# Effectiveness of the RSI QuickScan.

No registrations found.

**Ethical review** Positive opinion **Status** Recruitment stopped

Health condition type -

Study type Interventional

## **Summary**

#### ID

NL-OMON20099

#### Source

NTR

#### **Brief title**

Effectiveness of the RSI QuickScan in relation to primary and secondary prevention of RSI.

#### **Health condition**

- 1. RSI;
- 2. repetitive strain injury;
- 3. UED;
- 4. Upper extremity disorders;
- 5. CANS;
- 6. neck and upper limb symptoms.

### **Sponsors and support**

**Primary sponsor:** Faculty of Human Movement Sciences, VU University Amsterdam

TNO Kwaliteit van Leven, Hoofddorp

EMGO institute, VU Medical Center Amsterdam

Arbo Unie

Source(s) of monetary or material Support: Arbo Unie

ZonMw

### Intervention

### **Outcome measures**

### **Primary outcome**

Occurrence of risk factors, RSI complaints and absenteeism is assessed using the RSI QuickScan (web-based questionnaire) at baseline and 6 and 12 month follow-up.

### **Secondary outcome**

N/A

## **Study description**

### **Background summary**

### **OBJECTIVES**

Disorders of the upper extremities, of which the origins are related to work, are a significant problem among the working population. Arbo Unie has recently developed a questionnaire to measure the known risk factors for RSI and register complaints about the upper extremities, the RSI Quickscan. This Quickscan is developed to achieve effective preventive measures to avoid RSI-complaints and optimal treatment of RSI among computer workers. The objective of this project is to examine the effect of the RSI Quickscan use on the intervention strategy and the effectiveness of the interventions coupled to the Quickscan in relation to the onset and course of RSI-complaints. In this process, the relation between costs and effectiveness will also be examined.

#### **METHODS**

In order to determine the (cost) effectiveness of the RSI Quickscan with accompanying interventions, a Randomized Controlled Trial (RCT) is initiated in which different companies and departments will participate. All employees within these companies and departments will (on the baseline) fill out the RSI Quickscan. Next, the companies and departments will be randomly divided into a control group and an intervention group. Control group means, in this case, a company or department that does not make use of the interventions offered by Arbo Unie in the area of RSI on the basis of the by Quickscan determined risk profile. The intervention group will indeed make active use of the results of the RSI quickscan with accompanying interventions. The time span of the follow-up is 12 months. Data about the

exposure to the risk factors and the prevalence of complaints of the upper extremities will be collected from all employees at 6 and 12 months after the start of the research. In addition, the preventive measures taken during the follow-up period will be inventoried.

The predictive validity of the RSI Quickscan will be examined in a prospective (24 months), large scale cohort study.

### Study objective

What is the short- and long term effect of preventive interventions that are advised on the basis of the results of the RSI QuickScan with respect to the decrease of the risk factors, RSI complaints and absenteeism due to these complaints?

What is the cost effectiveness and the cost-result balance of preventive interventions that are advised on the basis of the RSI QuickScan?

### Study design

0, 6 and 12 months.

#### Intervention

RSI QuickScan (questionnaire with feedback) and preventive RSI interventions based on questionnaire results.

### **Contacts**

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## **Eligibility criteria**

### Inclusion criteria

- 1. All workers with 2 hours or more computerwork per day;
- 2. Workers without- and with arm, neck and shoulder symptoms are included in the trial.

### **Exclusion criteria**

Workers with less than 2 hours computer work per day or those who did not give their consent to participate in the investigation.

## Study design

### **Design**

Study type: Interventional

Intervention model: Parallel

Allocation: Randomized controlled trial

Masking: Single blinded (masking used)

Control: Active

### Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 01-04-2004

Enrollment: 1000
Type: Actual

## **Ethics review**

Positive opinion

Date: 13-09-2007

## **Study registrations**

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

Register	ID
NTR-new	NL1084
NTR-old	NTR1117
Other	EMGO Institute, VU Medical Center, Amsterdam: WC2004-030
ISRCTN	ISRCTN wordt niet meer aangevraagd

## **Study results**

### **Summary results**

- 1. Speklé EM, Hoozemans MJM, Blatter B, van der Beek AJ, Bongers PM, van Dieen JH. Validation of a questionnaire to assess risk factors and complaints related to upper extremity disorders 30e WEON Symposium: Preventie & Interventie; 2005 2 & 3 juni 2005; Wageningen, Nederland: 2005:<br/>
  Speklé EM, Hoozemans MJM, Blatter B, van der Beek AJ, Bongers PM, van Dieen JH.
- 2. Speklé EM, Hoozemans MJM, Blatter B, van der Beek AJ, Bongers PM, van Dieen JH. Validation of a questionnaire to assess risk factors and complaints related to upper extremity disorders 18th International Symposium on epidemiology in Occupational Health; 2005 11-14 September; Bergen, Norway; 2005;<br/>
- 3. Blatter BM, Speklé EM, Heinrich J, Hoozemans MJM, van der Beek AJ, Bongers PM, et al. Effectiviness of the RSI QuickScan: A preventive program on neck and upper limb symptoms for office workers. PREMUS; 2007; Boston, USA; 2007; <br/>
- 4. Speklé EM, Hoozemans MJM, Kraaijenveld R, van der Beek AJ, Blatter B, Bongers PM, et al. Can the RSI QuickScan validly predict the development of upper extremity symptoms? PREMUS; 2007; Boston, USA; 2007.