Results: This nurse clinic was created and developed during the pandemic period of SARS-CoV 2 (starting February 2020). For the last three years a total of 556 appointments was performed. The targeted patients had systemic inflammatory rheumatic diseases, mainly rheumatoid arthritis, psoriatic arthritis and spondylarthritis treated with sc classic and biological DMARDs. Appointments are scheduled at week 0 and 4 of starting these therapeutics and also whenever needed, at the request of the patient or the treating physician, in order to ensure a good nurse availability to clarify doubts at the beginning of these treatments. In the specific case of sc methotrexate, a protocol was created by the Rheumatology multidisciplinary team, defining the parameters eligible for evaluation, and the respective procedures of care. During appointments nurses also assess specific disease implications in the person's daily life, both physical, emotional and social domains. Additionally, this is an opportunity to reinforce reliable information on disease management, coping strategies, including information how to manage medication side effects.

Conclusion: The rheumatology nursing outpatient clinic provides key additional care and monitorization to patients with systemic inflammatory rheumatic diseases, treated with sc classic and biological DMARDs. Nurses improve the management of chronic diseases, namely by promoting autonomy of the patient in self-administration of sc therapies at home, counselling and informing about possible adverse effects and respective management strategies, constituting a valid contribution to disease control and patient engagement and education.

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AB1816-HPR RELIABILITY AND VALIDITY OF THE LIE-TO-SIT-TO-STAND-TO-WALK TRANSFER TEST IN TOTAL KNEE ARTHROPLASTY

Keywords: Osteoarthritis, Outcome measures, Comorbidities

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Background: Total knee arthroplasty (TKA) is the gold-standard procedure for end-stage knee osteoarthritis, however, some residual problems may still continue and cause a variety of dysfunctions, such as pain, impaired strength, proprioception, postural instability, dynamic balance, and gait deficiencies [1]. Falls are the most frequent cause of injuries in elderly people, accounting for 90% of hip and wrist fractures and 60% of head injuries [2] requiring expensive and difficult procedures such as fracture surgeries and arthroplasties [3]. The most frequent cause of falling was transfer activities while shifting body weight which accounted for 41% of falls [2] especially getting up from bed and walking to the bathroom [2,4,5]. Additionally, the three major classes of activities—walking, sitting down, and standing—were the most common precipitants of falls. These findings emphasize the need to target each of these activities in fall risk assessment and prevention strategies [2,5]. The Lie-to-Sit-to-Stand-to-Walk Transfer Test (LSSWT) incorporates a multitask approach to measure complicated transfer abilities in older people. However, there is no study investigating the reliability and validity of the LSSWT in TKA patients.

Objectives: The aim of the study is to determine the reliability, validity, and minimal clinically important difference (MCID) of the LSSWT in patients with TKA.

Methods: Twenty-one patients with TKA were included in the study. The LSSWT, the Timed Up and Go Test (TUG), and the Hospital for Special Surgery (HSS) were administered to the patients. Patients rested between the tests for an hour to prevent fatigue.

Results: The mean age was 68.1 ± 2.59 years and the mean HSS Knee Score was 85.43± 3.47. The relative (ICC coefficient) and absolute (SEM and SRD95) reliability values were 0.88, 1.21, and 3.33 respectively. The Spearman correlation coefficient of the LSSWT with the TUG was 0.63.

Conclusion: The LSSWT has excellent reliability and high validity in evaluating fall risk and complex dynamic balance and mobility for the activities of daily living in patients with TKA. The low MCID value (3.33) shows that it is sensitive and identifies little alterations in a patient's condition over time or management strategies. Therefore, it is advisable to use the LSSWT for assessing the fall risk, dynamic balance, and mobility for living in the community, discharging, or admitting to a facility.

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HPR Measuring health (development and measurement properties of PROs, tests, devices)

AB1817-HPR CROSS-CULTURAL ADAPTATION AND VALIDATION OF THE TURKISH VERSION OF THE NORWICH PATELLAR INSTABILITY SCORE IN PATIENTS WITH PATELLAR INSTABILITY

Keywords: Patient reported outcomes, Outcome measures, Validation

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Background: The Norwich Patellar Instability Score (NPIs) score is a tool for evaluating the impact of patellofemoral instability on joint function. It has not been translated or culturally adapted for the Turkish population before.

Objectives: The aim of this study was to translate and validate the NPIs in Turkish patients with patellar instability.

Methods: Sixty-four individuals with patellar instability were included in this cross-sectional study. Test-retest reliability of the Turkish version of NPIs was assessed by the intraclass correlation coefficient (ICC) and Cronbach's alpha for internal consistency. For construct validity, correlation coefficients between the Turkish version of NPIs developed by the translation-back translation method, Kujala patellofemoral disorder score, and Lysholm knee score were analyzed.

Results: The Turkish version of the NPI score showed high internal consistency (Cronbach's alpha = 0.97) and excellent test-retest reliability ($ICC_{2,1}$ = 0.90). The Turkish version of the NPI score had a strong correlation with Kujala patellofemoral disorder score (Rp = -0.85, p< 0.001) and the Lysholm knee score (Rp = -0.89, p< 0.001). A floor effect was observed in the present study and there was no ceiling effect.

Conclusion: The Turkish version of the NPIs is a reliable and valid tool in patients with patellar instability. The Turkish version of the NPIs will be a guide for clinicians and researchers to understand the functional status of patients with patellar instability.

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