THU0732-HPR INDIVIDUAL RESPONDER ANALYSIS OF THE EFFECTIVENESS OF MANUAL THERAPY AND EXERCISE VERSUS USUAL CARE IN PATIENTS WITH CHRONIC NONSPECIFIC NECK PAIN: PRELIMINARY RESULTS OF A RANDOMISED CONTROLLED TRIAL

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Background: Chronic nonspecific neck pain (CNP) is a common health problem worldwide. The physiotherapy approach is the second line of treatment and a large variety of modalities are frequently used. However, the mean effect of interventions is small and it is unknown if the patients achieving clinically important change. Individual responder analyses provide researchers with complementary information about the patterns of recovery and the proportion of patients achieving clinically important treatment responses.

Objectives: The aim of this study was to compare the effectiveness of a combined intervention of manual therapy and exercise (MET) versus usual care (UC), on pain intensity and global perceived recovery.

Methods: A randomised controlled trial was conducted on 62 participants with CNP lasting ≥ 3 months, assigned to MET and UC groups. Participants in the MET group (n=31) received 12 sessions of passive articular mobilisation and exercise (coordination, strength, endurance), whereas the UC group (n=31) received 15 sessions of usual physiotherapy care, combining electrotherapy, massage and stretching exercises. Patients were assessed at baseline, and then at 3 and 6 weeks (final of intervention). The Minimal Clinically Important Difference (MCID) in treatment response for pain intensity was defined as a decrease of >2 point in the Numeric Rating Scale of Pain compared to the baseline score and for global perceived recovery a value of ≥ 5 in Patient's Global Impression of Change Scale.

Results: A significant difference between-groups was observed at 6 weeks on pain intensity ($p \leq 0.001$), favouring the MET group. No significant differences were found between-groups in pain intensity at the baseline ($p \geq 0.626$) and at 3 weeks ($p \geq 0.777$). At patient-level response, in the MET group, 58% of the participants experienced an MCID in the first 3 weeks of treatment and this proportion was increased to 94% at 6 weeks on pain intensity, and rose from 68% to 81% on global perceived recovery. In the UC group the proportion of patients that experienced an MCID rose from 55% to 61% on pain intensity, at 3 and 6 weeks, respectively, and 68% in global perceived recovery in both moments. The patients in MET group were 10% (RR=1,1) and 50% (RR=1,5) more likely to achieve the MCID on pain intensity than the UC group, at 3 and 6 weeks, respectively. In global perceived recovery, the MET group were 20% (RR=1,2) more likely to achieve an MCID response at the 6 weeks. No differences were found in chances of recovery at 3 weeks.

Conclusions: These findings suggest that participants of MET group had a pattern of recovery over 6 weeks and achieved a higher response rate to treatment, on pain intensity and a better global perceived recovery, compared to those receiving UC.

Disclosure of Interest: None declared

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THU0733-HPR EFFECT OF CUSTOM-MADE FOOT ORTHOSES VERSUS PLACEBO IN PATIENTS WITH RHEUMATOID ARTHRITIS: RANDOMISED CLINICAL TRIAL

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Background: Rheumatoid Arthritis (RA) affects among 0.3% and 1.5% of people.¹ Foot involvement occurs in more than 85% of people with RA.² One of the most prevalent deformities is rearfoot valgus.³

Objectives: To study whether the use of custom made foot orthoses improves pain, foot function, and quality of life in RA patients.

Methods: This randomised clinical trial was carried out in the University of Seville and of A Coruña. Inclusion criteria: to be over 18 years and to have diagnosis of RA with involvement in the foot. Exclusion criteria: Acute phase, neurological problems or cognitive impairment. Participants were given an informational form. They had to use physiological footwear and assigned foot orthoses during at least 8 hours/day, for 3 months. Participants were randomly assigned to one of the two groups: Experimental Group (A) (foot orthosis with a Rovafoam upper sheet and polypropylene) and Control Group (B) (5mm-thick Rovafoam sheet, without adaptation). The SF-12, the Visual Analogue Pain Scale (EVA), the Manchester

Questionnaire and the Foot Function Index (FFI) are administered at the first visit and at the last review.

Results: The final sample consisted of 47 participants with RA, 53.2% were group A and 46.8% were group B. This

Abstract THU0733HPR – Table 1. shows the results of the different questionnaires for both groups.

		Group A		Group B	
		Baseline	End	Baseline	End
EVA		6.52 $\pm$ 2.34	4.16 $\pm$ 2.82	6.23 $\pm$ 1.88	5.47 $\pm$ 2.89
Manchester	Functional	12.32 $\pm$ 5.77	10.72 $\pm$ 7.17	12.19 $\pm$ 4.53	10.71 $\pm$ 5.58
	Personal	1.2 $\pm$ 1.44	0.68 $\pm$ 1.21	1.62 $\pm$ 1.56	1.38 $\pm$ 1.57
	Appearance				
	Pain	7.00 $\pm$ 2.61	5.52 $\pm$ 3.28	6.52 $\pm$ 3.06	5.47 $\pm$ 2.63
	Work	2.56 $\pm$ 1.78	2.12 $\pm$ 1.83	2.33 $\pm$ 1.46	2.19 $\pm$ 1.75
Total		22.60 $\pm$ 9.58	19.04 $\pm$ 11.93	21.86 $\pm$ 8.54	19.76 $\pm$ 9.79
FFI					
Pain		69.26 $\pm$ 18.67	45.97 $\pm$ 29.11	61.85 $\pm$ 19.59	53.36 $\pm$ 25.95
	Disability	58.97 $\pm$ 28.95	45.55 $\pm$ 34.43	57.71 $\pm$ 24.09	46.67 $\pm$ 30.97
Activity		24.75 $\pm$ 23.76	13.24 $\pm$ 14.67	14.14 $\pm$ 12.43	10.54 $\pm$ 10.55
	Limitation	54.70 $\pm$ 20.55	39.08 $\pm$ 26.26	51.12 $\pm$ 15.98	42.69 $\pm$ 24.17

At the initial moment between groups, there were no statistically significant differences.

Data obtained baseline and end of the follow-up period were compared within the control group, and showed significant differences in some FFI domains (days with pain, disability and total). In the experimental group there was a statistically significant decrease in EVA scale, some Manchester questionnaire domains (pain and total sections) and in some FFI domains (activity limitation and total; there was a very statistically significant in EVA scale and in some FFI domains (pain and total). There was no significant difference in the SF-12 scale between these two moments.

Conclusions: Custom made foot orthoses improved foot pain and function in people with RA who participate in this study. However, this treatment did not have a positive effect on their quality of life.

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THU0734-HPR NOVEL EXPERIENCE EQUIPMENT FOR RHEUMATOID HAND-FINGERS

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Background: RA patients are prone to ulnar deviation and swan-neck deformity even early after onset of the disease. Limitation of finger joint range of motion due to hand-finger deformation brings restriction to ADL in the workplace as well as in the home. Patients and caretakers of patients are often burdened by these limitations; however, RA hand-finger deformation experience equipment have not been developed to experience these limitations. We have developed a novel RA hand-finger deformation experience equipment with opened fingertips (RSE; RA hand/finger simulation equipment).

Objectives: To assess the utilisation of RSE in healthy volunteers (HV) to experience RA hand-finger dysfunction using DASH (Disabilities of the Arm, Shoulder