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.

**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 allogeneic connective tissue (grafts). A local tissue bank was established in 2014, and the 10-year experience with this bank is reported.

**Materials and 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 multiligament reconstructions (Rs), 226 revision ligament Rs, 44 meniscal transplantations, 18 fresh cartilage transplantations and 81 other operations. All grafts had negative bacterial cultures in swabs 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
patients with LHP by use of the EQ-5D-5L, and compare these findings with a Danish population norm.

**Material and Methods** In this retrospective study, we included patients referred to our hospital with LHP from September 2017 to March 2023. Hip abductor tendon pathology were diagnosed clinically and by MRI. All patients recived patient education and engaged in 3-months un-supervised rehabilitation. Surgery was offered to patients with MRI proven GMM tears that did not, clinically or subjective, improve after the rehabilitation period.

**Results** 97 female patients were included, 48 patients (57.1 ±12.2 years) received rehabilitation only (REHAB group) and 49 patients (58.9±11.2 years) had additionally surgery (SURG group). At baseline, EQ-5L-5D index was lower in SURG compared to REHAB group (0.56 vs 0.67, p<0.001). After 3 months rehabilitation, EQ-5L-5D index improved in REHAB (0.74), but not in SURG (0.59). 12 months post-operatively, SURG EQ-5D-5L index improved to 0.77. 12 months post-operatively, the EQ-5D-5L-dimension ‘pain/discomfort’ was comparable to a Danish population norm for the SURG (p=0.49).

**Conclusion** Rehabilitation should be first line of treatment in LHP patients and might aid differentiating between tendinopathy and GMM tears. Patients receiving surgical reconstruction of GMM tears are comparable to a Danish population norm in regards to Pain/discomfort at 12 months follow-up.