

extremity MSDs were the most affected areas among Greek farmers. Overall, MSDs were more common in farmer working longer hours. Further investigation is needed to explore risk factors in the development of MSDs among farmers living in Greece.

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PHYSIOTHERAPISTS' PERCEPTIONS OF AND WILLINGNESS TO USE TELEREHABILITATION IN GREECE DURING THE COVID-19 PANDEMIC

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Objective: To investigate physiotherapists' perceptions of and willingness to use telerehabilitation in Greece during the COVID-19 pandemic

Methods: Greek physiotherapists completed an online survey between January and February 2022. A questionnaire was distributed via the Panhellenic Physiotherapy Association (PSF). The questionnaire involved 26 items on demographic background, working situation, private and professional use of digital technology, overall experience and challenges of telerehabilitation and opinion on the future of telerehabilitation. The study protocol was approved by the Ethical Committee of the University of Patras, Greece.

Results: Participants in this study were 206 physiotherapists (women 57.3%; mean age of 39.71 y). Most physiotherapists (n = 112; 54.4%) were working in a private clinic, in the areas of outpatient orthopedics, geriatrics, and neurorehabilitation. Overall, most participants (54.4%) reported increased use of telerehabilitation strategies during the COVID-19 pandemic. 113 physiotherapists (n = 59.2%) believed that telerehabilitation may be beneficial as supplementary way of patient management. Greek physiotherapists made use of low-cost and easily-accessible digital technologies, such as a mobile phone and online meeting tools (e.g., Skype, Zoom). One disadvantage of telerehabilitation is the limited scope for a physical examination. Most Greek physiotherapists (79.6%) reported that they want to receive more information about digital technology and telerehabilitation.

Conclusion: Most of the participants were willing to deliver physiotherapy via telerehabilitation. Specific education and training programs need to be provided among Physiotherapists during and after the pandemic. Healthcare managers should consider the use of telerehabilitation and should design guidelines and policies to manage the telerehabilitation practices in Greece.

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BONE HEALTH IN SURVIVORS OF A PROLONGED STAY IN INTENSIVE CARE UNIT

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Objectives: Few studies have investigated the impact of a stay in intensive care unit (ICU) on the skeleton. The aim of this retrospective analysis was to describe the bone status of ICU survivors

3 months (M3) after discharge and to compare it with pre-ICU status and status at 12 months (M12) after discharge.

Methods: All adults who survived an ICU stay \geq 7d from January 1, 2019 to September 30, 2021 were included if they attended the M3 consultation at our follow-up clinic. The standardized assessment included lumbar spine, total hip and femoral neck BMD measurement (Hologic Discovery and Delphi scans, cross-calibrated), serum bone turnover biomarkers (bone alkaline phosphatase and tartrate-resistant acid phosphatase 5b) and vitamin D (VTD) status (25(OH)-D) measurements. BMD was categorized as normal, osteopenic or osteoporotic according to T- and Z-scores, age and sex. Some patients also attended a similar consultation at M12. BMD was compared to pre-ICU values, if available.

Results: 155 patients (35.5% women, age 63 (55-70)y.o., BMI 28.6 (24.2-31.9)kg/m²) survived an ICU stay of 14 (9-23) d and had a bone status assessment at M3. At M3, 86/155 patients (55.5%) were on VTD supplementation. Osteopenia and osteoporosis were found respectively in 26/155 (16.8%) and 9/155 (5.8%) at lumbar spine, in 40/155 (25.8%) and 6/155 (3.9%) at total hip, and in 57/155 (36.8%) and 14/155 (9%) at femoral neck. Bone markers were into normal ranges, and 25(OH)-D reached 29.6 (21.5-37.9) ng/ml. Only 17/155 patients had pre-ICU data: BMDs were not different compared to M3. On the contrary, 37/155 were followed at M12, and 22/37 (59.5%) were supplemented with VTD. Compared to M3, there was a significant decrease in BMD for total hip (-1.7 (-3.6 to -0.5)%, $p < 0.001$) and for femoral neck (-2.6 (-5.1 to + 0.3)%, $p = 0.001$), but not for lumbar spine (-1.2 (-3.8 to + 1.1)%). These changes did not translate in change of bone diagnostic category, and were not influenced by gender, age, ICU length of stay. No significant change in bone markers was observed. 25(OH)-D significantly decreased, reaching 23 (17.2-30.5)ng/ml ($p = 0.001$).

Conclusion: Total hip and femoral neck BMD significantly decreased at M12 compared to M3, without any translation in bone diagnostic category. Potential association with patients and ICU characteristics requires further investigation.

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INCIDENCE OF JUVENILE ONSET POLYARTHRITIS IN A RHEUMATOID ARTHRITIS POPULATION

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Objective: Juvenile idiopathic arthritis (JIA) is not an isolated disease; the term applies to a number of non-infectious chronic arthritis in children that share certain characteristics. The current classification system of the International League of Associations for Rheumatology defines the categories of the disease according to clinical and laboratory signs, including polyarticular juvenile idiopathic arthritis (negative or positive rheumatoid factor), the most progressive form often towards rheumatoid arthritis (RA). This study aimed to determine the incidence of juvenile onset arthritis in a general RA population.

Methods: This is a retrospective descriptive study, from January 2019 to October 2021.

Inclusion criteria: all patients diagnosed with RA according to the ACR/EULAR 2010 criteria

Exclusion criteria: all patients followed for chronic inflammatory arthritis other than RA.

Results: 278 patients were included, 268 women and 10 men with a sex ratio of 0.037.

The average age of patients was 56.14 y with extremes ranging from 16-79 y. The mean disease duration was 9.89 y with extremes ranging from 4 months to 34 y. Four patients or 1.43% of patients were initially diagnosed with JIA and the average age was 20.5 y. The mode