Hip Pain in Younger Adults

**23** EXPLORING REHABILITATION FOLLOWING PERIACETABULAR OSTEOTOMY FOR ACETABULAR DYSPLASIA: A QUALITATIVE STUDY ON PATIENTS’ CHALLENGES, ASPIRATIONS AND EXPECTATIONS

1,3Julie Sandell Jacobsen, 2Michael J M O’Brien, 4Jeanette Reffstrup Christensen, 5May Arna Risberg, 6Milne Lachlan, 7Jentandra Balakumar, 8Stig Storgaard Jakobsen, 9Inger Mechenburg, 10Joanne Kemp. 1Research Centre for Health and Welfare Technology, VIA University College, Denmark; 2Research Unit for General Practice, Denmark; 3La Trobe Sports Exercise Medicine Research Centre, School of Allied Health, Human Services and Sport, La Trobe University, Australia; 4Research Unit of General Practice, Department of Public Health, University of Southern Denmark, Denmark; 5Division of Orthopedic Surgery, Oslo University Hospital, and Department of Sport Medicine, Norwegian School of Sport Sciences, Norway; 6Sir Charles Gairdner Hospital, Australia; 7Orthopedic Department, Melbourne Orthopaedic Group, Australia; 8Department of Orthopedic Surgery, Aarhus University Hospital, Denmark; 9Department of Clinical Medicine, Aarhus University, Denmark.

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**Introduction** Guidelines for post-operative rehabilitation following periacetabular osteotomy (PAO) have been established. However, the perspectives of patients undergoing PAO within different healthcare systems have not been considered. The present study aims were to explore perceived challenges in everyday life and aspirations and expectations of post-operative rehabilitation from the perspectives of Danish and Australian patients with acetabular dysplasia undergoing PAO.

**Material and Methods** We used a phenomenological-hermeneutic approach with semi-structured interviews to investigate the perspectives of twenty-six participants (5 males), aged between 15 and 43 years, who underwent a PAO. A purposeful sampling approach on age and sex coupled with criterion was used. Inclusion criteria involved: above 15 years, radiologically verified acetabular dysplasia, PAO within the last seven weeks, and undergoing post-operative rehabilitation. The interviews were analysed with an inductive content analysis approach.

**Results** Analysis of interview transcripts revealed four major themes across country populations: Different expectations, Self-confidence, tailored rehabilitation, and aligning expectations. Within each theme, subthemes emerged, and patterns across countries were identified with minimal variations. Accordingly, the economic burden of self-financed surgery and rehabilitation was challenging for certain Australian participants.

**Conclusion** Our findings elucidate the diverse range of aspirations and expectations among patients undergoing PAO, and how these relate to perceived challenges. Notably, the findings underscore the importance of aligning the expectations between patients and clinicians when tailoring rehabilitation for each patient.

Knee and Osteoarthritis

**25** DOES LOWER-LIMB OSTEOARTHRITIS ALTER MOTOR CORTEX DESCENDING DRIVE AND VOLUNTARY ACTIVATION? A SYSTEMATIC REVIEW AND META-ANALYSIS

1Myles Murphy*, 1Christopher Latella, 1Ebonie Rio, 2Janet Taylor, 3Stephanie Martino, 1Colin Sylvestor, 1William Hale, 1Andrea Mosler. 2Edith Covan University, Australia; 3La Trobe University, Australia; 4Cubus Physio Zug, Switzerland.

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**Introduction** Assessment and management of longstanding hip and groin pain (LHGP) in primary care is not well documented. The aim was to investigate clinical practice for LHGP among general practitioners (GPs) and physical therapists (PTs) in primary care.

**Materials and Methods** An anonymous survey was developed specifically for this study and distributed online to primary care centers in Skåne and Blekinge. The survey covered assessments and treatments used, and ranking of these by level of perceived importance. Percentage of patients referred to tertiary care was also collected.

**Results** PTs (n=104) and GPs (n=62) considered patient history and hip range of motion the most important variables in assessment. PTs were more likely than GPs to use clinical tests (76% vs 19%, p=<0.001), while GPs used imaging to a larger extent than PTs (98% vs 58%, p=<0.001). Both professions rarely measured hip function using patient-reported outcomes (GPs 2%, PTs 11%, p=0.836), or muscle force output with dynamometry (GPs 3%, PTs 4%, p=0.134). PTs considered exercise therapy and advice on physical activity the most important treatments. 77% of PTs reported treatment duration less than 3 months. GPs commonly prescribed pain medication including NSAIDs (97%), paracetamol (100%), and opioids (69%). 92% of GPs and 98% of PTs referred 50% or less of patients to tertiary care.

