Conclusions In this report, we showed that the revised 5 gen-
icular nerve technique provided pain relief and improved functional capacity in patients with chronic knee pain due to
knee OA for 3 months after the procedure.

Abstract B399 Table 1

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<th>WOMAC baseline</th>
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B399 PERSISTENT HORNER’S SYNDROME FOLLOWING LOWER CERVICAL GANGLION BLOCK UNDER ULTRASOUND GUIDANCE

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10.1136/rapm-2022-ESRA.475

Background and Aims Horner’s Syndrome is a possible side effect following lower cervical ganglion block which may last up to 8–12 hours (1). We describe a case where lower cervical ganglion block was performed to alleviate sympathetically maintained pain of the right wrist (1,2). In this case, the Horner’s syndrome lasted for 16 days before it subsided completely.

Methods A 21 years old woman with diagnosis of sympathetically maintained pain of her wrist, underwent lower sympathetic ganglion block under ultrasound guidance as a day case procedure without sedation. A total amount of dexamethasone 6,6 mg (2 ml) and L-Bupivacaine 0,25% (3 ml) were injected via in plane approach after negative aspiration. The procedure was uneventful and no pain or paresthesia were reported during the block. Horner’s syndrome was observed 8 min later. Vital signs remained within normal limits until her discharge after 2 hours.

Results On 6th day the patient reported signs and symptoms of persistent Horner’s syndrome along with generalised symptoms of fatigue and dizziness which subsided completely on 16th day. Although slight blurred vision persisted, she was prescribed glasses for underlying astigmatism by the ophthalmologist recently. She was noticed significant improvement in pain and hand function.

Conclusions There was not an obvious cause to provoke any kind of injury on the sympathetic fibres. Possible causes could be the microtrauma/ischemia from the needle tip(3), the high injection pressure and the toxicity from local anaesthetic(4,5). However, the Horner’s syndrome subsided spontaneously after 16 days and no other intervention was necessary.

B400 THE USE OF STRETCHING TECHNIQUES IN THE MANAGEMENT OF NON-SPECIFIC CHRONIC LOW BACK PAIN PATIENTS. A SYSTEMATIC REVIEW OF THE LITERATURE

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10.1136/rapm-2022-ESRA.476

Background and Aims Low Back Pain is a common musculoskeletal condition with an extremely complicated and unclear pathogenesis and in more than 85% of the cases, no clear underlying cause can be identified. In order to be classified as a chronic pain syndrome the symptoms must last for more than twelve weeks and is then defined as non – specific chronic Low Back Pain (nscLBP) and often leads to disability. The aim of this systematic review is to investigate the effectiveness of stretching on specific outcomes and to propose specific dose parameters for this technique

Methods Systematic searches were conducted on 4 databases, Pubmed, Science Direct, Scopus και Pedro. All experimental RCTS investigating the effectiveness of stretching techniques either as a stand-alone treatment technique or as part of a treatment program were included in this review

Results Sixteen RCTs met the inclusion and exclusion criteria and were included in this review. The results of these studies indicate that ST either as a standalone treatment or as part of a treatment program decrease pain, disability and depression and on the other hand increase Range of Movement, functionality and Quality of Life compared to baseline measurements. An effective treatment program should incorporate supervised ST techniques within 12 treatment session once per day unsupervised.

Conclusions The findings of this review support the recommendations of Clinical Guidelines regarding the use of ST in the treatment of nscLBP showing improvement in pain, disability, depression, Range of Movement, functionality and Quality of Life.

B401 IS THERE A ROLE FOR PAIN NEUROSCIENCE EDUCATION IN THE MANAGEMENT OF CHRONIC PAIN PATIENTS? A SYSTEMATIC REVIEW OF THE LITERATURE

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10.1136/rapm-2022-ESRA.477

Background and Aims Chronic pain can contribute to disability, depression, anxiety, sleep disturbances, poor quality of life and increased health care costs. Chronic pain is a complex. The growing consensus indicates that the best approach to treatment involves the combination of pharmacological and