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**Background:** The Coronavirus pandemic (COVID-19) has brought about significant change to athletes, with the postponement and cancellation of competitions and performances. This has created a need to proactively adapt to ensure peak mental and physical fitness. This requirement to adapt may be even more relevant for those athletes rehabilitating from injury during the pandemic. This qualitative study sought to explore the experiences of student circus arts performers with atraumatic shoulder instability undertaking a 12-week shoulder rehabilitation program during the Melbourne COVID-19 pandemic lockdown.

**Method:** Fourteen circus arts students from the National Institute of Circus Arts were interviewed via teleconsultation. Semi-structured interviews were recorded, transcribed and analysed using inductive thematic analysis.

**Results:** Five overarching themes were identified: impact (physical and mental), opportunity, developing routine, client-therapist relationship, and transformation. All participants reported positive physical changes to their shoulder including increases in strength, stability, range of motion, less pain, "clicking" and "clunking", improved posture, muscle memory as well as carry-over to functional circus activities. The pandemic's mental impact varied across the cohort, with positive and negative experiences described in relation to cognitive, social and affective factors. Most performers felt the pandemic provided an opportunity to focus on rehabilitation of their shoulder. Program effects were underpinned by positive client-therapist relationships and a progressive transformation of learning where students gained knowledge, and strategies for short and long-term management of their condition.

**Discussion:** The COVID-19 pandemic provides a unique opportunity for individuals to undertake injury rehabilitation during an absence of usual training and performance. Rehabilitation for atraumatic shoulder instability can be delivered effectively via teleconsultation to improve subjectively reported physical function and long-term management of atraumatic shoulder instability, facilitated by strong client-therapist relationships and a structured rehabilitation program.

**Conflict of interest statement:** My co-authors and I acknowledge that we have no conflict of interest of relevance to the submission of this abstract.

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### **Bridging the gap between attitudes and action: Opportunities for the cancer care workforce to support exercise counselling and referral**

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**Background:** The majority of the cancer care workforce have favourable attitudes and opinions of exercise for cancer patients, and report that exercise is safe and beneficial; nevertheless, insufficient time and uncertainty of what to recommend are reported as common barriers to discussing and/or counselling their patients about exercise. The limited research about cancer care clinician's communication with their patients about exercise suggests that a timely discussion about regular exercise can be reassuring, informative and motivational for patients. This study aimed to 1) understand the factors impacting the implementation for

exercise communication and referral, and 2) explore and initiate co-ordinated and integrated clinical approaches to exercise communication and referral.

**Methods:** Seven focus groups were conducted with cancer care clinicians and practitioners (N=53) (i.e., oncologists, haematologists specialising in cancer, oncology nurses, physiotherapists, exercise physiologists, social workers and psychologists) working with cancer patients throughout Sydney, Australia. In addition, a sub-sample of participants (n=9) attended a half-day workshop focused on identifying best practice approaches for moving forward. Thematic content analysis was utilised to analyse the data.

**Results:** Two overarching themes, and associated subthemes, emerged from the data: 1) Factors impacting the knowledge-to-action gap, highlights the challenges and barriers clinicians and practitioners face in implementing exercise counselling and a referral pathway; inclusive of the funding structure, current referral process (i.e., only available via general practitioner/Medicare), lack of exercise specific knowledge and education to confidently advice/counsel patients, limited access and opportunity for professional development/training specific to exercise for cancer care, and 2) Recommendations for a consistent and efficient way forward, describes an action-orientated exercise counselling and referral pathway approach; inclusive of an oncologist-initiated brief communication exchange, distribution of a variety of cancer-specific, tailored exercise resources for patients (e.g., videos, online, hard copy), access to exercise physiologists with cancer care expertise, initial exercise consultation prompted by exercise physiologist.

**Discussion:** This study has identified important factors influencing exercise counselling and referral by the cancer care workforce, and potential approaches for incorporating exercise into standard cancer care. A model for an exercise referral pathway is provided to guide implementation, inclusive of oncologist-initiated communication exchange, relevant resources, and access to exercise practitioners with cancer expertise. Future testing is required to determine feasibility and practicality of these approaches.

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### **Influence of age on arterial stiffness responses following a short period of sitting in healthy males**

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**Background:** Age-related increases in arterial stiffness including carotid-femoral pulse wave velocity (cf-PWV), aortic wave reflection via augmentation index (AIx) and reflection magnitude (RM) have been associated with future cardiovascular event risk. Chronic or prolonged inactivity has been reported to exacerbate the age-related increases in arterial stiffness. However, little is known about the impact of a short, period of inactivity on arterial stiffness with age potentially an influencing factor. The aim of this study was to examine the effect of age on the acute, arterial stiffness responses following a short period of sitting in healthy males.

**Methods:** Twenty-two young (27.1±7.3 yrs, 177.4±5.4 cm, 82.2±10.2 kg, 26.1±3.1 kg.m<sup>-2</sup>) and twenty-two older (68.8±5.3 yrs,