

Return to Duty as a Functional Outcome Measure Following Orthopaedic Surgery: A Preliminary Investigation

Abstract

Background In the military, return to duty (RTD) status has commonly been used as a functional outcome measure following orthopaedic surgery. This is at times regarded similarly to “return to sport (RTS),” or as an indicator of return to full function. The purpose of this study is to determine the efficacy of RTD status as a standalone surrogate for RTS and assess its overall usefulness as a functional outcome measure.

Questions/Purposes (1) For military patients, is return to duty status an effective surrogate for return to sport following orthopaedic surgery? (2) Is return to duty status an indicator of returning to full function after orthopaedic surgery?

Methods Pre and post-operative self-reported RTD status, profile status, RTS status, deployment status, MOS (military occupation specialty) changes, and MEB (medical evaluation board) status, were retrospectively reviewed for all active duty soldiers who underwent orthopaedic surgery at our institution from February 2017 to October 2018. Minimum follow up time for inclusion was 1 year.

Results Of the patients reporting full time duty status with no restrictions at final follow up, 12.2% reported being limited in their sports/fitness activities and 70.7% reported an overall lower level of sport activity. 29.3% of patients who reported full RTD with no restrictions also reported not returning to the same work level, 34.1% reported being non-deployable, 19.5% reported an active MEB, and 3.6% reported a change in MOS.

Conclusions RTD status is commonly reported in military orthopaedics as a way of describing post-operative functional outcome. 58.6% of patients reported full RTD with no restrictions/profile at final follow up. However, the majority of these patients reported lower level of sport activity. Numerous patients also reported not returning to the same work level, being non-deployable, or undergoing an active MEB. Therefore, our preliminary investigation suggests self-reported full RTD may not be an appropriate indicator of return to full function, nor an adequate surrogate for RTS.

Level of Evidence Level IV, Case Series