Effectiveness of the RSI QuickScan.

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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...

Ethische beoordeling	Positief advies
Status	Werving gestopt
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON20099

Bron
NTR

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

Aandoening

1. RSI;

2. repetitive strain injury;

3. UED;

4. Upper extremity disorders;

5. CANS;

6. neck and upper limb symptoms.

Ondersteuning

Primaire sponsor: Faculty of Human Movement Sciences, VU University Amsterdam
TNO Kwaliteit van Leven, Hoofddorp
EMGO institute, VU Medical Center Amsterdam
Arbo Unie

Overige ondersteuning: Arbo Unie
ZonMw

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

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.

Toelichting onderzoek

Achtergrond van het onderzoek

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.

Doel van het onderzoek

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?

Onderzoeksopzet

0, 6 and 12 months.

Onderzoeksproduct en/of interventie

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

Contactpersonen

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

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.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

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

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blindering:	Enkelblind
Controle:	Geneesmiddel

Deelname

Nederland

Status:	Werving gestopt
(Verwachte) startdatum:	01-04-2004
Aantal proefpersonen:	1000
Type:	Werkelijke startdatum

Ethische beoordeling

Positief advies

Datum:	13-09-2007
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

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

Resultaten

Samenvatting resultaten

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;
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;
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;
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.