

significant predictor for return to work. The full model with 18 predictors combined with the total score of INTERMED has good predictive value. However, the number of variables (19) to measure is high for the use as screening tool in a clinic.

doi:10.1016/j.rehab.2011.07.162

CO47-002-EN

INTERMED predicts non-return to work in an occupational rehabilitation setting for individuals with orthopaedic trauma—part 2

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Keywords: INTERMED; Work; Vocational rehabilitation

Introduction.— The model presented in part I (19 predictors) had good predictive values for non-return to work 2 years after vocational rehabilitation for orthopaedic trauma. However, the number of predictors is high for the detection of patients at risk in a clinic. For example, the INTERMED for itself consists of 20 questions and needs 20 minutes to be filled in. For this reason, the aim of this study was to compare the predictive value of different models for the prediction of non-return to work.

Patients and methods.— In this longitudinal prospective study, the cohort consisted of 2156 included inpatients with orthopaedic trauma attending a rehabilitation hospital after a work, traffic, sport or leisure related injury. Two years after discharge, 1502 patients returned a questionnaire regarding return to work. We compared the area under the receiver-operator-characteristics curve (ROC) between different models: INTERMED total score, the 4 partial INTERMED scores, the items of the most predictive partial score; with or without confounders.

Results.— The ROC for the total score of the INTERMED plus the five confounders of the of the part one (qualified work, speaking French, lesion of upper extremity, education and age) was 0.72. The sole partial INTERMED score to predict return to work was the social sub score. The ROC for the five items of the latter sub score of the INTERMED was 0.69. The ROC for the five items of the social subscale of the INTERMED combined with five predictors was 0.73. This was significantly better than the use of only the five items from INTERMED alone (delta 0.034; 95% CI 0.017 to .050). The model presented in part I (INTERMED total score plus 18 predictors) was not significantly better than the five items INTERMED social score plus five confounders.

Discussion.— The use of a model with ten variables (INTERMED social five items plus five confounders) has good predictive value to detect patients not returning to work after vocational rehabilitation after orthopaedic trauma. The parsimony of this model facilitates its use in a clinic for the detection of patients at risk.

doi:10.1016/j.rehab.2011.07.163

CO47-003-EN

Predictors of return to work after a knee injury in patients hospitalized in vocational rehabilitation

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Keywords: Knee; Work; Vocational rehabilitation

Introduction.— Knee injuries are frequent in a young and active population. Most of the patients resume their professional activity but few studies were interested

predictors from a large panel of bio-psychosocial variables. We postulated that the return to work 3 months and 2 years after discharge is mostly predicted by psychosocial variables.

Patients and methods.— Prospective study, patients hospitalized for a knee injury. Variables measured: the abbreviated injury score (AIS) for the gravity of the injuries, analog visual scale for the intensity of pain, INTERMED for the bio-psychosocial complexity, SF-36 for the quality of life, HADs for the anxiety/depression symptoms and IKDC score for the knee function. Univariate logistic regressions, adjusted for age and gender, were performed in order to predict return to work.

Results.— One hundred and twenty-six patients hospitalized during 8 months after the accident were included into this prospective study. A total of 73 (58%) and 75 (59%) questionnaires were available after 3 months and 2 years, respectively. The SF-36 pain was the sole predictor of return to work at 3 months (odds Ratio 1.06 [1.02–1.10], $P=0.01$; for a one point increase) and 2 years (odds Ratio 1.06 [1.02–1.10], $P=0.01$). At three months, other factors are SF-36 (physic subscale), IKDC score, the presence of a work contract and the presence of litigation. The bio-psychosocial complexity, the presence of depressive symptoms predicts the return to work at two years.

Discussion.— Our working hypothesis was partially confirmed: some psychosocial factors (i.e. depressive symptoms, work contract, litigation, INTERMED) predict the return to work but the physical health and the knee function, perceived by the patient, are also correlated. Pain is the sole factor isolated at both times (i.e. 3 months and 2 years) and, consequently, appears a key element in the prediction of the return to work. Some factors are accessible to the rehabilitation program but only if an interdisciplinary approach is performed.

doi:10.1016/j.rehab.2011.07.164

CO47-004-EN

Return to work in stroke patients: A retrospective study at the CMPR La Tour de Gassies

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Keywords: Stroke; Return to work

Objective.— To assess the return to work in post-stroke patients after at least 3 years following the incident.

Patients and methods.— Seventy-two patients, aged 18 to 65 years, admitted at the CMPR La Tour de Gassies between January 2005 and June 2007 after their first stroke while working at the time of the incident, have been interviewed retrospectively.

Results.— Fifty-six patients (78%), with an average age at the time of the stroke of 48.3 ± 10.1 , answered the survey. Eighteen (32.1%) returned to work within 19.2 ± 13.4 months. When these patients left the CMPR, their Barthel index was higher than the others ($P<0.001$). The factors negatively related to return to work were the fact of living alone at the time of the stroke ($P=0.01$) and language disorders ($P=0.02$). Return to work was higher in the group having benefited from early reintegration procedures ($P=0.004$). The rate of people returning to work was not linked to their age at the time of the stroke, their sex, their education level, the type and location of the stroke, their social status, their seniority in the company nor the size of the company.

Discussion and conclusion.— Our results are put in perspective with the French and international published data, knowing that few French researches were made about returning to work following a stroke [1,2]. A close collaboration between occupational health services and physical and rehabilitation medicine services is necessary to improve the reintegration into the workplace of these patients.

References

[1] Treger I, Shames J, Giaquinto S, Ring H. Return to work in stroke patients. *Disabil Rehabil.* 2007;29(Suppl. 17):1397–403.