

Median, ulnar, and combined median

-

ulnar nerve injuries: functional outcome and return to productivity. Jaquet JB, Luijsterburg AJ, Kalmijn S, Kuypers PD, Hofman A, Hovius SE. J Trauma. 2001 Oct;51(4):687

-

92.

Abstract

**BACKGROUND:**

Forearm and wrist injuries are a common cause of morbidity and are often associated with suboptimal recovery of hand function.

This study describes and compares outcome after median, ulnar, or combined median

-

ulnar nerve injuries.

**METHODS:**

Three hundred thirteen wrist and forearm nerve injuries operated on between 1980 and

1997 in a large universi

ty hospital were reviewed in relation to complications,

return to work, and sensor and motor recovery. Of these 313 patients, 220 (age range, 5

-

73 years) met the inclusion criteria.

**RESULTS:**

Motor recovery, progress of sensory reinnervation, and number of severed

structures were related to the type of injury ( $p < 0.05$ ). Multiple linear regression analysis revealed a relation between the appearance of sensory reinnervation and motor recovery ( $\beta = 0.02$ ; 95% confidence interval, 0.01

-

0.04;  $p = 0.01$ ). A

pr

obability of 24% of work loss, after a mean follow

-

up of 17.7 months, was found.

Poor sensory and motor recovery were associated with work disability (odds ratio [OR], 2.9;  $p = 0.002$ ; and OR, 2.9;  $p = 0.007$ , respectively). No relationship was found between

type of injury and return to work ( $p = 0.47$ ). Level of injury (OR, 2.6;

$p = 0.01$ ), type of work (OR, 3.1;  $p = 0.002$ ), number of complications ( $p < 0.001$ ), and hand

-

therapy (OR, 0.24;  $p = 0.001$ ) were found to influence return to work.

**CONCLUSION:**

It may

be concluded that peripheral nerve injuries at the forearm level can result in substantial functional loss and have major social consequences. This study identified factors influencing return to work that can be used to optimize postoperative treatment strategy

ategy