**Conclusion** Assessments for LHGP differ between GPs and PTs in primary care. Treatment strategies mainly included pain medication (GPs) and exercise therapy (PTs). GPs and PTs referred 50% or less of patients with LHGP to tertiary care.
certainty) compared to the other limb in people with hip/knee osteoarthritis. As only two studies assessed responses to TMS, very low certainty evidence demonstrated no significant difference between knee osteoarthritis and healthy controls for motor evoked potential, intracortical facilitation, resting motor threshold or short-interval intracortical inhibition.

Conclusions Low certainty evidence suggests people with knee osteoarthritis have substantial impairments in voluntary activation of their quadriceps muscle when compared to healthy controls. With moderate certainty we conclude that people with hip and knee osteoarthritis had larger impairments in voluntary activation of the quadriceps in their more painful limb compared to their non-affected/other limb.

THE NATIONAL PREVALENCE OF PATELLAR DISLOCATION AND TROCHEA DYSPLASIA: A STUDY FROM THE NATIONWIDE FAROESE KNEE COHORT

Introduction To calculate the prevalence of patellar dislocation (PD) and trochlear dysplasia (TD) in a national cohort in the Faroe Islands.

Material and Methods All inhabitants in The Faroe Islands aged 15 to 19 years were invited to answer an online survey. Three cohorts were established: 1) The background cohort consisting of the participants with no prior patellar dislocation, 2) The PD cohort consisting of all participants with prior PD, 3) The clinical PD cohort consisting of participants with prior PD who participated in the clinical and radiological follow-up.

Trochlear dysplasia was defined as one of the following: Dejour type A-D on X-ray, Lateral Trochlear Inclination angle < 11° or Trochlear Depth < 3 mm on MRI.

Results 3749 persons were contacted and 1637 (44%) completed the survey. 146 reported a prior PD and 100 participated in the clinical PD cohort. The national prevalence of PD was 8.9%. The prevalence of symptomatic TD was 6.8%. The prevalence of TD in the clinical PD cohort was 78%. 77.6% of patients with TD had bilateral TD. Only 27% of patients with bilateral TD had bilateral dislocations.

Conclusion The prevalence of PD in the Faroe Islands, a genetically homogenous small country, is markedly higher than reported in other countries and could indicate a genetic influence. The national prevalence of TD and the prevalence of TD in participants with prior PD is high. Most patients with TD exhibited the same pathology in the opposite knee with no clinical symptoms.

MEASUREMENT OF ANTERIOR KNEE LAXITY WITH THE ROLIMETER® CHANGES WITH FLEXION ANGLE BUT NOT WHEN A SHORTENED ROLIMETER® IS USED

Introduction The most widely used instrument to measure anterior tibial is the Rolimeter®. Little is known about how knee flexion in the interval 10-40 degrees affects laxity measures. For smaller children the standard Rolimeter® is too long to fit onto tibia, so we have modified the Rolimeter®, reducing the length by 1/3. The aim of the study was to investigate whether anterior tibial translation measured by the Rolimeter® varies with degree of knee flexion in the interval 10-40 degrees, and with use of a standard or a shortened ("pediatric") Rolimeter®.

Materials & Methods Forty-eight children and adults with an isolated ACL-rupture had anterior tibial translation measured with the standard Rolimeter® and the "pediatric" Rolimeter® in 10°, 20°, 30° and 40° degrees of flexion by two independent observers.

Results The weighted kappa showed moderate agreement between measurements made with the standard Rolimeter® and the "pediatric" version. T-tests demonstrated that anterior tibial laxity was significantly affected by the degree of knee flexion showing higher values with increasing flexion in the range 10°-40°. However, laxity of the injured and the non-injured knee changed with knee flexion to the same extent.

Conclusions It is important that repeated measurements of anterior tibial translation are made with the same degree of knee flexion. The variance in laxity dependent on flexion can be compensated for by comparison with the non-injured side. The shortened, "pediatric" Rolimeter® can be used in the daily clinic to supply valid instrumented measurements of ACL stability in smaller children.

Shoulder Pain

FACTORS INFLUENCING POSSIBLE OUTCOME IN ROTATOR CUFF RELATED SHOULDER PAIN: A MIXED METHODS STUDY

Introduction Rotator Cuff Related Shoulder Pain (RCPSP) represents a significant individual and societal burden. While