

In addition, the agencies interviewed were seeing increased numbers of youth with mental and behavioral health issues, including substance abuse, PTSD, anxiety, and depression.

Results: The increase in need from TAYEH resulted in permanent services being added to their organization to help this population. The increase in need of services during the COVID-19 pandemic from TAYEH may have been due to limitations on the number of individuals allowed to occupy a space. It was agreed through the interviews that there could be ways to improve the services and resources for the behavioral needs of youth in their agencies.

Conclusions: Although there were challenges to accessing services like virtual meetings and staff illness, agencies developed strategies to meet the needs of the youth. These included creating virtual drop in centers and providing more telehealth services .

Author(s) Disclosures: None.

Keywords: Transition Age Youth, Homelessness, Covid-19, Behavioral Health, Drop-In Centers

Late Breaking Research Poster 1841560

Immediate Changes in Hip Range of Motion after Mobilization with Movement Versus Static Stretching

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Research Objectives: To investigate the pre and post-intervention differences in hip range of motion after mobilization with movement, a static stretch, or control in those with reduced hip mobility.

Design: The study was a three-arm, single blind, randomized controlled trial. Subjects received pre-intervention hip range of motion measurements followed by randomization into one of three groups: [1] a supine hip internal rotation stretch [2] a supine hip internal rotation mobilization with movement or [3] a control. A second Investigator blinded to baseline measurements completed the intervention. Post-test measurements were then obtained immediately after the intervention by an investigator blinded to group assignment.

Setting: The study was conducted in university clinical laboratory.

Participants: A convenience sample of fifty-six (56) subjects with limited hip internal rotation less than 10 degree were recruited.

Interventions: Subjects were randomized into one of three groups: [1] a supine hip internal rotation stretch repeated for 3 bouts of 30 seconds with a 10 second rest between sets [2] a supine hip internal rotation mobilization with movement for 3 sets of 10 repetitions and 30 seconds of rest between sets or [3] a control of lying supine for 2 minutes.

Main Outcome Measures: Hip range of motion including, internal rotation, external rotation, flexion and extension.

Results: At baseline, independent t-tests suggest no significant difference between ($p>0.05$). Group-by-time interactions revealed a significant difference ($p=0.001$) for immediate range of motion changes in the hip treatment groups for internal rotation, external rotation, flexion and extension compared to the control group. However, no significant differences were noted between the treatment groups. Within-group analysis revealed significant changes in treatment groups ($p<0.001$).

Conclusions: A lack of hip internal rotation has been associated with low back pain, hip osteoarthritis as well as sacroiliac disorders. Hip mobilization with movement and a passive internal rotation stretch demonstrated the ability to significantly improve available hip range of motion. Future research should include testing long term effects as well as serial interventions.

Author(s) Disclosures: Authors report no conflict of interest.

Keywords: Flexibility, Internal Rotation, Mobilization, Stretch

Late Breaking Research Poster 1841561

Feasibility of Moderate to High Intensity Gait Training in a Patient with Transfemoral Amputation

Mary Crumley (Washington University Program of Physical Therapy),

Research Objectives: To assess the feasibility of moderate to high intensity gait training in a person with TF amputation to improve walking outcomes.

Design: Case study: 3 months of intervention and 1 month follow-up.

Setting: Outpatient Physical Therapy.

Participants: 64 year-old female five months post TF amputation. PMH included HTN, PVD, DMII, and current smoker.

Interventions: The patient attended outpatient PT visits for 3 months (24 visits). The goal for each visit was to spend 40 minutes at 60-80% of their heart rate-reserved (HRR) in the context of walking.

Main Outcome Measures: Number of visits the HR goal was achieved, Amputee Mobility Predictor, 10 Meter Walk Test.

