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 30min) 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.

DO ADOLESCENTS WITH OSGOOD SCHLATTER DISPLAY NOCIPLASTIC PAIN MANIFESTATIONS?

1,2Kristian Lyng*, 1Line Bay Sørensen, 1Jens Lykkegaard Olesen, 1,2Michael Skovdal Rathleff, 1,2Snead Holden. 1Center For General Practice at Aalborg University, Fyrkildevej 7, Denmark; 2Department of Health Science and Technology, Aalborg University, Fredrik Bajers Vej 7D, Denmark; 3UCD Clinical Research Centre, School of Medicine, University College Dublin, Dublin, Ireland

Background Osgood Schlatter disease (OSD) is a commonly seen musculoskeletal pain condition in active adolescents. OSD is an overuse injury, where the underlying mechanism is considered to be nociceptive, but other mechanisms have not yet been considered. Therefore, this study investigates pain sensitivity and inhibition through the paradigm of exercise-induced hypoalgesia (EIH) in adolescents with OSD compared to controls.

Methods All adolescents went through a baseline assessment including clinical history, demographics and sport participation. Pain severity was rated (0–10) during a 45-second anterior knee pain provocation (AKPP) test. Pressure pain thresholds (PPTs) were assessed bilaterally at the quadriceps, tibialis anterior muscle, and the patella tendon before and after the EIH paradigm (a three-minute isometric wall squat exercise).

Results Forty-nine adolescents (27 OSD, 22 controls) were included. No differences in the EIH effect between OSD and controls were observed. EIH was detected in both groups, but only at the tendon with a 48 kPa (95%CI 14–82) increase in PPTs from before to after exercise. Controls had higher PPTs at the patellar tendon (mean difference 184 kPa 95%CI 55–313), tibialis anterior (mean difference 139 kPa 95%CI 24–254), and rectus femoris (mean difference 149 kPa 95%CI 33–265). Higher AKPP pain severity was associated with lower EIH at the tendon (Pearson correlation = 0.48; p =0.011) in participants with OSD.

Conclusion Adolescents with OSD display increased pain sensitivity locally, proximally, and distally but similar endogenous pain modulation compared to healthy controls. Greater severity appears to be associated with less efficient pain inhibition during the EIH paradigm.

10-YEAR PROGNOSIS OF ADOLESCENT KNEE PAIN – A PROSPECTIVE POPULATION-BASED COHORT STUDY

1,2,3Michael Skovdal Rathleff*, 1,3Perrille Brandum, 1Eva Roos, 1Line Bay Sørensen, 1Jesper Bie Larsen, 1Jens Lykkegaard Olesen, 1,5Alison Chang, 1,2Snead Holden. 1Department of Health Science and Technology, Aalborg University, Denmark; 2Department of Occupational Therapy and Physiotherapy, Department of Clinical Medicine, Aalborg University Hospital, Denmark; 3Center for General Practice at Aalborg University, Denmark; 4Center for Muscle and Joint Health, Department of Sports and Clinical Biomechanics, University of Southern Denmark, Denmark; 5Department of Physical Therapy and Human Movement Sciences, Northwestern University Feinberg School of Medicine, USA; 6UCD Clinical Research Centre, School of Medicine; University College Dublin, Ireland

Introduction Knee pain affects one in three adolescents. No studies have prospectively evaluated the long-term impact of knee pain in later life. The Adolescent Pain in Aalborg (APA