A MULTICENTRE RANDOMISED CONTROLLED FOLLOW-UP STUDY OF EFFECTS OF THE UNDERWATER TRACTION THERAPY IN CHRONIC LOW BACK PAIN

Background: Chronic low back pain established for more than 3 months is one of the most common problems in the world. The prevalence could reach the 33%. Objectives: To investigate the effects of underwater traction therapy on chronic low back pain. The primary objective was to prove the hypothesis that underwater traction therapy has favourable effect of LBP using the change in the clinical parameters. Our secondary objective was to evaluate whether it also leads to the improvement in the quality of life. Methods: A prospective, multicenter, comparative (intervention arm vs. control arm), randomized follow-up study. Participants aged between 18 and 85 years with more than 3 months low back pain and selected from outpatient clinics. The participants were randomized to three groups: underwater weight bath traction therapy, weight bath and non-steroidal anti-inflammatory drugs (NSAIDs) medication and only non-steroidal anti-inflammatory drugs (NSAIDs) medication. During the traction therapy ankle weights were used. The following parameters were measured, right after, and nine weeks after the three-week therapy: level of low back pain in rest, level during activity tested using the Visual Analog Scale (VAS); specific questionnaire on back pain; Oswestry questionnaire on quality of life (EuroQ-ual-SD) and clinical parameters. Results: 141 participants aged 57.67 (±13.04) years. All of the investigated parameters improved significantly (p<0.001) in the underwater weight bath traction therapy groups by the end of the treatment compared to the base period, and this improvement was persistent during the follow-up period. There were no significant changes in the measured parameters in the control group except for the Oswestry Disability Index, which may also be the result of that group receiving pain-relieving drug therapy. Conclusion: Based on our results, underwater weight bath traction therapy might have favourable impact on the clinical parameters and quality of life of patients suffering from chronic low back pain.

REFERENCES:

Disclosure of Interests: None declared


THU0495
ROLE OF PLATELET RICH PLASMA IN TREATMENT OF ROTATOR CUFF TENDINOPATHY AND PARTIAL THICKNESS TEAR: FOLLOW UP BY ULTRASOUND

Yasmin Khairy, Mona Nasr, Fatma Ali, Rasha Ali, Mohammed Abdelhaakeem, Adham Khalil. Faculty of Medicine, Minia University, Egypt., Rheumatology and Rehabilitation Department, Minia, Egypt

Background: Shoulder pain is the third most common musculoskeletal reason for seeking medical care. The diagnosis of Rotator Cuff Tendinopathy (RCT), with supraspinatus partial thickness tendon tears and tendinosis, constitutes more than 50% of adult cases presenting with shoulder pains at any time. Platelet rich plasma (PRP) injections are nowadays being used as an alternative for treating the tendinopathies, who have failed to be managed by conservative management. Objectives: This work aimed to asses the effect of PRP injection under musculoskeletal ultrasound (MSUS) guidance in patients with rotator cuff tendinopathy, and partial thickness tear in comparison with those who received a rehabilitation program only. Baseline assessment and after three months was done using clinical, functional and ultrasonographic evaluation. Methods: Our study included 60 patients with RCT diagnosed both clinically and by MSUS. Patients were divided into two groups (gI, gII); group I included 30 patients who received a Supervised Rehabilitation Program and group II included 30 patients who received PRP injection. Patients in both groups were assessed clinically and functionally (VAS, WOMAC and SPADI) and sonographically at baseline and after 3 months. Rehabilitation Program included: hot packs, (TENS), and (therapeutic ultrasound). The Exercise Programs (supervised and home-based) were applied, including: (ROM, stretching and strengthening exercises of the rotator cuff and scapular muscles). PRP injection was prepared under ultraso...
RESULTS OF AN EARLY INTERVENTION PROGRAM ON THE EFFECT OF ADDITION OF BUFFERED DEXTROSE

Lopez1, Rodrigo Aguirre-del-Pino1, Francisco Javier de-Toro-Santos1,2.

reaching statistical significance, probably related to the sample size.

shoulder pain and neck pain an important decrease is observed without

average decrease in the duration of the TD between 42 and 52 days. In

cases in the duration of the TD after the 1st consultation, obtaining an

days in neck pain). In back pain we found statistically significant differen-

in the total duration of TD among the patients referred to consultation in

1st consultation was 6 days. We found statistically significant differences

health and 4.1% from other units. The median time between referral and

on the referral from primary care and from the Occupational Health serv-

To analyze the variation in the duration of sick leaves in

work disability (TD). They are the first cause of permanent work disability

by a rheumatologist reduced TD days

(RCT) as it improves patients’ quality of life clinically, functionally and

reduced PD. Using the

(22). It has also been reported to have an immediate analgesic effect on low back pain and radiculopathy when injected epidurally3.

