versus control samples using Mann Whitney U test. *p < 0.05 versus control samples using Mann Whitney U test. **p < 0.01 versus control samples using Mann Whitney U test. 'p < 0.05; **p < 0.01 versus control samples using Mann Whitney U test. 

β2- and α5-integrin as an immune response; potential key steps in the pathogenesis of supraspinatus tendinopathy (Fig. 1).

https://doi.org/10.1016/j.jsams.2018.09.024

010 Does reporting of imaging findings affect patient’s perception of treatment efficacy in Achilles tendinopathy? A randomised clinical trial

La Trobe University, Bundoora, Australia

Introduction: Imaging has been increasingly used in Achilles tendinopathy to aid in the diagnosis and management of Achilles tendinopathy. However, there is a limited relationship between findings observed on imaging and the clinical presentation. Further, evidence in lower back pain has suggested that imaging may have an iatrogenic effect on patients that results in increased medicalization and poorer clinical outcomes. The aim of this study was to investigate whether the reporting of imaging findings after treatment alter patient outcomes and perception of treatment efficacy.

Methods: Participants for the current randomised clinical trial (ANZCTR registered) were recruited from another randomised clinical trial investigating the efficacy of an eccentric program compared to heel lifts for midsubstance Achilles tendinopathy. Participants were randomised into receiving one of two imaging reports four-weeks following the intervention; (1) a standard report stating the extent of disorganisation, or (2) an evidence-based report stating that imaging findings are not associated with clinical outcomes. Eight-weeks following the completion of the exercise trial, a one-on-one session was completed where the participants imaging findings were discussed in relation to current evidence. Patient-reported outcome measures (VISA-A, VAS), patient global impression of change (PGIC), Tampa scale of Kinesiophobia (TK-11) were completed at all time-points. Participants were also asked to rate the importance (scale of 0–10, 10 representing 'very important') of imaging findings after receiving the imaging report and one-on-one interview.

Results: 31 participants provided consent and were randomised. No change in PGIC and TK-11 was observed over time or by allocation of imaging report. Participants were highly variable in how they rated the importance of imaging in relation to their experience of pain (6 ± 3, median ± IQR), however this was not affected by time or imaging report type. A significant decrease in patients perception of how important their imaging findings were to their ability to be physically active was observed over time (5 ± 4 compared to 2 ± 7.8, median ± IQR), but this was not affected by the type of imaging report.

Discussion: This study demonstrated that patients with Achilles tendinopathy rate their imaging moderately important to their experience of pain or ability to be physically active. Reporting of imaging findings does not alter patient’s perception of treatment efficacy, kinesiophobia, or the importance of imaging to the experience of pain. Future studies are needed to ascertain whether undergoing imaging, or specific wording in reporting findings, prior to treatment impact patient outcomes or patients perception of their health.

https://doi.org/10.1016/j.jsams.2018.09.025

011 Efficacy of heel lifts in the treatment of mid-portion Achilles tendinopathy: A randomised trial

C. Rabusin 1 *, H. Menz 1, J. McClelland 1, A. Evans 1, K. Landorf 1, P. Malliaris 2, S. Docking 1, S. Munteanu 1

1 La Trobe University, Bundoora, Australia
2 Monash University, Frankston, Australia

Introduction: Mid-portion Achilles tendinopathy (AT) is a common musculoskeletal condition causing pain and disability in both sporting and inactive populations. Multiple interventions have been proposed for the management of AT including calf muscle eccentric exercise and in-shoe heel lifts. There is strong evidence to suggest eccentric loading is effective in decreasing pain and improving function in people with AT. Heel lifts reduce ankle joint dorsiflexion and Achilles tendon strain; however their efficacy for the management of AT is unclear. The aim of this study is to compare the efficacy of heel lifts to calf muscle eccentric exercise in reducing pain and improving function in people with AT.

Methods: This was a parallel group randomised trial with a 12 week follow-up. One hundred males (n = 48) and females (n = 52) aged between 22 and 66 years (45.88 ± 9.4) with AT were randomised to receive Clearly Adjustable® pre-fabricated 12 mm heel lifts (n = 50) or a calf muscle eccentric exercise program (n = 50). Outcome measures were obtained at baseline, 2, 6 and 12 weeks, the primary end-point. The primary outcome measure was the Victorian Institute of Sports Assessment-Achilles (VISA-A) questionnaire. Secondary outcome measures included the severity of Achilles tendon pain (assessed using a VAS), integrity of the Achilles tendon, participant perception of the treatment effect, health status, frequency of adverse events, level of physical activity, calf muscle function and use of co-interventions. Data was analysed using the intention to treat principle.

Results: Both groups improved during the study. At 6 and 12 weeks, there was no significant difference in VISA-A scores between the two groups (adjusted mean difference at week 12 = 4.5, 95% CI −3.0 to 12.1, p = 0.232). However, there were differences between groups for some secondary outcome measures in favour of the heel lift intervention. The severity of pain at the AT, assessed using a VAS, was significantly reduced in the heel lift group at 6 weeks (adjusted mean difference −13.8, 95% CI −17.3 to −10.2, p < 0.001) and 12 weeks (adjusted mean difference −18.9, 95% CI −22.6 to −15.1, p < 0.001).

Discussion: Heel lifts are not less effective than calf muscle eccentric exercise for the management of AT.

https://doi.org/10.1016/j.jsams.2018.09.026