low-sinusoidal current, intensity 111-1V, procedure duration 20 minutes, daily, № = 10. The control group (n = 25) received basic treatment (chondroprotectors) and NSAIDs (on demand). When analyzing the results of treatment, the VAS and WOMAC scales were used, and the Bartel index was estimated.

Results: In both groups, from the 2nd week of treatment, there was a decrease in pain during movement and at rest according to the VAS data compared with the baseline level. In patients in the main group, there was a decrease in joint swelling, a decrease in the level of pain according to the VAS by 41.3% ($p < 0.05$). The range of motion in the joints increased by 19.5% ($p < 0.05$) in the study group. In the control group, a decrease in the level of pain by 20.1% ($p < 0.05$) was recorded, the range of motion in the joints did not change. The overall WOMAC index was also lower in the main group compared with the control group ($p = 0.03$). Patients in the main group differed from patients in the control group in a significantly higher degree of dependence in daily life (Bartel index) and a lower score on the battery of tests of physical functioning. According to the results of dynamic observation of patients, no side effects associated with the use of the device "Polyus-2" were registered.

Conclusion: Magnetic therapy relieves pain, improves motor and daily activity in patients with osteoarthritis of the knee joints and can be recommended for use in medical rehabilitation programs in addition to basic therapy.

REFERENCES:

[1]Use of therapeutic preformed and physical factors in sanatorium conditions in the Chuvash Republic // Methodical recommendations / Cheboksary, 2021. 60 p.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2022-eular.583

AB1494 THE QUALITY OF REPORTING IN RANDOMIZED CONTROLLED TRIALS OF BALANCE EXERCISES IN TOTAL KNEE ARTHROPLASTY

D. Ozcan[1], T. Ünver[2], B. Unver[3]. [1]*Dokuz Eylul University, Health Sciences Institute, Izmir, Turkey*; [1]*Dokuz Eylul University, Health Sciences Institute, Izmir, Turkey*; [3]*Dokuz Eylul University, Faculty of Physical Therapy and Rehabilitation, Izmir, Turkey*

Background: Total knee arthroplasty (TKA) is used to treat patients with end-stage osteoarthritis who experience pain and struggle to perform activities of daily living owing to having degenerative knee joints. Although TKA can improve the quality of life of patients, some may experience a decrease in their proprioception and the ability to balance after surgery (1). Decreased balance ability makes it difficult to undertake daily life activities in patients after TKA, impairs walking capacity and increases the risk of falling (2). Almost all studies which investigate the risk of falling conclude that physical activity(PA) are effective methods in order to maintain an intact balance control and prevent falls(4). Today, however, measures aimed at controlling COVID-19 include quarantines that lead to PA restrictions (5). In these days when PA cannot be increased due to quarantines, the most effective way to prevent falls in TKA patients may be to apply balance exercises (3). The "gold standard" in clinical trials are randomized controlled trials(RCTs) in which healthcare professionals make decisions about the safety and efficacy of treatments. However, poorly designed and reported RCTs can give misleading results. Methodological quality (MQ) assessment of clinical trials is important because it can prevent erroneous results in clinical practice and improve the quality of medical care. (6) Although RCTs provide the highest quality clinical evidence selection of balance exercises(BE) to be applied, there is no study in the literature investigating the MQ of RCTs of BE in TKA patients.

Objectives: The aim was to investigate assess the reporting MQ of RCTs of BE in patients with TKA.

Methods: We analyzed 17 published full-text reports of RCTs using BE in patients who underwent TKA. RCTs were sourced from PubMed, the Cochrane Reviews and PEDro Database. The PEDro scale and the 9-item CONSORT (7) were used to evaluate the MQ of the studies.

Results: The mean PEDro score was 6,64 ± 1,57. Classification of RCTs according to total PEDro score revealed that 1 study was classified as excellent, 13 studies as good, and 3 as fair. The least fulfilled criteria in the PEDro scale were: Blinding of all therapists who administered the therapy (1[5.88%]), allocation was concealed (5[29.4%]) and blinding of all subjects (7[41.17%]). The adherence of the reports to CONSORT items ranged from 41.17 % to 100%. The most underreported CONSORT items were: funding sources (7[41.17%]), statistical adjustment for multiple primary outcomes (8[47.05%]), and number of primary outcomes (8[47.05%]).

Conclusion: Our findings show that the quality of reporting for RCTs of BE in TKA patients is not high quality. Since it is not possible to improve balance with PA today, when there are quarantine due to COVID-19, patients should be encouraged to participate in BE programs with telerehabilitation, home-based or web-based exercises, and high quality RCTs should be planned in these programs.

REFERENCES:

[1] Lee, H. G., et al International journal of environmental research and public health, 2021;18(5), 2513.

[2] Matsumoto H, et al. Arch Orthop Trauma Surg. 2012;132(4):555–63.

[3] Doma K, et al. Sports Med. 2018 Oct;48(10):2367-2385.

[4] Thomas, E., et al. Medicine, 2019;*98*(27), e16218.

