

previously divided into group based, and home based, were subjected in an exercise program for 12 weeks. The Neck Disability Index (NDI) was used to assess cervical disability, Bath indices to characterize the EA and the Quality Index Pittsburgh Sleep, to evaluate the quality of sleep. **Results:** The significant improvement is observed only in the group based on the increased cervical capacity ($p=0.031$) and functional ($p=0.055$), while the quality of sleep does not show any significant result in both groups. On the other hand spine mobility was the only variable with a significant difference in intergroup evaluation. Meanwhile, the correlations were found, mainly, between the Index of Bath and the quality of sleep that showed a correlation coefficient of 0.668 and 0.896. **Conclusion:** The exercise program applied proved effective for this sample, showing improvements in almost all variables. However, it was found that the program had little impact on sleep quality in these individuals. **References:** 1) Aissaoui, N., Rostom, S., Hakkou, J., Berrada Ghziouel, K., Bahiri, R., Abouqal, R., & Hajjaj-Hassouni, N. (2012). Fatigue in patients with ankylosing spondylitis: prevalence and relationships with disease-specific variables, psychological status, and sleep disturbance. *Rheumatology International*, 32(7), 2117-2124. 2) Batmaz, I., Sariyildiz, M. A., Dilek, B., Bez, Y., Karakoc, M., & Cevik, R. (2013). Sleep quality and associated factors in ankylosing spondylitis: relationship with disease parameters, psychological status and quality of life. *Rheumatol Int*, 33(4), 1039-1045. 3) Jiang, Y., Yang, M., Wu, H., Song, H., Zhan, F., Liu, S., Gu, J. (2014). The relationship between disease activity measured by the BASDAI and psychological status, stressful life events, and sleep quality in ankylosing spondylitis. *Clin Rheumatol*.

PC1131

Influence of Exercise on Functional Capacity and in the Lumbar and Thoracic Disability in Ankylosing Spondylitis

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Background: Ankylosing Spondylitis (AS) is a chronic inflammatory disease, associated to spine mobility limitations. Until today it isn't known an efficient treatment; although, there are therapeutic strategies, like exercise, that can alleviate and delay the disease complications. **Aim(s):** Measure the influence of an exercise programme in the lumbar and thoracic incapacity and function, in AS patients. **Methods:** Quasi-experimental study, a sample with 16AS patients, divided into group-based ($n=9$) and home-based ($n=7$). After the initial evaluation, who contemplates Bath indexes, Oswestry index on disability, version 2.0, cytometry and the Six-minute Walking Test (6MWT), the participants were subjected to a 12 weeks programme of exercise, supervised or not, according to the group, and, posteriorly, the final evaluation was conducted. **Results:** Between groups its verified slight improvements, but without statistical significance ($p<0.005$). In intra-group comparison, the group-based presents significant results in all variables, with exception to Bath Ankylosing Spondylitis Metrology Index (BASMI) and Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), the same doesn't happen with the home-based who only presents significant results in 6MWT. In intra-group comparison in the second evaluation moment, it's verified significant values in BASMI ($p=0.009$) and cytometry, in the level of the xiphoid line ($p=0.023$). **Conclusion:** The accomplished exercise programme seems to induce positively both groups, however it isn't possible to determinate which group is better. **References:** 1) Berdal, G., Halvorsen, S., Van Der Heijde, D., Mowe, M., & Dagfinrud, H. (2012). Restrictive pulmonary function is more prevalent in patients with ankylosing spondylitis than in matched population controls and is associated with impaired spinal mobility: a comparative study. *Arthritis Res Ther*, 14(1), R19. doi: 10.1186/ar3699. 2) Cho, H., Kim, T., Kim, T. H., Lee, S., & Lee, K. H. (2013). Spinal mobility, vertebral squaring, pulmonary function, pain, fatigue, and quality of life in patients

with ankylosing spondylitis. *Ann Rehabil Med*, 37(5), 675-682. doi: 10.5535/arm.2013.37.5.675. for spasticity. That risk is augmented in patients receiving anticoagulation therapy. In the absence of national or international guidelines, physician approaches to injecting patients on anticoagulant therapy may be variable. The purpose of this study was to compare physician preferences and attitudes for controlling bleeding risk during BoNTA injections in 3 countries in distinct geographic regions of the world: Canada, South Korea and Turkey. **Material and Methods:** A prospective cross-sectional questionnaire was sent to clinicians treating spasticity across Canada, South Korea and Turkey with variable range of experience with BoNTA injections. The questionnaires were translated into Korean and Turkish languages. **Results:** A total of 250 clinicians participated in the questionnaire (70 Canada, 100 South Korea, 80 Turkey). Physicians checked patients' INR before injecting 44% of the time in Canada, 69% in South Korea and 93% in Turkey. Physician preference for injections with an INR<2 was 10% in Canada, 40% in South Korea and 45% in Turkey. Physician preference for an INR range 2-3, was 60% in Canada, 41% in South Korea and 55% in Turkey. For an INR>3, physician preference was 20% in Canada, 15% in South Korea and 0% in Turkey. Physicians injected the deep compartment 83% of the time in Canada, 39% in South Korea and 81% in Turkey, and encountered compartment syndrome 1% of the time in Canada, 0% in South Korea and 1% in Turkey. **Conclusion:** Among the three countries, Turkish physicians were most conservative in checking INR values before injecting patients, and did not inject when INR values exceeded 3. South Korean physicians appear to be more reluctant to inject deep muscle structures compared to their Canadian and Turkish counterparts. In spite of aggressive INR checking, rates of compartment syndrome remained low. Studies are underway to image hematoma size following BoNTA injections in the deep compartment.

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Application of an Electronic Neurorehabilitation Census Board and Throughput Improvement: a Multi-Disciplinary Approach to Minimization of Length of Stay and Avoidable Hospitalization Days

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Introduction: Throughput and discharge efficiency is critical to the continued care curriculum. The expedition of post-stroke pathways amalgamates benefits of provision of efficient effective care, maximization of time-limited treatment windows, and limitation of post-stroke complications. This study presents a unique solution to throughput in stroke care. **Methods:** We developed a novel system of multidisciplinary communication and systems planning called the Neurorehabilitation Census Board (NRCB); a multimodal electronic communication system combined with protocolized multidisciplinary communication to identify various barriers to discharge. We highlighted discharge barriers categorized by medical, rehabilitation, case management, social work, and neuroimaging in a daily multidisciplinary review. This system was implemented over 2 neurology floors in a 953-bed teaching over 3 months, with the same 3 month block from the preceding year providing control data. **Results:** Implementation of the NRCB system quickly demonstrated an earlier discharge of patients. Within the first month, there was a marked drop in LOS by 1.61 (16.81%) and 2.15 (29.33%) days on the neurology floors respectively. LOS decreased from 9.58 until a nadir of 6.51 on the follow-up month. A comparison to the previous year demonstrated a decline of 8.332 (SD 0.52) to 7.234 (0.69), a difference of 1.098 days ($p\leq 0.01$). The second floor improved from a mean LOS of 6.71 (SD=0.2488) to 5.48 (SD 0.25), an improvement of 1.23 days ($p\leq 0.000027$). **Conclusions:** NRCB expedited higher and more efficient throughput throughout the study group and resulted in earlier discharges, while decreasing avoidable days and lengths of stay. These benefits are attributed to increased communication and tracking.