performance-based measures of standing balance and lower limb motor control function in subjects with TKA should be considered.

References:

Disclosure of Interests: None declared
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AB1285-HPR
ACCELEROMETRIC ASSESSMENT OF PHYSICAL PERFORMANCE DURING THE SIT-TO-STAND TEST IN PATIENTS WITH KNEE OSTEOARTHRITIS
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Background: Knee osteoarthritis is a major public health issue that causes chronic pain and functional limitation.

Objectives: This study aims to evaluate physical performance in knee osteoarthritis by clinical tests and accelerometer measurements, and investigate the relationship between physical performance alteration and clinical parameters.

Methods: This is a cross-sectional study, included 40 patients with knee osteoarthritis (100% female, average age 57.6 ± 5.2 years, median evolution time was 36 [24, 69] months, overweight in 82.5% of patients). Clinical evaluation was performed with the visual analog scale (VAS), Western Ontario and McMaster Osteoarthritis Index (WOMAC), Lequesne score, Get up and Go (GUG) and Timed up and Go (TUG) tests. The percentage of fat mass was measured using impedance meter.

All subjects were instructed to perform sit-to-stand transfers during 30 seconds. We measured the speed, strength and muscular power of the lower limbs during this test using the Myotest PRO® accelerometer. A correlation analysis was performed to determine the factors associated with physical performance.

Results: The median speed during the sit-to-stand test was 4.3 [3.1-6.2] cm / sec. The median muscular strength and power during this test were 15.2 [13.6-17.7] Nm / kg and 14.5 [9.9-21.7] W / kg respectively. There was no correlation between those measured parameters of physical performance, pain and functional indices of knee osteoarthritis.

Conclusion: Our pilot study assessed the physical performance of the lower limbs in knee osteoarthritis patients by measuring the speed, strength and muscular power during the sit-to-stand test. It suggests an association between obesity and physical performance alteration in knee osteoarthritis patients.

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EXAMINATION OF DYNAMIC GRIP ENDURANCE RELATED FACTORS IN PATIENTS WITH PSORIATIC ARTHRITIS
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Background: Psoriatic arthritis (PsA) is a disease manifested by destruction of articular cartilage, subchondral bone, and fibrosis of the joint capsule without excessive synovitis. Most of studies that examining hand in PsA are radiographic, ultrasonographic, magnetic resonance imaging research and there is little knowledge about functional assessment of hand. According to our knowledge, there is no study assessing grip endurance in patients with PsA.

Objectives: To assess dynamic grip endurance related factors in patients with PsA.

Methods: A total of 19 patients [Mean age; 53.5±12.6 years, 14 women(73.7%), 5 men(26.3%)] diagnosed according to CASPAR criteria were included this study. Clinical and demographic characteristics were recorded. Dynamic grip endurance test was assessed with 10- repetition dynamic endurance test using a hand dynamometer (Lafayette Professional Hand Dynamometer, USA). Grip strength was examined by hand dynamometer and pinch strength was examined by pinch meter (Lafayette, USA). Goniometer was used to assessment wrist position sense. Disability of Arm, Shoulder and Hand Survey (DASH) was used to determine disabilities and symptoms of upper extremity. We used Spearman’s Rank Correlation Coefficient for data analysis.

Results: Dynamic grip endurance was negatively correlated with DASH score, perceived disability of hand, number of tender hand joints and positively correlated with mean pinch strength, 3 point pinch strength on both dominant and non-dominant sides (p<0.05, Table 1). Dynamic grip endurance was not correlated with CRP level and joint position error on both dominant and non-dominant sides (p>0.05).

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