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Prevalence and Characteristics of Staff Attending a Hospital Authority Staff Clinic for Lateral Epicondylitis (Tennis Elbow)

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Introduction

Lateral epicondylitis or tennis elbow (TE), is one of the commonest overuse injury encountered in health care workers (HCW), which may cause debilitation to the HCW as well as loss of manpower. Risk factors of TE include repetitive forceful movement of fingers, wrist and forearm. Apart from clinical management of the acute symptoms, preventive measures are also important since the main cause of TE is overuse.

Objectives

To investigate the prevalence and characteristics of staff attending Hospital Authority (HA) Staff Clinic of United Christian Hospital for TE from 1-11-2014 to 31-10-2017.

Methodology

It is a retrospective cross-sectional study by consultation record review in the Clinical Management System with the sample identified using International Classification for Primary Care Coding in the Hospital Authority Family Medicine Module.

Result

- During the studied period, 155 staffs attended Staff Clinic with the diagnosis of TE, contributing to 229 consultations in total, which is about 3% of all musculoskeletal disorders. - 77% were female. - 96% was 41-60 years old, with average age of 50 year old. - Out of the 155 staff, 67% were supporting staff, followed by nursing staff (14%). The remaining 19% were clerical staff, allied health workers, paramedical staff, technicians and administrative staff. - 24% of the staff were able to identify the possible cause in which 76% reported that the condition was precipitated by or aggravated by their job. Only 14% reported that the condition was caused by sports. For other staff, the cause of the condition was not documented. - 35% of the staff took sick leave ranging from 1 to 6 days because of this condition. The average sick leave taken was 3 days. - 42% of staff was referred to physiotherapy for pain management, whereas 42% was referred to occupational therapy for tennis elbow band. Conclusion: Most of the HCW with lateral epicondylitis were middle aged supportive staff, and a significant proportion was precipitated by work. Risk assessment of the core duties of

supporting staff in different positions could be carried out to identify high risk tasks. Preventive measures should be considered for the HCW with high risk of developing this condition, such as posture and muscle training, use of machines to mechanize repetitive work, job rotation to enable workers to use different sets of muscles in their work task, education about the condition and advice on early medical attention if symptoms arise.