Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Research Objectives: We explored stakeholders' experiences using videoconferencing to participate in group-based social learning during the COVID-19 pandemic.

Design: Qualitative thematic analysis.

Setting: Community-based.

Participants: We interviewed 8 community-dwelling low-income adults with chronic stroke (≥ 3 months) and mild-to-moderate disability (NIH Stroke Scale ≤ 16) who enrolled in the ENGAGE Pilot Study (NCT04019275) during the COVID-19 pandemic. Research staff ($n=4$), peer facilitators ($n=2$), and occupational therapist facilitators ($n=2$) were also interviewed.

Interventions: ENGAGE blends social learning, guided discovery, and skills training to facilitate community and social participation. The 8-session curriculum was adapted for delivery via videoconferencing during the COVID-19 pandemic. Peer and occupational therapy facilitators led the groups.

Main Outcome Measures: Semi-structured interviews were conducted. Interviews were transcribed, annotated, and coded by 3 researchers. Results were member checked.

Results: Stakeholders reported that they valued participation in the intervention using videoconferencing and connectedness through shared experiences. Some participants felt more comfortable sharing experiences over videoconferencing than in person. The COVID-19 pandemic prompted participants and facilitators to identify creative approaches to community and social participation.

All stakeholders highlighted technical and social components of using videoconferencing that should be included in training at the beginning of remotely delivered interventions. Learning occurred over the duration of the group sessions rather than during one training session. Group facilitators also described strategies for navigating technical challenges and engaging participants during online group sessions.

Conclusions: Group-based interventions delivered via videoconferencing may facilitate valuable social learning experiences after stroke. Videoconferencing training should address technical skills and social expectations. Future research should explore stakeholder preferences for virtual or face-to-face group interventions, virtual group processes, and optimal training strategies to facilitate technology uptake.

Author(s) Disclosures: This research was supported by the following: T32 Precision Lifestyle Medicine and Translational Research (PREMIER) Postdoctoral Training Program (NHLBI T32HL134634); NIH CTSA SPIRiT Award (University of Pittsburgh, UL1 TR001857; Washington University in St. Louis, UL1 TR002345).

Key Words: Telerehabilitation, Social Learning, Social Participation Community Participation, Stroke

Research Poster 1710109

The role of Self-Efficacy in Chronic Pain—A Case Report Relating Motivation During The COVID-19 Pandemic and a Patient With Chronic Pain

Susanne Purc (Governors State University),
Scott Getsoian, Roberta OShea

Research Objectives: To analyze patient outcomes and traditional physical therapy interventions for chronic low back pain, and discuss the benefits of incorporating self-efficacy techniques to improve patient independence.

Design: Retrospective case report.

Setting: Outpatient physical therapy setting.

Participants: 48-year-old female with complaints of chronic low back pain that has increased significantly over the last six months due to the societal consequences of COVID-19. The patient's past medical history included mild arthritis of her spine. The medications she was using for pain included Naproxen, and the patient also found relief with Salonpas pain relief patches.

Interventions: 1. Trunk flexion AAROM, x 10 repetitions, by rolling swiss ball forward on plinth to promote a stretch of the lower back and eliminate fear of mobility.

2. Interferential electrical stimulation to low back to decrease pain x 10 min

3. bilateral dynamic hip strengthening on hip abduction machine with 45#, 10 reps x 3 sets each

4. Functional training such as proper lifting mechanics, 5 repetitions of box lifting

5. physiological components aimed to improve self-efficacy

Main Outcome Measures: 1. numerical pain rating scale

2. Modified Oswestry Low Back Pain Disability Questionnaire

Results: The patient's pain improved throughout the 6 weeks that she was seen at physical therapy. This is reflected on her scores on the NPRS. Her baseline pain rating was 9.5/10 and by 6 weeks her score decreased to 3/10. The patient also showed improvements on the Modified Oswestry Disability Index, as seen by a decrease from 42% disability to 10% disability. Improvements were seen in the patient's bed mobility, lumbar flexion AROM, bilateral hip strength, and lower abdominal strength.

Conclusions: This case is an example of someone with chronic low back pain that prior to the pandemic, had enough self efficacy to manager her condition independently. Interventions during physical therapy focused on traditional manual and therapeutic exercise principles as well as physiological components aimed to improve her self-efficacy.

