Introduction Total knee arthroplasty (TKA) is increasingly being performed among working patients suffering from knee osteoarthritis. As the retirement age is rising and more workers are being overweight or obese, a further increase is expected in the upcoming decade. Unfortunately, limited disorder-specific evidence is available for clinicians to support these patients in return to work (RTW). This semi-plenary provides an interactive overview, using quiz-questions, of what we know now and how to guide these workers to secure a timely and sustainable RTW.

Methods Questions that will be addressed are: how many patients do RTW after TKA?, which TKA patients should be referred to work-directed care?, which work-related knee-demanding activities improve most after TKA?, what do workers expect from TKA before surgery?, do orthopaedic surgeons and occupational physicians provide the same answers regarding prognosis for RTW?, and what kind of vocational rehabilitation is effective for RTW?.

Result Two quiz-questions are already answered.

First, based on a systematic review, 71%–83% of TKA patients in working age returned to work: so 2 to 3 out of 10 did not. The average time varied from 8 to 12 weeks although large differences were noted. Second, the Work, Osteoarthritis or joint-Replacement Questionnaire (WORQ) was used to assess the self-perceived difficulty performing 13 work-related knee demanding activities like kneeling, lifting, and working with hands below knee height. Patients who benefitted most from TKA are those whose work involved operating a vehicle or who have a job which requires periods of standing or walking on level ground.

Discussion In the upcoming decade, more TKA patients will have to RTW after surgery, and expect sound advice and guidance from their physician. Given the limited evidence available and the large group of workers involved, effective interventions to secure a timely and sustainable RTW should be developed.

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UTILISING DIGITAL MEDIA: WHERE ARE WE NOW, WHERE ARE WE GOING AND WHY SHOULD WE CARE? THE GOOD, THE BAD AND THE REALLY UGLY

MR Lum. *National Institute for Occupational Safety and Health, Washington, DC, USA*

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This presentation will address the following key factors: How do we best use the new digital technology to deliver our OSH information for engagement and impact?; What techniques and strategies actually work and how do we know?; What might the future look like and how are we adapting? Digital Media is at the very heart of the Fourth Industrial Revolution, changing our approach to communication and increasing the delivery of information with exceptional speed to our audiences. Digital technology is evolving faster than organisations can adapt. It is a fate that challenges most organisations in almost every industry. Digital technology has exploded and is being continually modified especially since the new millennium. We find ourselves skyrocketing into an entirely new world of communication and information sharing. We now reach out and connect to our friends, family and co-workers virtually instantaneously with the touch of a few buttons. This new *constant connexion* has fundamentally changed the way we interact with each other and our target audiences. Because of continual digital modifications we must be agile

and alert to utilising better strategies and techniques to deliver information to improve decision making by our citizens in their working environment not only for today but also for the unforeseeable future.

This presentation using globally derived data will discuss the use of a variety of the most popular digital communication platforms from Facebook and Twitter to Wikipedia, their international effect on Search Engine Optimisation (SEO) and their potential impact for extending the global reach of our OSH health information and expanding the engagement with both health professionals and the general public. This presentation has been organised to highlight the good, and the not so good challenges we face in the advanced digitization environment.

The good:

- The promise of Increased reach of our information with minimal cost and effort;
- The opportunity for closer global collaboration of information generation;
- Easy to use digital impact and engagement measures; and
- A proven mechanism to reach the ever increasing independent work force.

The not so good:

- A lack of imagination and strategy, coupled with unpredictability and poor data quality;
- A lack of agility and insufficient encouragement towards innovation: and
- A lack of pertinent competencies and insufficient strategies to overcome consolidation by information generators whose algorithms tend to favour sensationalism over science, fabricated news over facts and are increasingly monetized ads over meaningful content.

These challenges will be addressed by a selection of case studies which highlight mechanisms and strategies to overcome transformational barriers in the digital environment.

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THE DEVELOPMENT OF A STATE-WIDE FRAMEWORK FOR THE PREVENTION AND MANAGEMENT OF WORK-RELATED MUSCULOSKELETAL DISORDERS: A WESTERN AUSTRALIAN EXPERIENCE

J Mangharam, ES Chew, L Coubrough. *Human Factors and Ergonomics Team, Work Safe, Western Australia, Australia*

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Introduction In Australia, work-related musculoskeletal disorders (WMSD) is a workplace condition that has been prioritised to be addressed at state and national levels. The cost and burden associated with musculoskeletal disorders workers' compensation claims in Western Australia (WA) as a result of body stressing and slips, trips and falls is high and accounts for approximately 60% of claims. Time trends have demonstrated that on average, each WMSD claim has become more expensive and led to longer periods off work.

Preventing and managing WMSDs are complex, owing to the interaction of multiple risk factors, including workplace physical, workplace psychosocial and individual risk factors. An array of primary, secondary and tertiary prevention level interventions such as ergonomic intervention, risk management, wellness programs, early and appropriate clinical intervention and return to work rehabilitation programs have been