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

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Introduction

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. The purpose of this study was to answer the following questions:

(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

Pre-Operative Profile Status		
Status	%	n (140)
Full active duty with no restrictions	62.8	88
Profile for same joint/body part	23.6	33
Profile for different joint/body part	13.9	19

One-year Follow up Profile Status		
Status	%	n (121)*
Full active duty with no restrictions	67.8	82
Profile for same joint/body part	24.8	30
Profile for different joint/body part	7.43	9
***Patients with pre-operative profile for different joint excluded**		

One-year Follow up Modifiers		
Modifiers	%	n (82)*
Sport-related questions		
Lower sport activity level	70.7	58
Limited in sport activity	12.2	10
Lower work level	29.3	24
Military specific modifiers		
Non-deployable	34.1	28
MEB	19.5	16
MOS change	3.66	3
***Patients reporting full active duty with no restrictions at one-year follow up (MEB = Medical Evaluation Board, MOS = Military Occupational Specialty)**		

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 preliminarily investigation suggests self-reported full RTD may not be an appropriate indicator of return to full function, nor an adequate surrogate for RTS.

It should be noted that our results are self reported as well as a lack of specific outcome scores for each surgery. Going forward using outcome scores based on surgery could give a more clear picture of RTD as a functional outcome measure.

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Further Information

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