Objectives: To evaluate the potential immediate analgesic effect of D5W when added to the injectate during local steroid injection for treatment of plantar fasciitis.

Methods: In this single blind study, a total of 122 patients with plantar fasciitis were randomly assigned to receive either 40 mg triamcinolone acetonide/1ml + 0.5ml. lidocaine 2% (group A: 61 patients; 73 heels) or 40mg triamcinolone acetonide/1ml+0.5ml. lidocaine2%+ 0.5ml. buffered D5W (group B: 61 patients; 69 heels) as a local injection using the medial approach. Clinical assessment including disease duration, BMI, history of previous injection and post-injection complications and 2week recurrence rate was performed. Plain X-ray lateral view on the painful heel was obtained for diagnosis of associating calcaneal spur. Visual analogue scale (VAS 0-10) was used to assess the degree of pain intensity during injection.

Results: There were no significant difference between both groups regarding age, sex or BMI where the mean for age was 42.56 years in group A and 43.39 years in group B (P = 0.86), the male to female ratio was 16:45 in both groups and the mean for BMI was 31.49 in group A and 30.86 in group B (P=0.51). The mean disease duration was 6.02 months in group A and 43.39 years in group B (P = 0.86), the male to female ratio was 16:45 in both groups and the mean for BMI was 31.49 in group A and 30.86 in group B (P=0.51). The mean disease duration was 6.02 months in group A and 10.77 months in group B (P=0.005). Calcaneal spur was diagnosed in 60 patients (82%) in group A and in 47 patients (68%) in group B. A highly significant difference in VAS was observed as the mean was 8.26±2.00 in group A and 4.25±2.03 in group B (P <0.0001) with a confidence interval (95% C.I) of 7.78 -8.74 for group A and 3.76 - 4.72 for group B. On 2 week follow up, only 4 patients in each group reported a recurrent heel pain. No injection related side effects or complications have been reported.

Conclusion: The addition of 0.5 ml D5W can significantly decrease the pain associated with local steroid injection for treatment of plantar fasciitis.

REFERENCES:

Disclosure of Interests: None declared


THU0497

THE EFFECT OF ADDITION OF BUFFERED DEXTROSE SOLUTION ON PAIN OCCURRING DURING LOCAL STEROID INJECTION FOR PLANTAR FASCIITIS

Abd alhafez Mosfr1, Mohamed Elwan2.1Al Azhar University, Rheumatology, Assiut, Egypt; 2Al Azhar University, Rheumatology, Assiut, Egypt

Background: 5%dextrose water (D5W) has been previously reported to decrease pain when co-administered with noxious agents as chemotherapeutics and microphers2-12. It has also been reported to have an immediate analgesic effect on low back pain and radiculopathy when injected epidurally3.

Objectives: To evaluate the potential immediate analgesic effect of D5W when added to the injectate during local steroid injection for treatment of plantar fasciitis.

Methods: In this single blind study, a total of 122 patients with plantar fasciitis were randomly assigned to receive either 40 mg triamcinolone acetonide/1ml + 0.5ml. lidocaine 2% (group A: 61 patients; 73 heels) or 40mg triamcinolone acetonide/1ml+0.5ml. lidocaine2%+ 0.5ml. buffered D5W (group B: 61 patients; 69 heels) as a local injection using the medial approach. Clinical assessment including disease duration, BMI, history of previous injection and post-injection complications and 2week recurrence rate was performed. Plain X-ray lateral view on the painful heel was obtained for diagnosis of associating calcaneal spur. Visual analogue scale (VAS 0-10) was used to assess the degree of pain intensity during injection.

Results: There were no significant difference between both groups regarding age, sex or BMI where the mean for age was 42.56 years in group A and 43.39 years in group B (P = 0.86), the male to female ratio was 16:45 in both groups and the mean for BMI was 31.49 in group A and 30.86 in group B (P=0.51). The mean disease duration was 6.02 months in group A and 10.77 months in group B (P=0.005). Calcaneal spur was diagnosed in 60 patients (82%) in group A and in 47 patients (68%) in group B. A highly significant difference in VAS was observed as the mean was 8.26±2.00 in group A and 4.25±2.03 in group B (P <0.0001) with a confidence interval (95% C.I) of 7.78 -8.74 for group A and 3.76 - 4.72 for group B. On 2 week follow up, only 4 patients in each group reported a recurrent heel pain. No injection related side effects or complications have been reported.

Conclusion: The addition of 0.5 ml D5W can significantly decrease the pain associated with local steroid injection for treatment of plantar fasciitis.

REFERENCES: