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AB1476-HPR EFFECTS OF WEARABLE TECHNOLOGY AS VIRTUAL REHABILITATION ON FUNCTIONAL OUTCOMES IN PATIENTS WITH ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION

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Background: Virtual rehabilitation systems play an increasing role in rehabilitation. They provide an interactive environment and increased motivation for patients during the session.[1] In recent years, intervention methods based on virtual reality have been studied. However, existing studies are limited because most of them focused on the balance ability of the elderly or studied in stroke patients with same systems.[2] Thus, it is necessary to investigate the effects of virtual rehabilitation in patients with Anterior Cruciate Ligament (ACL) Reconstruction.
Objectives: The purpose of this study was to investigate the effects of a wearable technology as virtual rehabilitation which provides visual and auditory stimulus aimed for educating and controlling the joint on proprioception, postural stability and fear of re-injury in patients with ACL reconstruction.

Abstract AB1476-HPR – Figure 1

Methods: Nineteen patients (age=28.47±6.18 years, height=176.31 ±6.06 cm, weight=79.47±14.38 kg) with ACL reconstruction were participated in this study. In addition to conventional physiotherapy, a virtual rehabilitation treatment applied with visual and auditory stimulus three times in a week for 8 weeks. Knee proprioception, postural stability and fear of re-injury were measured with Biodex System Pro 4 Isokinetic Dynamometer, Pedalo Sensamove System, Tampa Kinesiophobia Score, respectively.
Results: There were statistically significant improvements in measures of proprioception (p=0.003), postural stability (p=0.001), and fear of re-injury (p=0.001) between pre- and post – treatment.
Conclusions: According to the results, wearable technology as virtual rehabilitation may be beneficial on proprioception, postural stability, and fear of re-injury to treat patients with anterior cruciate ligament reconstruction. We conclude that devices used as wearable technologies should be used as treatment modalities in clinical services because of providing feedback, easy to carry and interactive treatment.

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AB1477-HPR ADHERENCE TO RCOPHTH GUIDELINES IN MONITORING OF HYDROXYCHLOROQUINE BY RHEUMATOLOGISTS AT LNWH CMH

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Background: The Royal College of Ophthalmologists (RCOPHTH) published in 2017 revised recommendations regarding screening for hydroxychloroquine (HCQ) toxicity. Recent data reported the prevalance of retinopathy to be around 7.5% and depending on dose and duration can rise to 20%–50% after 20 years of therapy. Much higher than the 0.5% reported previously in the 2009 guidelines. Risk is increased in patients taking more than 5 mg/kg/day, and those with renal dysfunction, pre-existing retinopathy or also taking tamoxifen. Retinopathy appears as damage to the photoreceptors, followed by degeneration of the retinal pigment epithelium (RPE). This can produce visual loss and a "Bull's eye maculopathy".
Current guidelines state patients looking to take HCQ long term should have a baseline screening (10–2 Humphrey visual test) in a hospital eye department, and then be referred for annual screening after 5 years of therapy. Dosage should ideally be kept ≤5 mg/kg/day.
Previous guidelines recommend a maximum dose of ≤6.5 mg/kg/day, and baseline optometrist review. Referral to ophthalmologist only if a visual impairment or eye disease is detected at the baseline assessment or the patient notices reduced vision whilst on treatment. Long term HCQ patients, were advised to agree and individual screening arrangement with the local ophthalmologist.
Objectives: This single point of care audit was to assess real world practice at Central Middlesex Hospital against the new 2017 guidance as a gold standard.
Methods: HCQ questionnaires were collected from patients attending regular appointments over one month October-November and recorded:
1) date commenced HCQ, 2) est. total dose, 3) weight and 4)last retinal screen;
Hospital EPR database was used to confirm or assist documentation of therapy data.
Results: In one calendar month 152 of 414 patients were prescribed HCQ.
94/152 of the patients had been on HCQ for >5 years.
63/152 patients were high risk with doses of >5 mg/kg/day.
55/152 patients had either failed to attend a baseline screening, or had no record of having had a baseline screen.