Results: Moderate to high intensity gait training was performed in 19 of the 24 visits. The average HR goal of at least 60% HRR achieved in 10 of the 19 gait training visits. When the HR goal was achieved, the intervention was performed for an average of 44.2 (± 3.8) minutes. The HR goal was not achieved in 9 visits due to: intervention performed for less than 40 minutes, average HR was below 60% HRR-15, continuous HR monitoring not possible due to equipment failure, and pain (unrelated to the intervention). For 5 visits the intervention was not performed due to: elevated BP, prosthetic management, and monthly assessments. The patient demonstrated an increase in the Amputee Mobility Predictor AMpro by 6 pts and 9pts, 10 Meter Walk Test (10MWT) self-selected (SS) by 0.11m/s and 0.24m/s, and 10MWT (fast) by 0.1m/s and 0.19 at 1 and 3 months respectively, after starting the moderate to high intensity training. At one month post training, the AMpro decreased by 3 pts and 10MWT (SS) by 0.7m/s. There was however an increase in the 10MWT (fast) 0.12m/s.

Conclusions: Moderate to high-intensity gait training is safe and feasible in a patient with TF amputation and it improves walking outcomes. There were no adverse reactions to the intervention. The patient was on multiple medications for BP management that may have affected HR response making it more difficult to achieve the HR goal.

Author(s) Disclosures: None.

Keywords: Transfemoral Amputation, Physical Therapy, High-Intensity Gait Training, Outpatient

Late Breaking Research Poster 1841562

How People with a Chronic Health Condition Have Promoted their Health during COVID-19

Heather Becker (The University of Texas at Austin School of Nursing), Alexa Stuijbergen, Katherine Britt, Sungju Lim

Research Objectives: To interview individuals with long-standing Multiple Sclerosis about their perceptions of COVID-19 restrictions on health, health care access, and health promotion.

Design: A descriptive qualitative approach with maximum variation sampling was used to facilitate low inference interpretation. After coming to consensus on the codes, the researchers clustered the codes and used them to identify emerging themes, consistent with analytic techniques suggested by Miles and Huberman.

Setting: Telephone interviews were conducted with individuals with multiple sclerosis living in the community who were recruited from the mailing list of the National MS Society.

Participants: The 24 individuals interviewed had an average age of 66 years, and had been diagnosed an average of 32 years. Half were married, and 75% were female. Many had college degrees; six were employed.

Interventions: This is a qualitative study with no intervention.

Main Outcome Measures: Self-reported health, health care access, and health promoting behaviors.

Results: Four interconnected themes emerged from the analysis: negative effects on health and health promotion, being isolated, loss of spontaneity in daily life, and resilience. Although most individuals initially reported no effect of COVID-19 on their health, additional probing revealed that some felt weaker and had more balance problems. Normal exercise regimens had been disrupted for approximately half of them. Several also

described decreased social interactions; 80% expressed negative emotional impacts. Many utilized previously developed coping mechanisms, such as cognitive reframing, and support from family as they adapted to COVID-19. Most individuals reported no MS exacerbations and were able to have some contact with providers, usually through telehealth.

Conclusions: Providers and researchers should monitor the on-going impact of the COVID-19 pandemic on physical functioning and emotional well-being among individuals with MS. Higher levels of depression have been previously reported among those with MS. For those needing mental health supports, rapid advancements in telehealth enable providers to refer them to psychological services provided through access from their homes.

Author(s) Disclosures: The authors have no conflicts of interest to declare.

Keywords: Chronic Health Conditions, Health Care Access, Health Promotion, COVID-19

Late Breaking Research Poster 1841564

Self-Perception of Dysphagia Improvement in Parkinson's Disease in a Deep Brain Stimulation Case After Completion Of LSVT-LOUD Tune-Up Sessions

Emma Ault (Saint Mary's College), Rebecca Shultz, Annalisa Layman, Karin Thomas

Research Objectives: To investigate perceptions of dysphagia in Parkinson's disease prior to initiation of the LSVT LOUD program.

To investigate perceived improvement in swallowing following completion of the LSVT LOUD program.

Design: The research methodology is a prospective case study with data being collected from September 2020, to October 2020.

Setting: The study setting was an outpatient speech language pathology office within a medical facility.

Participants: 67 year old male with a diagnosis of Parkinson's disease with deep brain stimulator.

Interventions: LSVT LOUD tune up sessions.

Daily homework: 1-2x daily.

