Abstracts

**Abstract 2**

Cardiopulmonary exercise test (CPET) variables: a) percentage predicted VO2 at VT1 and peak, b) VE/VCO2 slope, c) workload (watts per kilogram) at VT1 and peak, d) resting heart rate

**The Association and Institute Poster Prize – 1st**

**LET’S GET MOVING: REDUCING SEDENTARY BEHAVIOUR IN PRIMARY CARE WAITING ROOMS**

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**Background**

Physical inactivity affects a third of the population and is the fourth leading risk factor for mortality globally. Increasing activity by just thirty minutes a week can extend life expectancy by four years. The number needed to treat for physical activity is 12, thus the role of clinicians in promoting physical activity is immensely valuable. The ‘Let’s Get Moving’ project was implemented in a large Wiltshire health centre to try and address physical inactivity amongst patients and staff. The aim was to reduce sedentary behaviour in patient waiting rooms; increase physical activity levels amongst both staff and patients; and improve awareness of physical activity guidelines amongst both staff and patients.

**Methods**

A poster displaying four chair-based exercises with a QR-link to additional resources was created. A summary of physical activity recommendations was also included. The poster was displayed in all patient waiting rooms and a PDF format was sent via text to patients before face-to-face appointments. A visual display board of physical activity guidelines and recommendations for different population groups was created in the main waiting room and the poster was additionally featured on the practice website.

Educational sessions were provided to clinical staff as well as practice receptionists with content focussed on physical activity guidelines and the benefits of both increasing physical activity and reducing sedentary behaviour.
CORTICOSTEROID INJECTION FOR PLANTAR FASCIITIS: AN AUDIT OF FINDINGS

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Background Plantar fasciitis commonly seen in the musculoskeletal clinic and accounts for around 8% of running injuries. BMJ best practice advises that primary treatment should be rest and reducing the precipitating factors with corticosteroid injections used as an adjunct if primary treatment fails to improve symptoms. The National Institute of Health and Care Excellence (NICE) guidance of 2019 recommended corticosteroid injections for patients whose symptoms are having a significant impact on the person' however, they also feel that this treatment will only provide short term relief. Methylprednisolone is a medium duration corticosteroid which may improve patient satisfaction however there is limited research on its effectiveness.

Results 93 patients (58 female, 35 male) were included in this audit. All patients received 1ml of 40mg depomedrone (methylprednisolone)

Inclusion criteria
All patients who had clinically diagnosed plantar fasciitis foot 8 weeks and had received the first line treatments of stretching and orthotics. All patients were over the age of 18.

Exclusion criteria
Patients yet to begin a stretching program or had alternative treatments (e.g., shockwave), had systemic disease or previous surgery were excluded.

Outcome measures
A patient assessed (Visual analogue scale - VAS) and a physician assessed (Heel tenderness index -HTI) outcome measure was used

Results 93 patients with ages ranging from 42.5 to 58.4 years were assessed.

VAS
80 (86.02%) reported an improvement in symptoms at the 4 week follow up, 62 (66.67%) of whom reported to be pain free. Of the remaining 18 patients all advised their symptoms had improved by at least 50%. 13 (13.98%) reported no improvement.

HTI

83 (89.25%) patients had no pain on palpation of the heel post injection, whilst prior to the injection all patients had pain in differing degrees. 18 patients (19.35%) had severe pain prior to the injection, post injection no patient had severe pain. 90 (96.77%) of patients has improved HTI scores.

Conclusion Plantar fasciitis is a debilitating disorder but is generally a self-limiting disease with the majority of patients reporting a spontaneous recovery, however for approximately 10% of patients, symptoms do not abate, and they seek help from medical professionals. With respect to reducing patients’ symptoms of pain in the short term, corticosteroid injections are an effective second line treatment. However, other modalities of treatment such as shockwave therapy, Botox injections and PRP may be effective in the longer term management of plantar fasciitis but further research is required.

REFERENCES