Author(s) Disclosures: I declare that I have no relevant or material financial interests that relate to the research described in this paper".

Key Words: Chronic Pain, Low Back Pain, Self Efficacy COVID-19

Research Poster 1710110

COVID and Cognition: Preliminary Findings of a NYC Inpatient Rehabilitation Unit

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Abhishek Jaywant, Gargi Doulatani

Research Objectives: To investigate the impact of COVID-19 on cognition and independence with functional tasks of patients admitted to an inpatient rehabilitation unit (IRU).

Design: Cross-sectional observational study with assessments at admission and discharge of 94 COVID-19 patients admitted to an urban inpatient rehabilitation unit (IRU) between March 2020 - August 2020.

Setting: This study took place in an urban acute care hospital 22-bed IRU.

Participants: 94 individuals admitted to the IRU with a diagnosis of COVID-19. 77 patients received an admission cognitive assessment, 45 also received discharge cognitive assessment. All received admission and discharge Quality Indicator for Self-Care (QI-SC) Score.

Interventions: Not applicable.

Main Outcome Measures: Montreal Cognitive Assessment (MoCA) administered to identify cognitive impairment. The Uniform Data System (UDS) Quality Indicators (on Self-Care (QI-SC) scored for functional status.

Results: 75/77 (97%) patients received an admission cognitive assessment coded as independent with ADL and cognitive tasks prior to admittance. 62/77 (80.5%) patients demonstrated cognitive deficits on the MoCA at admission: 39/77 (50.6%) mildly impaired, 20/77 (26%) moderately impaired, and 3/77 (3.9%) severely impaired. 32/45 patients discharge scores improved and met the MoCA minimally clinically important difference (MCID); however, 35/45 continued to score in the impaired range. Patients who met the MoCA MCID demonstrated significantly greater QI-SC score gains than those that did not meet the MCID. 70/77 (91%) were discharged home with recommendation for continued therapy services.

Conclusions: Cognitive impairment is common amongst patients requiring prolonged hospitalization and acute inpatient rehabilitation for COVID-19. Most patients admitted to the IRU demonstrated intact independence and cognition prior to disease onset and hospitalization. Although most patients on the IRU showed improvements in cognition according to the MoCA; these patients were recommended for continued therapy and/or assistance for functional tasks post discharge. Since cognitive deficits were still present at discharge, the need for standardized

assessment and follow-up is indicated, especially given the association with functional outcome.

Author(s) Disclosures: None.

Key Words: Coronavirus, Cognition, Activities of Daily Living Rehabilitation

Research Poster 1710111

Mission Reconnect: Exploring the Mobile and Web Based Complementary and Integrative Health Program Experience for Veterans with Chronic Pain and PTSD and Their Partners

**Jolie N. Haun (James A. Haley Veterans Hospital),
Bridget A. Cotner, Christine Melillo, Tali Schneider,
Angel Klanchar, Esther Jean-Baptiste, Lisa M. Ballistrea**

Research Objectives: There is a global trend in healthcare towards non-pharmacological and complementary and integrative approaches to health (CIH). The primary objective of this poster is to present the experience of veterans with chronic pain and PTSD and their partners with a remotely delivered CIH education program.

Design: A parent four year, mixed methods randomized control trial proposed to conduct telephone interviews with a subsample of veteran and partner intervention dyads. Transcripts were analyzed using a content analysis. Data in this poster represent preliminary findings from 13 dyads that have been interviewed to date.

Setting: Three Veterans Administration Medical Centers recruited participants from surrounding areas, resulting in recruitment from 12 states.

Participants: Veterans with chronic pain and PTSD, and their selected partners (e.g., spouse, child).

Interventions: The Mission Reconnect program is a partnered, self-directed intervention which teaches CIH skills (e.g., meditation, partnered massage) remotely using mobile and web-based mediums.

Main Outcome Measure(s): Main outcomes are physical and mental, overall quality of life for veterans; and social relationship with partners.

Results: Participants reported improvements in physical, mental, overall quality of life for veterans; and social relationship with partners. Veterans reported improvements in sleep quality, pain management, and anxiety and PTSD symptoms. For veterans and partners, respondents reported improvements in quality of life, including feeling energized, refreshed, centered, and relaxed; and enhanced relationships, including increase in quality time spent together, and expression of affection.

