IMPLEMENTATION OF NURSE LED CLINIC IN RHEUMATOLOGY DEPARTMENT LJUBLJANA, SLOVENIA

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Background: Nurse-led clinics in Rheumatology Department in Ljubljana have been established in September 2011 after nurses finished education module. The main goal was to provide good care and improved monitoring of patients with rheumatoid arthritis, psoriatic arthritis and ankylosing spondylitis which are treated with biologics. In this way nurses started to contribute and shape new ways in helping patients to better manage their disease. With this new approach the nurses have applied some of the recommendations regarding the role of the nurse in treatment of patients with inflammatory rheumatic diseases.

Objectives: The aim of this study is to describe the organisation, purposes and activities of a nurse-led rheumatology clinics.

Methods: Nurse’s intervention data was collected from January 2012 to December 2017. The data is allocated according to individual intervention which has been implemented. We used excel table to represent data.

Results: The patients have opportunity for telephone counselling with the dedicated nurse about issues with their anti-TNF therapies. Between January 2013 and May 2014 we collected data in which we recorded 101 calls from patients who were seeking information about biologics. We recorded how many patients had come to the nurse led-clinics. We sorted them in four groups; nurse led follow up clinics, education about self-administration of biologics or some other medicine, blood or skin tests and daily care unite (table 1).

Conclusions: The number of interventions has increased and show importance of nurses in patient management. This is most evident in the area of patient education and monitoring.

Disclosure of Interest: None declared


AB1426-HPR

THE ROLE OF PARENTS’ AWARENESS IN PHYSICAL ACTIVITY IN CHILDREN WITH JUVENILE IDIOPATHIC ARTHRITIS

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Background: Whilst Juvenile Idiopathic Arthritis (JIA) is one of the most common chronic diseases amongst children, the impact of physical therapy on affected children’s life-quality and the importance of an appropriate and regular physical activity get less attention than they ought to. In addition, there are no such studies about the role of parents’ awareness in connexion with the regular physical activity for children with JIA available yet.

Objectives: The purpose of the survey was to evaluate the awareness of parents in connexion with the Juvenile Idiopathic Arthritis’ diagnose, its treatment options, the importance of regular physical activity and how it affects children’s life-quality. Everyday experiences say that children with JIA take part in less physical activities than their healthy mates do. Our aim was to detect how important regular physical activity is for parents.

Methods: This is a descriptive analysis of our self-compiled questionnaire which has 41 questions. It is being filled in both online and in paper forms since the February of 2017 in the National Institute of Rheumatology and Physiotherapy on the Department of Clinical Immunology, Adults and Children’s Rheumatology. Participants of the study are parents whose child has the diagnose of Juvenile Idiopathic Arthritis and ages between 2–18. Parents whose child has not differentiated diagnose or is under 2 years are excluded.

Results: 48 answers met the criteria, 6 answer sheets were excluded. In case the children’s condition get worse, 20.8% of parents marked wrong parental measures. All parents acknowledge the importance of physical activity, but only 63% of children do regular physiotherapy at home. Parents could not choose from or rank the appropriate and useful ways of physical activities. Beside the medical team (doctor, physiotherapist, nurse) parents get information from media and internet. They would like to get further information personally in words, in written forms or pamphlets. Parents of children with JIA miss psychic support, alternative treatment options and customised, complex information from the general treatment.

Conclusions: The findings of this study support the fact that parents of children with Juvenile Idiopathic Arthritis are well informed about the JIA’s inflammatory nature and its symptoms, but they have few and wrong information in connexion with regular physical activity. They have a lack of knowledge about the different kinds of physical activities and sports’ effects on the disease, due to which they choose erroneously wrong kinds of activities in schools or pre-schools. Based on our results, we would like to develop a complex educational program including physical therapy as well.

REFERENCES:


Disclosure of Interest: None declared


AB1428-HPR

TWO-YEAR FOLLOW-UP OF THE THERAPEUTIC EXERCISE PROGRAM FOR PATIENTS WITH ROTATOR CUFF TENDINOPATHY: A SINGLE GROUP STUDY TO INVESTIGATE THE EFFECTS ON PAIN AND DISABILITY

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Background: Although exercise training is accepted as one of the important and active approach for the shoulder-related musculoskeletal problems, the scientific rationale and long-term results for the inclusion of specific progressive exercises are less clear.

Objectives: This longitudinal, single group study aims to investigate the effects of a therapeutic exercise program on pain and disability in patients with the rotator cuff tendinopathy.

