

biological therapy is an effective mean in increasing functional capacity and joint mobility, decreasing disease activity, improving quality of life for AS patients. Currently available data do not adequately address what role physiotherapy may have on patients with AS receiving biological drugs [1]. There are a few studies evaluating the effects of exercises in patients with AS receiving TNF α inhibitors [2,3].

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AB1178 A PROSPECTIVE STUDY ON THE EFFECTS OF 3-MONTH COURSES OF TRADITIONAL PHYSIOTHERAPY AND YOGA IN PATIENTS WITH CHRONIC ARTHRITIS AND PRIMARY FIBROMYALGIA

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Background: Physical activity is of fundamental importance for people with rheumatic diseases (RD). The traditional approach of Physiotherapy (PT) has been placed side by side with other physical programs, such as Yoga (Y), aimed at reducing chronic pain and improving the quality of life.

Objectives: To evaluate the effects of PT and Y on patients with inflammatory and non-inflammatory RD: Chronic Arthritis (CA) and Primary Fibromyalgia (FM).

Methods: Patients were enrolled in a prospective study including 3 months of PT and 3 months of Y (with a specific focus on the control of breathing - *Ai-jutsu*). Each activity was performed bi-weekly in a dedicated facility. Patients were randomly allocated to either the group starting with PT or that starting with Y. After 3 months they switched to the other activity. At the beginning and at the end of each activity patients underwent a medical assessment of their physical status and were proposed questionnaires: 1) HAQ for disability in everyday life; 2) ZUNG self-rating depression scale; 3) Tampa scale for Kinesiophobia assessing the fear and avoidance of movement. Patients with FM compiled also the FIQ for the impact of FM in everyday life. All patients rated their physical pain by VAS (Visual Analogic Scale) from 0 to 10.

Results: Thirteen patients with CA (77% female, median age 62 years, median disease duration 19 years) and 8 with FM (100% female, 56 years, 9 years) participated in the study. At baseline, there were no differences between CA and FM patients in terms of ZUNG, HAQ and Tampa scores. After 3 and 6 months of activity, all items had a tendency toward improvement, with a statistically significant reduction for VAS in both groups (nearly -30%). By intra-group comparison between the beginning and the end of each activity, we observed that patients with CA had a significant reduction of ZUNG and HAQ scores (50 vs 40.5 and 0.600 vs 0.475, respectively) during PT activity, while FM patients had a trend toward the increase of Tampa score (24.5 vs 34.5). During Y activity, significant reductions were observed in VAS score for CA patients (5 vs 2.5) and in Tampa score for FM patients (34.5 vs 23.5). Overall, all items had a tendency toward improvement for FM patients during Y activity.

Conclusions: This pilot study involving both patients with inflammatory and non-inflammatory RD demonstrated benefit from an integrated program of sequential PT and Y and highlighted differences in patients' needs according to their disease type. Particularly, PT seemed to bring more benefit to CA patients, probably because of the individualized work on joint movement range and muscular strengthening, while FM patients may have had a negative impact by this approach, as seen by the increase in the fear of movement. Conversely, FM patients had a tendency toward improvement during Y activity.

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AB1179 CAN THE PATIENTS WITH TOTAL KNEE ARTHROPLASTY ACHIEVE DISCHARGE CRITERIA FOR KNEE FLEXION

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Background: Knee range of motion (ROM) at discharge following total knee

arthroplasty is used as a clinical indicator of performance. At least 90 degrees of flexion is standard discharge criteria for many hospitals.

Objectives: To investigate whether the discharge criteria is realistic in patients with TKA.

Methods: 13 patients (11=female, 2=male) who underwent unilateral TKA were included in this study. Mean age was 68.46 \pm 7.52 years, mean body mass index (BMI) was 30.14 \pm 5.6 kg/m². Hospitalization duration was recorded. Knee flexion and extension degree were measured actively with goniometer during heel sliding on discharge day. Oxford Knee Score (OKS) was used to evaluate physical function and pain before surgery. Overall scores ranges from 0 (worst) to 48 (best). Descriptive statistics were used to analyse the data using SPSS v22.

Results: Hospitalization duration was 5.07 \pm 1.25 days. Knee flexion degree and knee extension limitation were found 79.15 \pm 20.84 $^\circ$ and 12.92 \pm 7.31 $^\circ$, respectively. Oxford Knee Score was calculated 19 \pm 8.30 point. Patients' results were given at Table 1.

Table 1. Patients' results

Patients	Knee flexion degree ($^\circ$)	Extension limitation ($^\circ$)	Oxford Knee Score
1	65	11	28
2	98	18	33
3	94	12	15
4	88	10	17
5	100	24	22
6	36	24	14
7	86	12	15
8	70	15	17
9	90	2	12
10	80	10	36
11	42	10	12
12	80	20	10
13	100	0	16

Conclusions: Patients have noticeable extension limitations at discharge. It should follow in the upcoming days. Nearly half of the patients flexed their knee less than expected. Due to the fact that discharge criteria for knee flexion is unrealistic. It should be investigate whether patients with less knee flexion degree can gain function as patients with more knee flexion degree.

References:

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AB1180 THE INTENSIVE EXERCISE PROGRAMME FOR NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS AND FOR ANKYLOSING SPONDYLITIS MAY IMPROVED QUALITY OF LIFE AND DISEASE ACTIVITY

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Background: The therapy for axial spondyloarthritis (axSpA) is complex. Although anti-inflammatory medication is necessary for axSpA treatment, the exercise therapy is required to maintain mobility. The limited data are available to evaluate the effect of exercise therapy on quality of life in axSpA, particularly in patients with the non-radiographic form of the disease (nr-axSpA).

Objectives: To investigate the quality of life in axSpA subgroups, nr-axSpA and Ankylosing spondylitis (AS) in response to intensive rehabilitation programme

Methods: 46 patients with axSpA characterised according to criteria of Assessment of SpondyloArthritis international Society (ASAS) as nr-axSpA (n=23) and AS (n=23) with stable disease and treatment underwent 24 weeks long intervention. The intervention consisted in twice a week outpatient group physiotherapy as exercise units of 60 minutes and a daily home-based exercise programme. All outcomes, disease activity (Bath AS Disease Activity Index, BASDAI and AS Disease Activity Index, ASDAS-CRP) and quality of life (AS quality of life, ASQoL and European quality of life, EurQoL) as well as patients self-reported outcomes such as "patients global assessment" and "pain assessment" were measured at baseline and at the end of exercise program.

Results: Altogether, 41 axSpA patients (AS, n=22 and nr-axSpA, n=19) finished complete six months programme. The disease activity was improved in all axSpA patients (ASDAS-CRP 2.08 \pm 0.12 to 1.83 \pm 0.11, p<0.01), particularly in nr-axSpA subgroup, ASDAS-CRP (1.98 \pm 0.19 to 1.71 \pm 0.15, p<0.05). There were no differences in the changes in ASDAS-CRP and BASDAI over the exercise training between groups (data not shown). After exercise therapy, positive changes of "Patients global assessment", were evaluated by patients of both subgroups, nr-ax-SpA (33.42 \pm 5.13 to 23.68 \pm 4.11, p<0.01) and AS (35.22 \pm 3.94 to 25.2 \pm 2.92, p<0.01). The "assessment of pain during the last 7 days", however, was improved only by patients in the nr-axSpA subgroup (34.74 \pm 5.88 vs. 21.05 \pm 4.71, p<0.05). The quality of life, ASQoL was not changed after rehabilitation programme.