Conclusions: Veterans and their partners reported Mission Reconnect is an effective approach to "reconnecting with life." Online and mobile CIH approaches should be considered for other diverse patient populations and partners, who will benefit from ongoing self-care management. Future research should examine cost-effectiveness of such approaches and broad-scale implementation.

Author Disclosures: None disclosed.

Research Poster 1710113

Big Data and Therapy Sessions: Examination of 4 Million Therapy Sessions

**Raeda Anderson (Shepherd Center), George Collier,
Naveen Khan, John Dzivak**

Research Objectives: To examine patterns in therapy prescriptions and therapy adherence for all exercises assigned in 2020 at Shepherd Center.

Design: Analysis of all (N=4,363,987) therapy prescriptions for 2020 at Shepherd Center collected via Pt Pal. The study focuses on two main areas (1) therapy prescriptions and (2) therapy session. Therapy prescription includes date, frequency, duration, and exercise. For exercise, includes name, category, and subcategory. Therapy session includes date/time, completion percent, number of reps and sets, and stopping sessions (paused or quit).

Setting: Shepherd Center in Atlanta, Georgia.

Participants: 4,363,987 exercise sessions of patients at Shepherd Center in 2020.

Interventions: Not applicable.

Main Outcome Measures: There are two foci: therapy prescriptions and therapy adherence. This study examined both of these factors for 4,363,987 therapy sessions.

Results: For prescriptions, the average times per day per exercise is 2.357. For each exercise, patients are prescribed an average of 1.806 sets and 6.86 reps per set. Total prescribed time per exercise is 3.816 minutes, on average. For adherence, the average percent complete per exercise is 21.21% with an average of 1.88 minutes spent on each exercise. For patients who did their exercises, the average number of reps they completed is 1.35 and 7.84 reps per set.

Conclusions: Patterns of therapy prescription and therapy adherence are of paramount importance for patients, therapists, and hospitals/rehab centers. By understanding patterns in prescriptions and prescription adherence, therapists are empowered to make informed decisions in their prescription patterns.

Author(s) Disclosures: Naveen Khan and John Dzivak are the leaders of Pt Pal, the program used to collect all datum points in this study.

Key Words: Therapy Exercises, Mhealth, At Home Therapy

Research Poster 1710114

Trends in LDL Ratios across the Age Span

**Inga Wang (University of Wisconsin - Milwaukee),
Mohammad Rahman, Sheng-Che Yen**

Research Objectives: Low-density lipoprotein (LDL-C) cholesterol has been strongly associated with coronary heart disease (CHD) risk. This study aimed to examine the trends in serum LDL-C levels across the age span.

Design: This is an observational study.

Setting: General community.

Participants: Data from 39,757 noninstitutionalized participants, aged 12 to 80, were obtained from the 2007-2018 National Health and Nutrition Examination Survey (NHANES) study. We described the distributions of LDL values by gender, age group (12-15, 16-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-80 yr) and race (Mexican, White, Black), and compared the trends in three distinct cross-sectional surveys during 2007-2010, 2011-2014, and 2015-2018.

Interventions: N/A.

Main Outcome Measures: Blood lipid measurements.

Results: LDL-C changed by age and differed by sex. LDL-C levels increased with age through middle age and then decreased with age. Males had higher LDL values at age group 20-49 yr, while females had higher LDL values 50 years and older. Mean LDL values (mg/dL) declined from 104 (95% CI, 103-105) in 2007-2010, to 100 (95% CI, 100-101) in 2015-2018 ($p < .05$ for linear trend) in male; mean LDL values (mg/dL) declined from 110 (95% CI, 109-111) in 2007-2010, to 106 (95% CI, 105-107) in 2015-2018 ($p < .05$ for linear trend) in female.

Conclusions: Between 2007 and 2018, favorable trends in LDL values were observed among noninstitutionalized residents in the US.

Author(s) Disclosures: The authors declare no conflict of interest.

Key Words: Cholesterol, Cardiovascular Diseases, Aging

Research Poster 1710115

Predictive Relationships Between Parkinson's Disease Outcome Measures and Participation in Long-Term HIIT Exercise

**Denise Gobert (Texas State University), Stefanie Culp,
Trevor Klemp, Albina Ferguson, Paige Hooper,
Daniel Murray, Meredith Moreland**

Research Objectives: Although evidence suggests that High-Intensity-Interval-Training (HIIT) has benefits for persons with Parkinson Disease