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PAIN PROVOCATION TESTS AND CLINICAL ENTITIES IN MALE FOOTBALLERS WITH LONGSTANDING GROIN PAIN ARE ASSOCIATED WITH PAIN INTENSITY AND DISABILITY

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10.1136/bmjsem-2023-sportskongres2023.15

Introduction Pain provocation tests are used to examine and classify longstanding groin pain into clinical entities as adductor-, iliopsoas-, inguinal- and pubic-related. It is unknown if pain provocation tests and clinical entities are associated with pain intensity and disability. We aim to investigate if the numbers of positive pain provocation tests and clinical entities are associated with pain intensity and disability, measured by the five-second squeeze test (5SST) and the Hip And Groin Outcome Score (HAGOS), respectively.

Materials and Methods Forty male footballers (mean 24 [SD: 3.2] years; 182 [5.7] cm; 78 [6.6] kg) with longstanding groin pain (≥ 6 weeks) for a median of 8.5 (IQR: 4–36) months were included. They underwent a bilateral groin examination with 33 pain provocation tests and were classified with clinical entities (0–7) based on test findings.

Results The number of positive tests (median 10, range 2–23) correlated with pain intensity (5SST $r_s = 0.70$ [95% CI: 0.50, 0.83]) and disability (HAGOS subscales $r = \text{Sport } -0.62$ [-0.81, -0.36], Pain -0.38 [-0.69, -0.06], Symptoms 0.52 [-0.73, -0.24], ADL -0.48 [-0.71, -0.18]). The number of clinical entities (median 3, range: 1–7) showed similar but weaker correlations to pain intensity and disability.

Conclusion In footballers with longstanding groin pain, the number of positive pain provocation tests and clinical entities shows weak to strong correlations with pain intensity and disability. Consequently, when pain intensity and disability are severe, a higher number of positive pain provocation tests in the region are positive, and more clinical entities are present.

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CLAVICLE FRACTURES DOES NOT INCREASE THE INCIDENCE OF LATER DIAGNOSIS OF SUBACROMIAL IMPINGEMENT SYNDROME. A CASE-CONTROL STUDY OF 131.838 PERSONS

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10.1136/bmjsem-2023-sportskongres2023.16

Introduction A clavicle fracture change the mechanical axes of the shoulder girdle, potentially leading to scapular protraction and decreased subacromial space. Clavicle fractures could therefore predispose to later development of subacromial impingement syndrome (SIS).

The purpose of this study was to investigate if clavicle fractures were correlated with a higher incidence, or earlier diagnosis, of SIS.

Materials and Methods This was a case-control study with data from the Danish National Patient Register. Persons, aged 18–60 years, with a hospital contact due to a clavicular fracture (DS420) between 1.1.1996 and 31.12.2005 were identified. For each case, 5 matched (sex and age) controls were identified. Primary outcome was the first hospital contact with a SIS diagnosis (DM751–755) registered >180 days following a clavicle fracture. Patients were followed until 01.11.2021.

Results 21.973 cases and 109.865 controls were included. 23% were female. 1.640 (7.46%) cases and 8.072 (7.35%) controls later received a SIS diagnosis, demonstrating no significant difference in incidence of SIS diagnosis ($p=0.56$).

1614 cases underwent surgical fixation. This subgroup had a statistically significant higher incidence of receiving a SIS diagnosis later in life (205 cases, 13%, $p<0.001$).

Mean time from fracture to SIS diagnosis was shorter for cases compared to controls (4040 vs. 4442 days, $p<0.001$), and cases were slightly younger when receiving the diagnosis (51.3 vs 53.6 years, $p<0.001$).

Conclusion Clavicle fracture patients did not have an increased incidence of a later SIS diagnosis, but were slightly younger at time of diagnosis. Surgery was correlated with higher incidence of diagnosis.

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ACTIVE AND SEDENTARY INDIVIDUALS WITH GREATER TROCHANTERIC PAIN SYNDROME DISPLAY DIFFERENT CLINICAL CHARACTERISTICS: A CROSS-SECTIONAL ON-LINE SURVEY

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10.1136/bmjsem-2023-sportskongres2023.17

Introduction Greater Trochanteric Pain Syndrome (GTPS) impacts on daily activity, work and quality of life. GTPS is prevalent in both active and sedentary populations, however it is unclear whether both groups have similar clinical presentations. The aim of this study was to compare the clinical characteristics for active and sedentary individuals with GTPS.

Materials and Methods An on-line survey of 261 adults with self-reported GTPS was conducted (Female 83%). Disability was measured using the VISA-G (range 0–100, 100 = no pain and disability) and psychological factors using the Tampa Scale of Kinesiophobia (TSK-17) and Hospital Anxiety & Depression Scale. The number of health co-morbidities and pain intensity (0–10) during activity were also evaluated. Active individuals were classified as engaging in > 150 minutes of physical activity per week and sedentary individuals < 150 minutes of physical activity per week.

Results 80% of respondents were classified as active. Median (IQR) VISA-G scores were 65 (49–79) in the active group and 44 (33–56) in the sedentary group. Depression was more prevalent in sedentary individuals than active individuals (54% vs. 30%). Sedentary individuals also reported a greater number of health co-morbidities, Kruskal-Wallis ($p=0.008$) and higher pain intensity during walking, Kruskal-Wallis ($p < 0.001$).

Conclusion This was the first study to subgroup individuals with GTPS based on physical activity level. Sedentary individuals had higher disability, depression, health co-morbidities and