conservative treatments are recommended, it is uncertain whether there are any factors that can affect the prognosis.

This study investigated variations in modifiable factors between responders and non-responders to conservative treatment. The study likewise investigated the patient perspectives on factors they considered important for their outcome following conservative care.

Materials and Methods This explanatory mixed-methods study included data from 201 RCRSP patients who had at least 3/5 non-modifiable factors (symptoms duration >3 months, Baseline pain > 50/100 NRS, multiple pain sites, previous sick leave, BMI >25). A reduction >9 points on QuickDASH at 3 months follow-up, constituted the responders. Modifiable factors collected at baseline were treatment expectations, treatment satisfaction, kinesiophobia, fear-avoidance behaviors, activity levels, and quality of life.

Twelve qualitative, semi-structured interviews with an inductive goal-free approach were conducted with responders and non-responders.

Results No statistically significant group differences were observed between any of the identified modifiable factors. The qualitative analysis revealed four overarching factors the patients considered important for their outcome:

- Improvement was attributed to cortisone injections
- The perceived lack of personalized treatment emerged as a potential factor influencing the lack of improvement.
- Identified structural changes when presence, were seen as a barrier for improvement
- Work-related issues

Conclusion Although no statistical group differences were found for modifiable factors, the qualitative analysis revealed elements that patients may consider important for recovery. Future studies can investigate whether addressing these systematically can improve outcome in RCRSP patients.

29 UNRAVELING INTERACTING BARRIERS AND FACILITATORS TO ADHERENCE AND DELIVERY OF EXERCISE-BASED CARE IN THE TREATMENT OF SUBACROMIAL PAIN SYNDROME (SAPS)

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Introduction Subacromial Pain Syndrome (SAPS) is a common persistent pain condition. Exercise-based care is recommended as first-line, but an insufficient exercise dose hampers effectiveness. This study explores individual and contextual barriers and facilitators for delivery of and adherence to exercise-based care in people with SAPS.

Materials and Methods In this exploratory qualitative study, we recruited participants involved in the management of SAPS in Denmark by snowball and purposive sampling in Oct 2021-Nov 2022. Triangular interviews and analyses were conducted within 3 deductive themes (delivery of recommended services, adherence to clinical recommendations, and frames of the clinical pathways) using the Theoretical Domains Framework (TDF) and the corresponding Behavioral Change Wheel model (BCW) to map barriers and facilitators into components the Capability, Opportunity, Motivation and Behavior (COM-B) model.

Results Based on interviews with 10 persons with SAPS and 37 healthcare practitioners (12 medical doctors, 25 physiotherapists) and double-deductive analyses, 30 subjects of target behavior within 13 TDF domains emerged across all components of the COM-B and across perspectives. Central barriers to delivery and adherence were inconsistency in diagnosis terminology, cross-professional disagreements, beliefs, and expectations in terms of pathway services. Individual and contextual barriers and facilitators to delivery and adherence were significantly interrelated.

Conclusion We identified interrelated individual and contextual barriers to delivery and adherence across all aspects of the BCW, underpinning the complexity of the subject. Findings support that effectiveness of exercise-based care is linked to contextual barriers to delivery and adherence. Clinical practitioners should consider addressing these barriers to improve care.

30 CONCOMITANT DIAGNOSES IN PATIENTS WITH SUBACROMIAL PAIN SYNDROME. A CROSS-SECTIONAL STUDY IN A SECONDARY CARE SETTING

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Introduction Subacromial pain syndrome (SAPS) lacks recognized diagnostic criteria. This could lead to important variations in concomitant shoulder diagnoses across populations. Knowledge of this could lead to an individualized approach, improving the overall handling of patients with SAPS. The aim was to investigate the prevalence of concomitant shoulder diagnoses in patients with SAPS.

Materials and Methods Patients were systematically screened for SAPS and for concomitant diagnoses using standardized diagnostic criteria: acromioclavicular osteoarthritis (OA), full-thickness rotator cuff tears, shoulder instability, long head biceps tendon pathology, labral lesions, and calcified tendinopathy. 17 standardized physical examination tests, radiographs, ultrasound, and MR were utilized. Tests were performed by experienced orthopedic specialists in accordance with predefined standardized protocols.

