The return to work and function two years after surgical treatment of tibiotalar arthritis

A Canadian multicenter prospective cohort-study

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Disclosure

• I, Oliver Gagné, have no conflicts to disclose.

• Daniels T.R. is a consultant and received research support from Cartiva, WMT, Stryker and Integra
Problem

• Tibiotalar arthritis is major cause of disability.
  __ 47.7 cases per 100,000. 3000 Replacement/fusions in the UK annually

• Disability translates into loss of productivity.

• Non-surgical options are equivocal for end-stage PTOA
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Design

- Elective cases 2001-2014
- Inclusion criteria
  - Isolated tibiotalar arthritis
  - Age of 55 y.o. or less at index surgery
- Excluded
  - Loss to follow-up / Insufficient data
- Research follow-up with forms via mail
  - SF-36 & AAOS
Outcomes

• Primary
  – Work status
• Secondary
  – Social / subsidized program
  – Pain at work
  – Expectation
  – Interference of foot and ankle pathology at work
Demographics

- N = 211
- Age 47 ± 8 [yo]
- Balanced (113 men, 102 left)
- BMI 29±12 [kg/m²]
- Type of surgery
  - 106 Arthrodesis
  - 105 Arthroplasty
Results

Pre-Operative

- 56% Currently Working
- 18% Retired (not due to health)
- 8% Disabled and/or retired due to health
- 4% Homemaker
- 3% Student
- 0% On leave of absence
- 5% Unemployed
- 6% Other

2 years Post-Operative

- 63% Currently Working
- 17% Retired (not due to health)
- 5% Disabled and/or retired due to health
- 4% Homemaker
- 2% Student
- 2% On leave of absence
- 5% Unemployed
- 2% Other

UBC Orthopaedic Foot and Ankle Society

Cofas 2016
WCB, Disability, Social Security

- Entered: 9 (4%)
- Stayed on: 30 (15%)
- Left: 41 (20%)
- Stayed off: 115 (56%)
Discussion

• More patients returned to work
  – from 56% to 63%
• More patients went off (20%) social programs than entered (4%)
• 4% of people left their Leave of Absence
• Limited by
  – Patient reported measures
  – No stratification of disability or occupation
  – Borderline age group with retirement
• Groundwork to better advocate for access to F&A surgeon
  – Followed by cost-analysis study
References


• Bouchard M1 AA, Pinsker E1, Khan R1, Deda E1, Daniels TR1. The impact of obesity on the outcome of total ankle replacement.


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