose of 4 J per point (P < 0.05).

Conclusions.– Two different energy doses of LLLT were equally effective in alleviating radicular pain without side effects. In addition, the higher dose seemed to be more effective in improving the functional disability.

http://dx.doi.org/10.1016/j.rehab.2014.03.914

P385-e

Scale pain assessment adapted to visually impaired patients
J. Crevoisier a, C. Truong, M.B. Simunek
Service de Déficience Sensorielle, Centre Paris Sud, Fondation Hospitalière Sainte-Marie, Paris, France
*Corresponding author.

Keywords: Pain assessment; Visual impairment


Observation.– This is a 63-years-old patient, severe visually impaired hospitalized for vision rehabilitation and having a hyperalgesic sciatica. The pain assessment had to be rigorous and regular. We chose a validated assessment scale that allows visually impaired to perform a self-assessment of pain in conditions sighted patients. It is similar to that of EVA strips graduated from 0 to 10. The face to the patient visually impaired has a triangle in relief. The tip of the triangle to the left (no pain) and the base is on the right (worst pain imaginable). Two raised symbols are placed at the ends to replace the written particulars.

Discussion.– This scale is a validated tool that has enabled the evaluation of pain in this patient suffering from chronic pain requiring an adaptation of his treatment at relapse hyperalgesia.

Further reading

http://dx.doi.org/10.1016/j.rehab.2014.03.915