

One Suggested Evaluation Process for Neurosurgeons Return to Work after Neurological Injury

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Determination of disability following neurological injury has been addressed in multiple formats. Return to work following neurological injury, however, has not. It is recognized that there may be individuals practicing neurosurgery who wish to return to work following neurological injury caused by stroke, degenerative disease, trauma, disc disease or tumor. Indeed, early return to work following illness or injury is the desired outcome for patients in as timely and safe a manner as possible for the health of the patient as well as society in general. This is consistent with the stated goals of the American Academy of Orthopedic Surgeons 1, the American College of Occupational and Environmental Medicine 2, the Canadian Medical Association 3 and the American Medical Association 4. The neurosurgeon's prompt return to work is likewise desirable and appropriate. While there may be many methods to assure patient safety in determining an individual neurosurgeon's ability to practice neurological surgery, this is one such method of determination.

It is also recognized that many individuals with neurological disability may be functioning quite adequately as neurosurgeons. This is not an attempt to reach a determination regarding the ability of these individuals to practice neurosurgery. It is recognized that individuals with neurological deficit may have entered training programs and completed neurosurgical training and certification with known neurological deficits which do not impair their ability to practice neurological surgery. This document is intended to address the issue of neurological surgeons engaged in the practice of neurosurgery who may, in a variety of different circumstances, sustain a new neurological deficit. Individuals who sustain a new neurological injury should avail themselves of appropriate medical assessment of their condition prior to returning to the practice of neurosurgery in the interest of ensuring patient safety and competence to practice.

One such method of evaluation is outlined below.

Evaluation:

1. The underlying medical condition which resulted in the new neurological deficit should be treated and corrected insofar as possible.
2. The individual should undergo thorough and complete neurological assessment by a neurologist who does not have an ongoing referral relationship with the individual seeking evaluation.
3. The evaluation should include appropriate neurological, neuroradiological, neuro-ophthalmological evaluation and/or neuropsychological testing where indicated.
4. When the above outlined testing has been completed and the individual has been cleared to return to work, he or she should return to work on a schedule acceptable to his evaluating physicians.
5. On return to the operating room, it is suggested that the neurosurgeon seek assistance if possible of a qualified neurosurgeon who can attest to his competence for his initial cases on his return to work.

Footnotes

1. Position Statement Early Return to Work Programs, American Academy of Orthopedic Surgeons. <http://www.aaos.org/about/papers/position/1150.asp>. Accessed January 8, 2007.
2. Krause, N, Frank, JW, Dasinger, LK, Sinclair, SJ, Determinants of duration of disability and return-to-work after work-related injury and illness: challenges for future research. Am J Ind Med. 2001;40:464-484.
3. The Physicians Role in Helping Patients Return to Work After an Illness or Injury, Canadian Medical Association. CMAJ. 1997 Mar 1;156(5):680A-680F.
4. AMA Policy H-365.999, 2000.