Carryover assignments: Daily.

Main Outcome Measures: 1) Qualitative interview

2) The Dysphagia Handicap Index (measures the effect of dysphagia on three aspects of their lives 1) physical, 2) functional, and 3) emotional)

3) Voice Handicap Index.

Results: Case study findings revealed changes from pre and post-LSVT LOUD tune-up sessions for two out of the three self-rated dysphagia perception measures. The physical perceptions (sensations of choking), emotional perceptions (fear of choking) improved from a moderate to a minimal perceived problem. Functional perceptions (avoidance of eating) remained unchanged at a normal level of a perceived problem.

Conclusions: Research indicates that with Parkinson's disease an individual's self-perception of functioning is not a reliable indicator of actual function. That is, their current ability to ambulate, communicate, and swallow may be more impaired than perceived. However, it is still important to include input from the individual as part of evidence-based practice guidelines. In this case study, the emotional perception of swallowing ability following tune-up sessions improved and may correlate to improved quality of life overall. Questions remain and include whether the perception of improved swallowing may relate to improved compliance with a comprehensive treatment protocol as well as overall quality of life and health. Additional research is needed to compare dysphagia perceptions of improvement after tune-up sessions and after the complete LSVT-LOUD program.

Author(s) Disclosures: No conflicts for any authors.

Keywords: Parkinson's Disease, Dysphagia Handicap Index, Dysphagia Perception, LSVT LOUD

Late Breaking Research Poster 1841565

Adequacy of Medical Home Care and Sociodemographic Factors Associated With Educational Services Use Among Children With Autism Spectrum Disorder

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Research Objectives: To examine whether adequacy of medical home care was significantly associated with the likelihood of children with an autism spectrum disorder (ASD) currently using educational services

To identify sociodemographic factors associated with current use of educational services among children with ASD.

Design: Retrospective analysis of cross-sectional data from the 2016/2017 National Survey of Children's Health (NSCH). Binary logistic regression was conducted with current educational services utilization as the outcome.

Setting: The 2016/2017 NSCH was administered to households in the U.S. and District of Columbia.

Participants: Participants were 1,248 children ages 1-17 years old with ASD currently receiving educational services under individualized family service or education plans.

Interventions: Not Applicable.

Main Outcome Measures: Educational services utilization was defined as current receipt of an individualized family or educational service plan.

Results: Inadequate medical home care was significantly associated with higher likelihood of current educational services use (aOR = 1.95, 95% CI [1.10, 3.44], $p = .028$) in children with ASD. Sociodemographic factors significantly associated with lower odds of using educational services included older children (aOR = 0.91, 95% CI [0.84, 0.99], $p = .028$), lower overall maternal health status (aOR = 0.52, 95% CI [0.29, 0.94], $p = .031$), and children who did not qualify as having special health care needs (aOR = 0.38, 95% CI [0.17-0.85], $p = .018$).

Conclusions: Results suggest inadequate medical home care is associated with higher odds of educational services utilization in children with ASD. Use of educational services varies by children's age, maternal health status, and presence of other special health care needs. The inverse relationship between adequacy of medical home care and educational services utilization among children living with ASD suggests further research to explore the complex relationship between medical home care and educational services use. Future research is needed to examine differences more closely in medical home care, defined within the NSCH survey structure, in relationship to the odds of educational services utilization.

Author(s) Disclosures: The presenter declares no conflict of interest.

Keywords: Autism Spectrum Disorder, Delivery Of Health Care, Child, Adolescent, Cross-Sectional Studies

Late Breaking Research Poster 1841566

Racial Bias in the Assessment of Pain

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Research Objectives: To assess whether U.S. medical students and resident physicians (trainees) at Historically Black Colleges & Universities (HBCUs) displayed any racial bias in the assessment of pain or treatment recommendations; if they held any false beliefs about biological differences between Blacks and Whites, and if they were equally, more, or less accurate in their treatment recommendations for pain in Black vs White patients as a result of their beliefs and/or biases.

Design: This was a descriptive cross-sectional study. Each trainee was asked to read 2 mock-medical cases about a Black patient and a White