changes (on group and individual level), and percentage observed, positive and negative agreement. Responsiveness was calculated with area under the curve (AUC) obtained from receiver operating characteristic (ROC).

Results A sample of 52 participants on test-retest reliability and agreement and a sample of 223 on responsiveness were included in the study. Of the iPCQ-VR, ICCs ranged from 0.52 to 0.90, kappa ranged from 0.42 to 0.96, and AUC ranged from 0.53–0.86. The ICC of total healthcare utilisation of the TiCP-VR was 0.81 and kappa values of the single healthcare utilisation items ranged from 0.11 to 1.

Discussion The iPCQ-VR showed good clinimetric properties on working status, number of hours working per week and long term sick leave, and low measurement properties on short term sick leave and presenteeism. The TiCP-VR showed adequate reliability on all healthcare utilisation items together and medication use, but showed low clinimetric properties on the single healthcare utilisation items.

724 VALIDATION OF A CONCEPTUAL MODEL FOR SHOULDER PAIN RISK FACTORS IN THREE INDEPENDENT FRENCH WORKING POPULATIONS

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Introduction Sciatica is usually self-limiting with pain and disability decreasing over time, but not all patients fully recover. Prognostic evidence could assist clinicians to better define high risk groups and inform both clinicians and patients with regard to counselling and treatment choices to promote return to work. The objective of this study was to review and summarise prognostic factors of work participation in patients with sciatica.

Methods We searched MEDLINE, CINAHL, EMBASE and PsycINFO till May 2016. Cohort studies, using a measure of work participation as outcome, were included. We used the QUIPS tool for risk of bias assessment and GRADE to rate the quality of the evidence.

Results Based on five studies describing four cohorts (n=983 patients) that assessed 19 potential prognostic factors, favourable factors for return to work at long-term follow up (up to 10 years) included: younger age, better general health, less low back pain or sciatica bothersomeness, better physical function, positive SLR-test, a physician expecting surgery to be less low back pain or sciatica bothersomeness, better physical function, positive SLR-test, a physician expecting surgery to be less effective factors for return to work. The objective of this study was to review and summarise prognostic factors of work participation in patients with sciatica.

Discussion Five studies describing four cohorts identified a wide range of factors: general health, pain and disability, psychological factors and work related factors. Although the number of studies was low and the quality of evidence ranged from moderate to very low, prognostic (modifiable) factors may be used to assist clinicians and occupational healthcare professionals in guiding high risk patients and consider referral for additional care or vocational rehabilitation, or in managing patients’ expectations regarding return to work.