resulted in compartment syndrome and subsequent fasciotomies. Concurrent end organ damage commonly occurs, as reflected by the patient's cardiac arrest and acute tubular necrosis. This patient benefited from his acute rehabilitation course, without exacerbation, and, in fact, near complete resolution of these disease manifestations.

Conclusions: Clarkson disease is a rare and poorly understood disease, with fewer than 150 cases reported. Discussions regarding the outcomes of rare and complicated diseases subsequent to acute rehabilitation are important to better establish admission criteria and rehabilitation prognosis.

Poster 48

Acute Inpatient Rehabilitation: Functional Outcomes in Patients With a Left Ventricular Assist Device.

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Disclosures: S. Kuhar, none.

Objective: To evaluate functional outcomes by using Functional Independence Measure (FIM) and to determine whether age and comorbid conditions impact these outcomes.

Design: Retrospective study. Twenty-two charts were reviewed for patients admitted between December 2, 2004 and September 13, 2010 for admission and discharge FIM, FIM gains, efficiency ratios (ER), comorbid conditions, and readmissions.

Setting: An acute inpatient rehabilitation unit.

Participants: Patients with a left ventricular assist device and in cardiac failure.

Interventions: Acute inpatient rehabilitation.

Main Outcome Measures: Admission and discharge FIM scores, length of stay (LOS), ER, age, and comorbidities.

Results: The average age of patients was 59.68 years (range, 18-84 years). The average admission and discharge FIM scores were 73.27 (range, 48-91) and 93.23 (range, 38-123), respectively. The average FIM gain was 19.95 (range, –23 to 56). Six patients with the least FIM gains (negative or single digit) were all transferred from the rehabilitation unit for acute decompensation. The ages of the patients transferred ranged from 66-79 years. The average LOS was 13.91 days (range, 2-53 days). The average ER (FIM gain over LOS) was 1.47 (range, –3.29 to 3.91). The highest and lowest ERs were that of a 67 year old and a 73 year old, respectively. However, the second highest ER was from an 80 year old patient. The younger patients (18-45) had FIM gains that ranged from 16-32. Comorbid conditions did not influence the FIM gains, because most individuals had a similar medical history.

Conclusions: The patients with the least FIM score gains were also those patients who had to be transferred to an acute medical service secondary to decompensation. Overall, 16 patients did well enough to be discharged home. Age and comorbidities did not appear to have a great impact on the FIM gains and/or ER.

Poster 49

The Work-ability Support Scale: Development and Preliminary Evaluation.

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Disclosures: L. F. Turner-Stokes, Ipsen Ltd, consulting fees or other remuneration; U.K. National Institute for Health Research, research grants; Allergan Ltd, consulting fees or other remuneration; Dunhill Medical Trust, research grants; Luff Foundation, research grants.

Objective: To describe a newly developed measure of work ability and to present a preliminary evaluation of interrater reliability and scoring accuracy by using test vignettes.

Design: A set of vignettes was drawn up by the tool developers and tested to derive criterion standard scores. Six independent raters then scored the vignettes, first individually and then by combining in 2 teams. In an item-by-item analysis, weighted Cohen κ statistics were used to test interrater agreement. Accuracy was tested by comparing agreement with the criterion standard scores for individual and team scores.

Setting: Two university departments from the United Kingdom and New Zealand, and a U.K. specialist inpatient neurorehabilitation unit.

Participants: Six occupational therapists (OT), with experience of using the scale that ranged from 6 months to 4 years, scored vignettes.

Interventions: N/A.

Main Outcome Measures: The Work-ability Support Scale is designed to assess the individual's ability to work and support needs after the onset of acquired disability, and to support decision making with regard to vocational rehabilitation. Part A comprises 16 items that address "'Physical," "Thinking/Communicating," and "Social/behavioral" work-related function, each rated on a 7-point scale. Part B comprises 12 items that address "Personal," "Environmental," and "Other" contextual factors, rated on a 3-point scale (–1 to +1).

Results: Part A: κ values for scoring accuracy ranged from kw=0.69-0.94 for individuals' and from kw=0.66-0.97 for teams, which represented "substantial" to "almost perfect" agreement with criterion standard scores. Interrater agreement between the 6 raters was similarly high and ranged from kw=0.63-0.90. Part B: scoring accuracy and interrater reliability were at least "moderate" (kw>0.4) for all 8 "Personal" and "Environmental" contextual factors but only poor to fair for the "Other" contextual factors. This part of the scale was subsequently adjusted.

Conclusions: This vignette-based study demonstrates very acceptable levels of scoring accuracy and reliability for the Work-ability Support Scale. Further testing in real-life situations is now warranted.

Poster 50

The Efficacy of Ultrasound Guidance Compared With Blind Corticosteroid Injection for the Treatment of Carpal Tunnel Syndrome.

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Disclosures: J. S. Kirschner, none.

Objective: To determine if there is a statistically significant benefit to using ultrasound guidance to perform carpal tunnel corticosteroid injections compared with traditional "blind" methods. The specific hypothesis was that ultrasound-guided injections lead to a greater decrease in a visual analog scale (VAS) of overall symptoms than do blind injections at 2, 4, and 8 weeks.

Design: Randomized, controlled, prospective, single-blind study.