Methods: Twenty-eight participants with chronic non-traumatic unilateral shoulder pain diagnosed with rotator cuff tendinopathy (26±5.4 years old, symptoms duration 3.2±1.5 months) were included. The appropriate patient education and criteria-based, supervised exercise program including scapular and rotator cuff neuromuscular control exercises were performed. We evaluated self-reported shoulder pain and disability status by using Shoulder Pain and Disability Index (SPADI) at baseline, after 6 week, 12 week training, at one-year-follow-up, and two-year-follow-up. Repeated measures ANOVA used for statistical analysis.

Results: Comparisons showed that there was significantly less SPADI-pain and SPADI-disability score reported starting from six-week after baseline and at two-year-follow-up (p<0.05).

Conclusions: The findings of the study showed that pain and disability gains can be achieved with 6 week progressive exercise training for participants with rotator cuff tendinopathy. Therefore, the progressive exercise training should be recommended to apply starting from early shoulder rehabilitation program.
REFERENCES:

Disclosure of Interest: None declared
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AB1429-HPR KINESIOTAPING MIGHT HELP TO IMPROVE POSTURAL DISPLACEMENTS IN ADOLESCENTS

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Background: The optimal posture plays an important role for preventing musculoskeletal problems. The therapeutic effects of kinesiotaping have been shown in forward head posture and rounded shoulder posture in adults previously. However, as to our knowledge, the effect of kinesiotaping on total posture has not been evaluated before in adolescents.

Objectives: To investigate the effect of kinesiotaping application on total posture in adolescents.

Methods: Twenty children (11 M/9 F) with postural displacements were enrolled in the study. The postural displacements were evaluated with a mobile application (PostureScreen) which was validated for postural assessment previously. The total scores which were obtained from the anterior view was used for the analysis. Assessments were performed at baseline and 45 min following the kinesiotaping application. The kinesiotaping application was performed as seen in Figure 1.

Results: The median age was 12.5 years (IQR: 11.0/15.0 years), the median height was 145.5 cm (IQR: 142.5/166.5 cm) and the median weight was 38.0 kg (IQR: 33.5/51.0 kg). A significant improvement was observed in anterior angulation degrees. While the baseline score was 8.70° (IQR: 4.10°/14.55°), the score improved following kinesiotaping application to 4.35° (IQR:2.35°/6.30°) (p=0.009). No significant changes were detected in anterior translation, lateral translation and lateral angulation parameters (p>0.05).

Conclusions: According to our results kinesiotaping has a potential to improve postural displacements in adolescents. The improvement in the posture might be resulted from a sustained feedback on the trunk by the kinesiotaping. However, future longitudinal studies which are mainly focused on the chronic effect of kinesiotaping are needed to reveal the real potential of kinesiotaping on the postural displacements in adolescents.

Disclosure of Interest: None declared

AB1430-HPR EFFECTIVENESS OF FUNCTIONAL RIGID TAPING ON PAIN, FUNCTION AND KINESIOPHOBIA IN PATIENTS WITH LOW BACK PAIN

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Background: A small number of studies in the literature suggest that rigid bands applied with different techniques in different regions are effective treatment techniques. On the other hand, there is no study of how rigid bands are effective in the treatment of acute and subacute lumbar pain.

Objectives: Purpose of this study is to determine the efficiency of functional tape application to patients with acute or subacute low back pain.

Methods: 40 patients with acute-subacute low back pain were divided into two groups: control and experimental group. To control group, McKenzie exercises, Transcutaneous Electrical Nerve Stimulation (TENS), Hot Pack (HP) and pulsed ultrasound treatments were applied. To experimental group, functional taping were applied in addition of these treatments. Range of Motion (ROM), Visual Analogue Scale (VAS), Tampa Scale of Kinesiophobia (TSK) and The Oswestry Disability Index (ODI) were evaluated pre- and post-treatment and datas were analysed with statistical methods. In analysis; p value was accepted p<0,05 for t test and Mann Whitney U test process.

Results: In the measurements that compared the improvement of both groups, based on pre- and post-treatment evaluations; improvement in the experimental group was significantly higher in all of these parameters of ROM, VAS, TSK and ODI than in the control group (p<0,05).

Abstract AB1430-HPR – Table 1

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Abstract AB1429-HPR – Figure 1

Anterior View Right Lateral View

Posterior View Left Lateral View

Results: The median age was 12.5 years (IQR: 11.0/15.0 years), the median height was 145.5 cm (IQR: 142.5/166.5 cm) and the median