PAIN PROVOCATION TESTS AND CLINICAL ENTITIES IN CLAVICLE FRACTURES DOES NOT INCREASE THE ACTIVE AND SEDENTARY INDIVIDUALS WITH GREATER BMJ Open Sp Ex Med

severe, a higher number of positive pain provocation tests in ability. Consequently, when pain intensity and disability are shows weak to strong correlations with pain intensity and dis-
tions to pain intensity and disability. We aim to investigate if the num-
number of positive pain provocation tests and clinical entities are associated with pain intensity and disability, measured by the five-second squeeze test (SSST) 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 clini-
cal entities (0–7) based on test findings.

Results The number of positive tests (median 10, range 2–23) correlated with pain intensity (SSST rs = 0.70 [95% CI: 0.50, 0.83]) and disability (HAGOS subscales r = 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 enti-
ties (median 3, range: 1–7) showed similar but weaker correla-
tions 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 dis-
ability. 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.

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

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 presenta-
tions. 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 num-
ber 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 individu-
als had higher disability, depression, health co-morbidities and

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

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 frac-
tures were correlated with a higher incidence, or earlier diag-
nosis, of SIS.

47 INTRODUCTION

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 presenta-
tions. 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 num-
ber 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 individu-
als had higher disability, depression, health co-morbidities and