when adolescents were instructed to modify sports participation. Data was only included if they had a valid week which consisted of at least 4 days with 10 hours of wear-time. Time spent in consecutive sedentary bouts of ≥10 minutes was used to calculate the average daily sedentary time.

**Results** Baseline sedentary time for adolescents with PFP and OSD were 344 (±74) and 349 (±39) min/day, respectively. For adolescents with PFP the mean change in sedentary time was 14 min/day (95% CI, -3 to 30 min) and 8 min/day (95% CI, -7 to 24) for OSD during activity modification.

**Conclusion** A management strategy focusing on activity modification, education, and exercises was associated with none or only small changes in sedentary time.

**GOOD SHORT-TERM EFFECT OF SELF-MANAGEMENT REHABILITATION IS ASSOCIATED WITH LONG-TERM SUCCESSFUL OUTCOME IN ADOLESCENTS WITH PATELLOFEMORAL PAIN AND OSGOOD-SCHLATTER**

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**Introduction** Short-term self-reported changes may be more strongly associated with long-term prognosis as they describe a disease trajectory and not a state. This study aimed to investigate the association between Global Rating of Change (GROC) after 4 weeks and the outcome after 12 months among adolescents with non-traumatic knee pain (Patellofemoral Pain (PFP) or Osgood-Schlatter (OSD)).

**Material and Methods** We included data from two prospective clinical trials including adolescents (aged 10–14 years) with PFP (N=151) or OSD (N=51) who underwent a self-management rehabilitation programme including education and exercise. Primary outcome was a 7-point GROC ranging from “much improved” to “much worse”. Adolescents were considered to have a successful outcome if they reported being “much improved” or “improved”. Outcomes were collected after 4 weeks and 12 months.

**Results** Among adolescents with an unsuccessful outcome after 4 weeks (58% of all adolescents), 78% had a successful outcome after 12 months. Among those with a successful outcome after 4 weeks (42% of all adolescents), 94% had a successful outcome after 12 months. Having a successful outcome after 4 weeks increased the relative risk of a successful outcome after 12 months (relative risk 1.21 (95%CI: 1.07–1.38) and absolute risk difference: 16%).

**Conclusion** Self-reported improvement after 4-weeks of treatment is associated with better outcomes after 12 months. Importantly, despite no improvement after 4 weeks, a large proportion of adolescents between 10 and 14 years of age will report improvement after 12 months. This highlights the importance of following the rehabilitation programme irrespective of short-term improvements.