Firstly, the participants walked at usual (normal) walking speed on the 10-meter walking path. Secondly, they walked this distance at the maximum speed they could walk safely. Neck Disability Index (NDI) for functionality, VAS for pain intensity and Beck Depression Inventory (BDI) for depression were used at baseline and after 8 weeks. Normally distributed variables were presented as mean and SD, non-normally distributed variables were presented as median (interquartile range[IQR]).

Results: After 8 week tele rehabilitation-based training, pain intensity, functionality, depression, PS (overall, anteroposterior), LOS, cadence, speed, and stride length (left) during normal walking, stride length (right) during fast walking, pelvic tilt and pelvic rotation symmetry for both walking condition significantly improved in the both groups ($p < 0.05$). Cadence (120.90 ±9.70 vs. 127.11 ±10.10, $p < 0.001$) and stride length-left (1.49 ±0.21 vs. 1.51 ± 0.20, p= 0.005) during fast walking, stride length-right (1.32 ± 0.19 vs. 1.38 ± 0.21, p= 0.001) during normal walking and pelvic oblique symmetry during both normal (98.10 [97.65-98.85] vs. 98.60 [97.95-98.85], p=0.002) and fast (97.40 [96.15-98.10] vs. 98.50 [97.90-98.95], $p < 0.001$) walking improved in the CS group, while no improvement occurred in the SS group ($p > 0.05$).

Conclusion: This study showed that tele rehabilitation-based stabilization training improved balance, gait, functionality, pain and depression in CINP significantly. Core stability training appears to be more effective than scapular stability training in improving LOS, gait parameters, and pelvic symmetry in this population.

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AB1696 COMPARISON OF THE EFFECTIVENESS OF THE PERSONALIZED SCHROTH EXERCISE AND CONVENTIONAL THERAPY FOR SCOLIOSIS IN CHILDREN WITH RHEUMATIC DISEASE

Keywords: Randomized control trial, Physical therapy/Physiotherapy, Rehabilitation

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Background: Childhood rheumatic disease is one of the most common chronic diseases in childhood and adolescence [1]. In particular, it causes weakness, pain, problems in the musculoskeletal system, displacement of the center of gravity, deteriorating biomechanics and muscle imbalance results in scoliosis [2]. Scoliosis is one of the most common musculoskeletal problems encountered in children and adolescents today. In the literature, there are many current studies describing various exercise methods (especially Personalized Schroth Exercise-PSE) that are effective on scoliosis [3, 4]. However, there are no studies investigating the effectiveness of these exercise methods in children with rheumatism.

Objectives: Our study, it was aimed to compare the conventional theraphy program with PSE in children with scoliosis and rheumatic disease.

Methods: PSE for the first group (n=25) and conventional therapy (CT) exercises for the second group (n=25) were applied for 6 months. Demographic features were measured using the "Sociodemographic data Form". Pain states (involved joint pain and back pain) were measured with a numerical rating scale (NRS), flexibility was measured with sit and reach and trunk lateral flexion test, angle of trunk rotation (ATR) was measured with forward bending test, scoliosis angle was measured with Cobb angle. Perception of cosmetic deformity was questioned via The Walter Reed visual assessment scale (WRVAS) and PostureZone program. SPSS 24.0 was used for statistical analysis. $p<0.05$ was considered statistically significant.

Results: There was no statistically significant difference between the groups in terms of age, height, weight, BMI and disease duration and bone development, gender, diagnosis of rheumatism, pain status, flexibility, ATR, Cobb angles, WRVAS and posture parameters at the beginning of the study. The comparison of pain, flexibility, ATR, Cobb angles, and SRS-23 scores of the cases within and between groups is shown in Table 4.6. After the treatment, significant changes were obtained between the trunk rotation angles and Cobb angles of the patients in both groups, while the pain score in the involved joint changed only in Group 1. There were no statistically significant results in spine pain. In the changes obtained after treatment, joint pain, pain, sit and reach, ATR and Cobb angles showed statistically significant improvement in Group I compared to Group II. The comparison of the results of the WRVAS and PostureZone scores of the cases within and between groups, while the sub-parameters of WRVAS and PostureZone of the patients increased significantly in both groups within the post-treatment group, a significant improvement was observed in the sub-parameters of WRVAS and PostureZone in Group I.

Conclusion: At the end of this study, PSE and CT applied to children with rheumatism had a corrective effect on flexibility, ATR, Cobb, WRVAS, posture. PSE were more successful than CT in improving these parameters. The results of our study, which we planned to investigate the effectiveness of PSE, showed that this method has superior aspects in many parameters compared to CT in children with rheumatism, and it may be beneficial to be included in the treatment plan.

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AB1697 COMPARISON OF DISEASE ACTIVITY, INFLAMMATORY BIOMARKER, FUNCTIONALITY, PARTICIPATION AND BIOPSYCHOSOCIAL STATUS OF INDIVIDUALS WITH JIA ACCORDING TO THE PRESENCE OF UPPER EXTREMITY INVOLVEMENT

Keywords: Physical therapy/Physiotherapy, Pain, Inflammatory arthritides

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Background: Musculoskeletal involvements due to synovitis and tenosynovitis in the upper extremity joints of individuals with JIA negatively affect their daily living activities with the progression of the process [1-2].

Objectives: The aim of this study is to compare the disease activity, inflammatory biomarker, functionality, participation and biopsychosocial status of individuals with JIA according to the presence of upper extremity involvement.

Methods: Forty individuals (21 girls, 19 boys) who were followed up with the diagnosis of JIA between March and December 2022 were included in our study. Individuals whose demographic information was obtained were divided into two groups as those with isolated upper extremity involvement (JIAUE+, n=11) and those without active and/or sequela joint involvement in the upper or lower extremities (JIAULE-, n=29). Disease activity (JADAS-71 and BASDAI), inflammatory biomarker (ESR and CRP), functionality (Childhood Health Assessment Questionaire (CHAQ)) [3], participation (The Child and Adolescent Scale of Participation (CASP)) [4] and biopsychosocial status (Juvenile Arthritis Biopsychosocial and Clinical Questionnaire (JAB-Q)) [5] was evaluated.

Results: While there was no difference between the two groups in terms of age, gender and BMI($p>0.05$), in the JIAUE+ group, JADAS-71 (p=0.012), CRP (p=0.041), CHAQ-Pain (p=0.048), CHAQ-Overall Impact (p=0.003), JAB-Q Child Form functionality (p=0.033) and total score (p=0.009) were found to be significantly higher than the JIAULE- group. All sub-parameters (home (p=0.009), community ($p<0.001$), school (p=0.005), home and community living activities (p=0.044)) and total score of CASP (p=0.003) were found to be significantly lower in the JIAUE+ group.

Conclusion: Disease activity and inflammatory biomarker levels of JIAUE+ individuals were higher than JIAULE- individuals. In addition, pain, functionality, participation and biopsychosocial status of JIAUE+ individuals were worse than JIAULE- individuals. Our results were consistent with the literature, which