Unraveling interacting barriers and facilitators to adherence and delivery of exercise-based care in the treatment of subacromial pain syndrome (SAPS)

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conservative treatments are recommended, it is uncertain whether there are any factors that can affect the prognosis.

This study investigated variations in modifiable factors between responders and non-responders to conservative treatment. The study likewise investigated the patient perspectives on factors they considered important for their outcome following conservative care.

Materials and Methods This explanatory mixed-methods study included data from 201 RCRSP patients who had at least 3/5 non-modifiable factors (symptoms duration >3 months, Baseline pain > 50/100 NRS, multiple pain sites, previous sick leave, BMI >25). A reduction >9 points on QuickDASH at 3 months follow-up, constituted the responders. Modifiable factors collected at baseline were treatment expectations, treatment satisfaction, kinesiophobia, fear-avoidance behaviors, activity levels, and quality of life.

Twelve qualitative, semi-structured interviews with an inductive goal-free approach were conducted with responders and non-responders.

Results No statistically significant group differences were observed between any of the identified modifiable factors. The qualitative analysis revealed four overarching factors the patients considered important for their outcome:

- Improvement was attributed to cortisone injections
- The perceived lack of personalized treatment emerged as a potential factor influencing the lack of improvement.
- Identified structural changes when presence, were seen as a barrier for improvement
- Work-related issues

Conclusion Although no statistical group differences were found for modifiable factors, the qualitative analysis revealed elements that patients may consider important for recovery. Future studies can investigate whether addressing these systematically can improve outcome in RCRSP patients.

29 UNRAVELING INTERACTING BARRIERS AND FACILITATORS TO ADHERENCE AND DELIVERY OF EXERCISE-BASED CARE IN THE TREATMENT OF SUBACROMIAL PAIN SYNDROME (SAPS)

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Introduction Subacromial Pain Syndrome (SAPS) is a common persistent pain condition. Exercise-based care is recommended as first-line, but an insufficient exercise dose hampers effectiveness. This study explores individual and contextual barriers and facilitators for delivery of and adherence to exercise-based care in people with SAPS.

Materials and Methods In this exploratory qualitative study, we recruited participants involved in the management of SAPS in Denmark by snowball and purposive sampling in Oct 2021-Nov 2022. Triangular interviews and analyses were conducted within 3 deductive themes (delivery of recommended services, adherence to clinical recommendations, and frames of the clinical pathways) using the Theoretical Domains Framework (TDF) and the corresponding Behavioral Change Wheel model (BCW) to map barriers and facilitators into components the Capability, Opportunity, Motivation and Behavior (COM-B) model.

Results Based on interviews with 10 persons with SAPS and 37 healthcare practitioners (12 medical doctors, 25 physiotherapists) and double-deductive analyses, 30 subjects of target behavior within 13 TDF domains emerged across all components of the COM-B and across perspectives. Central barriers to delivery and adherence were inconsistency in diagnosis terminology, cross-professional disagreements, beliefs, and expectations in terms of pathway services. Individual and contextual barriers and facilitators to delivery and adherence were significantly interrelated.

Conclusion We identified interrelated individual and contextual barriers to delivery and adherence across all aspects of the BCW, underpinning the complexity of the subject. Findings support that effectiveness of exercise-based care is linked to contextual barriers to delivery and adherence. Clinical practitioners should consider addressing these barriers to improve care.

30 CONCOMITANT DIAGNOSES IN PATIENTS WITH SUBACROMIAL PAIN SYNDROME. A CROSS-SECTIONAL STUDY IN A SECONDARY CARE SETTING

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Introduction Subacromial pain syndrome (SAPS) lacks recognized diagnostic criteria. This could lead to important variations in concomitant shoulder diagnoses across populations. Knowledge of this could lead to an individualized approach, improving the overall handling of patients with SAPS. The aim was to investigate the prevalence of concomitant shoulder diagnoses in patients with SAPS.

Materials and Methods Patients were systematically screened for SAPS and for concomitant diagnoses using standardized diagnostic criteria: acromioclavicular osteoarthritis (OA), full-thickness rotator cuff tears, shoulder instability, long head biceps tendon pathology, labral lesions, and calcified tendinopathy. 17 standardized physical examination tests, radiographs, ultrasound, and MR were utilized. Tests were performed by experienced orthopedic specialists in accordance with predefined standardized protocols.

Results We systematically screened 3321 patients of whom 576 presented with signs and symptoms of SAPS. 168 of these were diagnosed with conflicting shoulder-related diagnoses (e.g., frozen shoulder or glenohumeral osteoarthritis). 408 were diagnosed with SAPS. Of these, 171 (42%) had at least one concomitant shoulder diagnosis, with acromioclavicular osteoarthritis, full-thickness rotator cuff tear and biceps tendon pathology being the most frequent. 55 of the 171 patients (32%) were diagnosed with multiple, concomitant diagnoses.