Results We systematically screened 3321 patients of whom 576 presented with signs and symptoms of SAPS. 168 of these were diagnosed with conflicting shoulder-related diagnoses (e.g., frozen shoulder or glenohumeral osteoarthritis). 408 were diagnosed with SAPS. Of these, 171 (42%) had at least one concomitant shoulder diagnosis, with acromioclavicular osteoarthritis, full-thickness rotator cuff tear and biceps tendon pathology being the most frequent. 55 of the 171 patients (32%) were diagnosed with multiple, concomitant diagnoses.

In total, 22 different combinations of diagnoses were observed. Mean age was 56 years.
Conclusion Patients with SAPS often present with concomitant shoulder diagnoses. The clinical importance of this remains uncertain, but the high prevalence underpins the need for further investigations on the role of concomitant diagnoses in relation to prognosis and response to current treatment paradigms.

31 PATHOPHYSIOLOGICAL FACTORS AND THEIR CORRELATION WITH NON-SURGICAL OUTCOME IN PATIENTS WITH ISOLATED SUBACROMIAL PAIN SYNDROME

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Introduction Patients with subacromial pain syndrome (SAPS) are typically referred to physiotherapy as first line of treatment. Only half of patients get a satisfactory treatment outcome from this. Acromial morphology, poor scapular control, and impingement are pathophysiological factors associated with SAPS. These are expressed varyingly in SAPS-patients, and could be associated to treatment outcome. The aim was to investigate if acromial morphology, scapular control, and ultrasonographic impingement were associated with outcome from 3-months of treatment, in SAPS-patients.
Materials and Methods Patients were referred to 3-months physiotherapy. Acromial morphology, scapular control and ultrasonographic impingement were analyzed, through multiple linear regression, for an association to change in SPADI before and after treatment. Potential confounders were addressed in the analyses.
Results 69 patients were included in the analysis for scapular control, 62 patients for ultrasonographic impingement, and 45 patients for acromial morphology. Acromial morphology was associated with poorer treatment outcome in both the adjusted and unadjusted model. The final model predicted a change in SPADI of 1.8 points per degree of increased acromial curve (more hook-shaped acromion). There was no association between scapular control or ultrasonographic impingement to change in SPADI.
Conclusion Acromial morphology was associated to the outcome after physiotherapy, with increasing acromial curve associated to poorer SPADI-scores. Ultrasonographic impingement and scapular control were not associated to treatment outcome. The exact relationship between acromial morphology and non-surgical treatment outcome needs to be explored further to confirm findings and determine the clinical implications.

Tendinopathy and Testing

32 GOOD EXPERIENCE WITH A LOCAL ALLOGRAFT BANK FOR MUSCULOSKELETAL TISSUE – A 10-YEAR STATUS

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Introduction Treatment of knee multiligament injury, revision ligament surgery, meniscus transplantation and advanced cartilage procedures is based on availability of allogenic connective tissue (grafts). A local tissue bank was established in 2014, and the 10-year experience with this bank is reported.
Materials & Methods The allograft bank was connected to an existing organ donor program. Age limit for donors was set to 50 years for tendons, 40 years for menisci and 30 years for hyaline cartilage. Tissue is handled and stored immediately, fresh frozen to -80 degrees Celsius (except hyaline cartilage, which is stored at 5 degrees Celsius). The donor is tested for contagious disease and the grafts are microbiologically cultured. With all results negative, the grafts are released. When thawed before use a swap is cultured.
Results Since June 2014 there has been 31 donations, resulting in 1160 grafts. 40 grafts (3.4%) had a positive bacteria culture and were discarded. Until April 2023, 552 recipients have been treated by use of these allografts: 175 knee multi-ligament reconstructions (Rs), 226 revision ligament Rs, 44 meniscal transplantations, 18 fresh cartilage transplantations and 81 other operations. All grafts had negative bacterial cultures in swaps obtained before thawing, and there were no recorded transplantation related complications. The expenses for local grafts were 20-25% of the price for grafts obtained from foreign banks.
Conclusion Through the established donation program it has been possible to secure optimal treatment for a number of highly specialized musculoskeletal conditions with high quality grafts and minimal costs.

33 IMPROVED EQ-5D-5L OUTCOMES AFTER NON-SURGICALLY AND SURGICALLY TREATED HIP ABDUCTOR PATHOLOGY: A RETROSPECTIVE STUDY

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Introduction Insertional hip abductor tendon pathology (tendinopathy or tear of gluteus medius and/or minimus tendons (GMM)) are increasingly recognized as the main cause of lateral hip pain (LHP).

This study aims to evaluate the potential health-state benefits of a non-surgical plus/minus a surgical intervention in