[5] Füzéki, E., et al. Journal of occupational medicine and toxicology (London, England), 2020;15, 25.

[6] McCormick F, et al. J Shoulder Elbow Surg. 2013 Sep;22(9):1180-5

[7] Gonzalez GZ, et al. Arch Phys Med Rehabil. 2018 Jan;99(1):129-136.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2022-eular.584

AB1495 THE QUALITY OF REPORTING IN RANDOMIZED CONTROLLED TRIALS OF STRENGTHENING EXERCISES IN TOTAL KNEE ARTHROPLASTY

T. Ünver[1], D. Ozcan[1], B. Unver[2]. [1]*Dokuz Eylul University Health Sciences Institute, Pysical Therapy and Rehabilitation, İzmir, Turkey*; [2]*Dokuz Eylul University, Faculty of Physical Therapy and Rehabilitation, İzmir, Turkey*

Background: End-stage knee osteoarthritis (KOA) is a significant health issue worldwide resulting in severe pain and disability. Total knee arthroplasty (TKA) leads to significant improvements in pain and the performance of functional activities such as walking for patients with end-stage KOA. Although TKA reduces pain and improves perceived function, patients continue to exhibit reduced muscle strength, voluntary muscle activation, and functional performance even years after surgery (1). In addition, quarantine, and related social restrictions due to the current Covid-19 pandemic may have affected the recovery of patients undergoing TKA due to limited access to exercise, physiotherapy, face-to-face follow-up, and medical services (2).Limited recovery after TKA will require intensive rehabilitation programs in the future. Strengthening exercises(SE) are the most effective intervention for improving muscle strength and functionality and have been recommended in the guidelines for KOA management and in clinical reviews for TKA rehabilitation (3). Randomized controlled trials (RCTs) are the gold standard for assessing the effects of health care interventions. However, RCTs may yield misleading results if they lack methodological rigors(4). RCTs provide the highest quality clinical evidence in the selection of the SE method to be applied (5). However, there are no studies examining the quality of RCTs related to SE in patients with TKA.

Objectives: The aim of this study was to assess the reporting quality of RCTs of SE in patients with TKA.

Methods: RCTs published between 2002 and 2021 were sourced from clinical trial registers, PubMed, and the Cochrane Reviews. RCTs were included if they involved SE in patients who underwent TKA. Analysis was carried out with two assessment tools: PEDro scale and 9-items from CONSORT(6). In addition, we have identified some key methodological elements and examined their relationship to their methodological quality.

Results: We found 35 RCTs that included SE in individuals with TKA. The mean PEDro score was 6.40 ± 1, 73. The most common deficient PEDro Items were: Blinding of all therapists who administered the therapy (14,2 %: 5/35 trials), allocation was concealed (31,4 %; 11/35 trials), blinding of all subjects (31,4 %: 11/35 trials). The most common deficient CONSORT Criteria were: Statistical adjustment for multiple primary outcomes (40 %; 14/35 trials), funding sources (40 %; 14/35 trials) and identification as a randomized trial in the title (62,85%; 22/35 trials). Of the key methodological factors we identified, only exercise duration (weeks) was associated with PEDro score ($R^2 = .169$, $p<0.01$).

Conclusion: Our results show that the quality of reporting in the literature on RCTs of SE in patients with TKA is insufficient. In order to increase muscle strength after TKA, the lack of face-to-face programs due to COVID-19 should be eliminated with telerehabilitation methods, video conferencing platforms and virtual reality applications, and high-quality RCTs should be planned where these programs are examined.

REFERENCES:

[1] Ciolac EG, et al. Clinics (Sao Paulo). 2011;66(12):2079-84.

[2] MacDonald, D. J. et al. Bone & joint open, 2021;2(6), 380–387.

[3] Unver B, et al. Arch Gerontol Geriatr. 2016;64:45-50.

[4] Ntala C, et al. Prim Care Respir J. 2013;22(4):417-24.

[5] Karpouzis F, et al. Chiropr Man Therap. 2016 Jun 9;24:19.

[6] Gonzalez GZ, et al. Arch Phys Med Rehabil. 2018 Jan;99(1):129-136.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2022-eular.1983

AB1496 THE EFFECTS OF TELEREHABILITATION BASED EXERCISE PROGRAM IN PATIENTS WITH SYSTEMIC SCLEROSIS

F. Sari[1], D. Oskay[1], A. Tufan[2]. [1]*Gazi University, Department of Physiotherapy and Rehabilitation, Faculty of Health Sciences, Ankara, Turkey*; [2]*Gazi University, Division of Rheumatology, Department of Internal Medicine, Faculty of Medicine, Ankara, Turkey*

Background: Systemic Sclerosis (SSc) is a rare, systemic autoimmune disease characterized by skin fibrosis and vasculopathy [1]. Patients may experience a

Ann Rheum Dis: first published as 10.1136/annrheumdis-2022-eular.1983 on 23 May 2022. Downloaded from http://ard.bmj.com/ on October 30, 2022 by 193.140.151.30. Protected by copyright.