

was created based on the discussion and all participants of the meeting were surveyed. Replies were compiled to ascertain the current picture of service delivery and educational training.

Results: 25 rheumatology specialist nurses participated in the exercise. Their job experience ranged from one week to 25 years (median 7 years). 21/25 (84%) ran independent clinics. 16/25 (64%) were employed at band 6. Five (20%) did not feel confident in counseling patients initiating methotrexate. Apart from two, no one had any formal training in delivering DMARD education. 10/25 (40%) had never been supervised whilst undertaking an educational session for patients. Six (24%) did not feel confident to teach or supervise their peers.

Conclusions: This is a pioneering survey mapping the training of rheumatology practitioners and nurse specialists to service delivery. This initiative highlights a wide variation in the training structure of a key job provision. There is lack of formal induction programme. Despite most participants running independent clinics and providing DMARD education for years, they confessed to have no formal education and little supervision. Over a fifth did not feel confident in counseling patients commencing methotrexate despite being in the job for a median of 18 months. Though most centres are delivering contemporary services, these are not being used effectively for developing key team members. A quarter of the cohort felt unprepared to impart the skills to peers (median experience 1 year).

In conclusion, there is wide variation in the training of rheumatology nurse specialists. This can potentially have a negative impact on a relatively young workforce. There is a need for improving training standards to help deliver good quality rheumatology professionals of the future.

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THU0747-HPR EFFECT OF DIFFERENT PHYSICAL THERAPY PROGRAMS ON PAIN, STRENGTH AND FUNCTIONAL SITUATIONS ON KNEE OSTEOARTHRITIS

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Background: Knee Osteoarthritis (OA) is one of the most common causes of disability with an increasing prevalence and incidence with age. Although there are studies in the literature that examine the efficacy of ESWT, Kinesio taping and exercise on knee OA, there is no study to compare these methods with each other.

Objectives: The purpose of this study is to compare the effects of Extracorporeal Shockwave Therapy (ESWT), Kinesio taping and exercise therapy on pain, knee strength and functional situations of patients with knee osteoarthritis (OA).

Methods: Forty eight female patients aged between 50–65 and previously diagnosed with a grade 1–3 (Kellgren-Lawrence scale) knee OA included in this study. Patients were assessed before treatment and after treatment at 6 weeks and at 12 weeks. Visual Analog Scale, (VAS), (ISOMED®2000 D&R GmbH, Germany) isokinetic device, Timed Up and Go test (TUG) and WOMAC scale were carried out for assessing patients' pain, knee strength and functional situations. After randomising the patients into 3 different groups, the first group received 1 session of ESWT per 6 weeks, the second group received 2 sessions of Kinesio tape per 6 weeks and the third group was prescribed with an exercise program only.

Results: The between-groups results showed a significant improvement for the pain during night, pain during resting, and WOMAC test in the exercise group ($p < 0,05$), while no difference was found for the other measurements ($p > 0,05$). The inter-groups results showed significant improvements in 3 of the groups ($p < 0,05$), while there was no difference in 60 degrees/sec isokinetic quadriceps strength test in the Kinesio taping group and TUG test in the ESWT group.

Conclusions: The results of this study showed that; ESWT, Kinesio tape and exercise therapies are all effective in decreasing pain intensity, improving knee strength and functional status levels of patients with knee OA and can be used as alternative approaches to treat symptoms of knee OA.

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THU0748-HPR RECOMMENDATIONS ON PHYSICAL THERAPY PRESCRIPTION FOR AXIAL SPONDYLOARTHRITIS IN THE NETHERLANDS

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Background: In national and international guidelines physical therapy, comprising exercise interventions and education, is recommended as a required treatment modality for the optimal treatment of axial spondyloarthritis (axSpA). [1–3]. However, specific details regarding referral for physical therapy and optimal content and dose of exercise interventions are lacking. Research showed large variation in the content of exercise therapy in axSpA patients, which reflects suboptimal care [4].

Objectives: To develop practice recommendations on indications for referral, content, dose and safety aspects of exercise therapy for axSpA patients based on scientific evidence, expert opinion and patient values. The ultimate aim is improving the quality of exercise therapy care for people with axSpA.

Methods: The recommendations are based on scientific evidence, expert opinion and patient values and were formulated following a combination of literature review and three expert-group meetings (consisting of patients, rheumatologists, physical and exercise therapists, policy makers, scientists and special interest groups). In three consecutive expert-meetings clinically relevant questions, draft recommendations based on systematic literature reviews, and final recommendations including level of agreement were generated. Lastly, a field consultation among physical and exercise therapists, rheumatologists, scientists and special interest groups will be scheduled and an implementation strategy, comprising of an information intervention and directives, will be developed.

Results: In the first expert-group meeting 18 clinically relevant questions were formulated, on: indication and referral, assessment, content of treatment, evaluation and safety. In addition to recently published systematic reviews, additional literature reviews concerned assessment, safety and the dosage of exercise therapy. Related to the clinical questions, a framework for the therapeutic process and 12 draft recommendations were developed and discussed in the second meeting. In the third and last meeting the 12 recommendations regarding the delivery of physical therapy and exercise interventions were set and the level of agreement was determined.

Conclusions: The expert-meetings and literature searches led to 12 practice recommendations and a clear starting point for the development of the implementation strategy. Twelve practice recommendations regarding the delivery of physical therapy for patients with axSpA were developed, based on scientific evidence, expert opinion patient values. The field testing and development and execution of a dissemination and implementation strategy will be done in 2017.

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THU0749-HPR INCREASING PHYSICAL ACTIVITY IN PEOPLE WITH A CHRONIC DISEASE: EXAMINING THE EFFECTIVENESS OF A MOTIVATIONAL AND A PLANNING INTERVENTION, THEIR INTERACTION AND VARIOUS POTENTIAL MODERATORS AND MEDIATORS

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Background: Physical activity has many health benefits, especially in people with a chronic disease. Behaviour change interventions appear more effective than just advice when increasing physical activity. However, most studies that compare different interventions overlook interaction effects between methods and their parameters for effectiveness.

Objectives: Present study examined the effectiveness of a motivational and an action planning intervention for increasing physical activity in patients with a chronic disease. Their interaction as well as various potential moderators and mediators were studied in order to identify which intervention is effective in which patients.

Methods: In a healthcare centre specialised in the treatment of people with a chronic disease, participants whose physiotherapist would advise them to be more physically active were randomly assigned to one of four interventions in a factorial design: 1) a control condition with only advice, 2) a motivational intervention