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OP0167

CLINICIAN EXPECTATIONS OF FULL-THICKNESS ROTATOR CUFF REPAIR OUTCOMES

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PURPOSE/HYPOTHESIS: Up to 300 000 people undergo elective rotator cuff repair surgery (RCRS) in the U.S. each year.^{1,2} Patients commonly overestimate their expected outcomes after elective orthopaedic surgery,³ and rely on clinicians to educate them in the decision-making process.^{4,5} In order to improve patient education standards, a better understanding of clinician expectations is needed. The purpose of this study is to examine clinician expectations of outcomes after full-thickness RCRS, and whether expectations differ between clinician experience level and shoulder caseload percentage.

NUMBER OF SUBJECTS: Sven hundred four licensed physical therapists.

MATERIALS/METHODS: Clinicians were surveyed from the Orthopaedic Section of the American Physical Therapy Association and local physical therapy clinics. An 18-question survey using a modified Likert scale assessed demographics, time spent reading literature, and expected outcomes of RCRS 1 to 2 years after surgery. Clinicians were dichotomized by experience level (greater than 10 years [A] and 0-10 years [B]) and percent of shoulder caseload (greater than 30% [C] and 0%-30% [D]). Descriptive statistics and chi-square tests were used to report overall expectations and differences between groups.

RESULTS: Of the clinicians surveyed, 72.5% expected full range of motion, 67.8% expected full strength, 79.3% expected full function, 51.7% expected minimal to moderate risk of re-tear and 97.0% expected minimal to no pain. There were no significant differences between clinician experience group A and B responses regarding expectations of minimal to no pain (A, 97.5%; B, 96.2%; $P = .665$); return to full function (76.7%, 82.0%; $P = .060$); expected full range of motion (71.0%, 72.0%; $P = .900$); expectation of full strength (66.8%, 68.6%; $P = .386$); and expectation of minimal to moderate risk of re-tear (53.7%, 47.4%; $P = .375$). A significant difference was seen in expectation of return to full strength between percentage shoulder caseload groups C and D (72.3%, 64.9%; $P = .039$). No significant differences were found between groups C and D responses in for expectations of minimal to no pain (C, 95.8%; D, 97.2%; $P = .327$), return to full function (78.7%, 79.1%; $P = .900$); expected full range of motion (73.1%, 71.5%; $P = .651$), and expectation of minimal to moderate risk of re-tear (55.9%, 49.0%; $P = .076$).

CONCLUSIONS: Results of the survey indicate that most clinicians overestimate positive outcomes (except for pain) following RCRS with respect to the literature. Neither clinician experience level nor percent of caseload comprised of shoulder patients influenced expected outcomes. Range of motion, strength, function, and risk of re-tear appear to be areas of patient

education that can be improved. Interventions to reduce the gap between research and clinical practice are needed to maximize patient outcomes and satisfaction.

CLINICAL RELEVANCE: Clinicians commonly overestimated the expected outcomes after RCRS regardless of experience level or percentage of shoulder caseload treated. The gap between clinician expectations and published outcomes may influence clinician ability to provide accurately informed patient education.

OP0168

A MOVEMENT SYSTEM APPROACH FOR CLINICAL PRACTICE

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ABSTRACT BODY: The APTA White Paper of August 2015 (White Paper) calls on physical therapists (PTs) to embrace their role as movement system practitioners with “the expertise to examine, diagnose, and treat all elements of this system to produce a meaningful change in an individual’s movement behavior and physical function.” We would like to propose an approach to evaluation, assessment and treatment that embraces complex human functional training from the start while simultaneously acknowledging the vital perspective of the biopsychosocial model. The GYROTONIC method (GM) has been in practice worldwide for decades, yet traditionally has been associated with dancers and gymnasts only. This does a disservice to a system that has many layers and offers practitioners a scientifically based approach for “optimizing movement to improve the health of society.” As articulated in the White Paper, we, as PT practitioners, acknowledge the complexity of the human body, yet many continue to treat musculoskeletal diagnoses in a compartmentalized fashion with the hope that such interventions translate to function. However, evidence is not strongly in support of this notion. Lumbar stabilization exercises—a series of largely static exercises in pelvic neutral that focus on the isometric cocontraction of the transversus abdominus and multifidi muscles—exemplify this compartmentalization. “Static” and “neutral” are 2 descriptors that have little to do with the participation-level of functioning described by the World Health Organizations’ ICF. Therefore, why continue to rehabilitate dancers and all human movers using the abovementioned exercises? Current literature recommends a dynamical systems theory to explain movement variability. The GM fosters motor learning by varying the environmental constraints of tasks to teach individuals how to make pain- and fear-free, biomechanically-efficient choices to reach full functionality. Fundamental to the GM is balanced and coordinated movement of the trunk and extremities in all 3 planes of motion—the definition of core stability. Foundational to the GM is diaphragmatic breathing. Additional rhythms, intensities and patterns of breathing may be applied: (1) to optimize complex axial movement along the stability/mobility continuum and (2) to modulate the autonomic nervous system. For this poster presentation, we will illustrate Gyrotonic movement sequences to retrain 2 extension-based movement demands in dance, the cambre and arabesque, when recovering from a low back injury. We will depict how the GM teaches the maintenance of spinal integrity throughout the full range of movement. With current literature questioning traditional beliefs in both understanding pain sources and pain-relief mechanisms, our profession is shifting to an active, educational, movement-based treatment approach. The principles of the GM complement this shift and our experience suggests future outcomes research in this domain will validate the method’s effectiveness in rehabilitation settings.

OP0169

THORACIC NONTHRUST MOBILIZATION/MANIPULATION TO MANAGE A PATIENT WITH SCAPULAR PAIN FOLLOWING A VERTEBRAL ARTERY DISSECTION: A CASE REPORT

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