

medication and physical therapy. They had evidence of impaired multifidus motor control (positive prone instability test) and no indication for spine surgery. Participants delivered stimulation for up to 30 minutes twice daily causing repetitive tonic multifidus contractions and remain in long-term follow-up.

Results: At baseline (N=204), participants were 47 ± 9 years of age, had a history of 14 ± 11 years of backpain, average LBP-VAS of 7.3 ± 0.7 cm, ODI of 39 ± 10 , EQ-5D of 0.585 ± 0.174 points and had pain on $97\pm 8\%$ of days in the prior year prior. Despite limited effectiveness, 37% of participants were using opioids at baseline.

At 3 years (N=129), average LBP-VAS had improved by 4.9 ± 2.4 cm (68.1%), ODI by 22.9 ± 15.2 points (58.9%) and EQ-5D by 0.220 ± 0.196 (All $p<0.0001$); 77% of participants had a $\geq 50\%$ LBP-VAS improvement; 68% reported LBP-Resolution (LBP-VAS ≤ 2.5 cm); 64% had a ≥ 20 -point ODI improvement and 86% of participants were "definitely satisfied" with the treatment. As pain and disability are interdependent symptoms, treatment success is determined by both: 83% had an improvement of $\geq 50\%$ in LBP-VAS and/or ≥ 20 points in ODI, and 57% had these improvements in both. Of participants using opioids at baseline, 72% had voluntarily discontinued (51%) or decreased (21%) consumption. The overall safety profile is favorable compared to other neurostimulation systems and no lead migrations were observed. During the third follow-up year, 6 participants requested device removal citing resolution of pain.

Discussion: Overall trial results demonstrate effectiveness, durability, and safety. Progressive long-term improvements are consistent with the restorative mechanism of action.

Impact and application to the field: Restorative neurostimulation should be considered in patients with intractable mechanical CLBP associated with multifidus control impairment refractory to specialist physical therapy.

The Author declares no conflict of interest

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Relationship between ventilatory efficiency and salivary mitochondrial DNA copy number in aerobically trained adolescent athletes

N. Yasuda^a, T. Tanioka^b, K. Nakazawa^c

^aOkayama Healthcare Professional University, Japan

^bShowa University, Japan

^cThe University of Tokyo, Japan

Introduction: It has been reported that endurance exercise training improves cardiorespiratory fitness levels (e.g., peak oxygen uptake: VO_{2peak}) and mitochondrial function. On this matter, one study has shown that ventilation efficiency may be directly related to salivary mitochondrial DNA copy number (as an index of mitochondrial content) in healthy subjects with relatively low aerobic capacity (33 ml/kg/min VO_{2peak}). However, the causal relationship for these indices in adolescent athletes is not yet clear. The purpose of this study was to clarify the relationship between ventilatory efficiency and salivary mitochondrial DNA copy number in aerobically active adolescent athletes.

Methods: Adolescent male and female athletes with similar fitness levels (Males; n=12, age: 15.2 ± 1.6 years, VO_{2peak} [peak oxygen uptake relative to fat free mass]: 77.2 ± 9.8 ml/kg FFM/min; Females; n=11, age: 15.1 ± 0.8 years, VO_{2peak} : 72.3 ± 5.7 ml/kg FFM/min [mean \pm SD]) were recruited as the participants. All participants executed an incremental cycling exercise until volitional exhaustion to measure ventilatory efficiency, including ventilatory threshold and peak oxygen uptake on an electromagnetically braked cycle

ergometer. Each participant conducted a cycling exercise at an initial power output of 0 W for three minutes, which was increased by 25 W every 1 min until exhaustion. Pedaling frequency was 60 rpm. Expired gases and heart rate were continuously analyzed with using a respiratory monitor system and electrocardiograph. Ventilatory efficiency was assessed with the lowest minute ventilation per unit carbon dioxide production (VE/VCO_2). Prior to maximal cycling exercise, salivary samples were collected for the later analysis of salivary mitochondrial DNA copy number quantified with real-time polymerase reaction. Correlation analyses were consequently performed to clarify the relationship between ventilatory efficiency and salivary mitochondrial copy number.

Results: No significant correlation was observed between ventilation equivalent and salivary mitochondrial DNA copy number in adolescent male ($p=0.379$) and female athletes ($p=0.672$).

Discussion: Previous investigation has shown that ventilatory efficiency may correlate with salivary mitochondrial DNA copy number in healthy people with relatively low aerobic fitness. On the other hand, the results of our study showed no significant differences between these indicators. This disparity may partially be due to the relatively higher aerobic fitness of the participants (VO_{2peak} values: 55 ml/kg/min and 72 ml/kg FFM/min) in this study than in the previous study. In conclusion, the findings of this study suggest that there may be no direct link between ventilation efficiency and salivary mitochondrial DNA copy number in aerobically fit adolescent males and females.

Impact and application to the field: If a method of assessing fitness levels could be established using saliva, based on biomarkers of the mitochondrial function system, it could be a useful indicator for checking the physical condition of adolescent athletes.

We have no conflict of interest of relevance to the submission of this abstract.

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Effects of long-term training on whole body DNA oxidation in adolescent female volleyball athletes

K. Tanaka, N. Yasuda

Okayama Healthcare Professional University, Japan

Introduction: Setting optimal training volume is important to prevent injuries and disorders induced by overtraining when adolescent athletes engage in sport-club activities. On this point, if non-invasive biomarkers related to oxidative stress could be used to monitor the physical condition of athletes, it is expected to provide athletes with some feedback to maintain and improve performance levels for the athletes. The aim of this study was to examine the cumulative effects of 12 months of volleyball training on whole body DNA oxidation (accounted for by urinary 8-hydroxy-2'-deoxyguanosine) in adolescent female athletes.

Methods: Nine eumenorrhoeic female volleyball players (as baseline values; age: 15.2 ± 0.4 year, height: 159.9 ± 5.9 cm, body weight: 54.9 ± 6.4 kg, BMI: 21.4 ± 1.6 kg/m², body fat: $22.1\pm 4.7\%$ [mean \pm SD]) served as the participants. Each athlete performed volleyball training in the school gym, which consisted of ball handling, specialized drills, and practical game-style exercises, including physical training. The training cycle consisted of six days per week, with a total of approximately 2 to 2.5 of volleyball training per day. In order to examine the cumulative effects of whole body DNA oxidation, urine samples were collected before and after volleyball club activities on three successive days (Days 1, 3, and 5) at 0 (baseline) and 12 months (two consecutive days summer seasons), respectively, for the later analysis of 8-hydroxy-2'-deoxyguanosine (8-