was identified as the single greatest enabler of return to work. Although pockets of good practice were identified, in the main, health professionals and employers describe uncertainty about their role and responsibilities and describe a narrow scope of practice. Patients report a mostly adversarial experience of vocational supports.

Conclusions: Irish vocational rehabilitation stakeholders do not report awareness of the complex interplay of biological, psychological and social factors influencing work participation for people with MSD’s. Vocational supports and services are hampered by role uncertainty and consequentially adversarial experiences for service users.

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AB1459-HPR PATIENTS WITH RHEUMATOID ARTHRITIS HAVE LATERALITY ON THE UPPER LIMBS RANGE OF MOTION

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Background: Biological disease-modifying antirheumatic drug (bDMARD) has been introduced since 2003 in Japan. In many patients, bDMARD has made it possible to control the disease activity of rheumatoid arthritis (RA), and has led to the structural remission and the functional remission. As for the structural damage, the relationship between mechanical stress and radiographic damage in RA has been recently reported. Koh reported that radiographic damage was worse and progressed more rapidly in the dominant hand in individuals with early RA11. Nakazaki reported that the eroded joint count was significantly more in the dominant than the non-dominant upper extremity2. Incidentally, there are few studies as for the relationship between mechanical stress and functional impairment, while joint range of motion (ROM) plays a important role on the physical function of the patients with RA.

Methods: We assessed 103 RA female patients aged less than 75 years old with their disease onsets after 2003 and their disease durations within 10 years. Exclusion criteria were the patients with past history of any apoplexy or fracture. We measured the ROM of joints including the shoulder, elbow, wrist, hip, knee, and ankle. The ROMs were measured by criteria of the Japanese Orthopaedic Association and the Japanese Association of Rehabilitation Medicine, and then the joints with restricted ROM were counted to see if any difference between right and left on the upper limbs and to see whether mechanical stress influences on ROMs.

Results: The mean age was 57.1 (26–74) years, the mean disease duration was 64.0 (7–120) months, the rate of bDMARD was 33.3%, the right limb was dominant in 99.0% among the patients. As for the ROM of upper limbs, the forenoon pronation and the wrist extension of the right limbs demonstrated significantly more restricted ROM compared with the left limbs (p<0.001). The ROM of lower limbs showed no significant laterality.

Conclusions: The ROM limit count in the upper limbs was significantly more in the right limbs than the left limbs and the right limb was dominant in 99% of the patients, therefore it was suggested that the mechanical stress influenced the ROM of upper limbs and physical function in patients with RA even in the era of the bDMARD.