

tibiofibular joint dorsiflexed. The cross-sectional area and the nerve-skin distance of each nerve were measured in each position in both groups. The measurements were compared by analysis of variance for repeated measures.

Results: The sample was predominantly composed of females [$n = 25$, (73.52%)], with a mean age of 30.47 years (6.84) for adults and 70.47 years (5.22) for older adults. The nerve-to-skin distance increased significantly between positions 1 and 2 for the median nerve ($F = 54.04$; $p < 0.001$) and between positions 1 and 2 for the sciatic nerve ($F = 107.54$; $p < 0.001$), regardless of age group. Similarly, the cross-sectional area of the sciatic nerve was greater in position 1 compared to position 2 for the sciatic nerve ($F = 17.27$; $p < 0.001$). No significant interactions were observed between age group and position for any of the variables, indicating that both adults and older adults responded similarly to the increase in neural tension. Moreover, the sciatic nerve was significantly more superficial in older adults than younger adults ($t = -3.09$; $p = 0.018$) in position 2.

Conclusion: The sciatic and median nerves responded similarly to increased tension in older adults and adults for the variables: cross-sectional area of the sciatic and median nerves and the nerve-skin distance of the median nerve. However, for the nerve-to-skin distance of the sciatic nerve, it was observed that the nerve was more superficial in older adults.

Implications: The neurodynamic response to tension was similar between asymptomatic older and younger adults. Although the sciatic nerve was more superficial in older adults, it is reasonably explained by the body mass index difference and the age-related trend of muscle mass decline.

Keywords: Peripheral Nerves, Ultrasonography, Age Groups

Conflict of interest: Os autores declaram não ter conflito de interesse.

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RESPONSE ANALYSES IN CHRONIC LOW BACK PAIN DO THEY MODIFY CLINICAL TRIAL OUTCOMES?

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Background: Most clinical trials in the field of low back pain use mean differences and 95% confidence intervals to estimate treatment effects. However, clinicians often criticize this statistical approach, arguing that it may not provide a "real estimate" at an individual level. An alternative strategy is to categorize patients as "recovered" or "non-recovered" to better identify those who may benefit more from specific treatments. This type of analysis is known as responder analysis.

Objectives: This study aims to perform a secondary analysis (responder analysis) of clinical trials involving patients with low back pain, examining each study's results individually and investigating whether a responder analysis would alter the conclusions of these trials.

Methods: We conducted a secondary analysis of fourteen randomized controlled trials performed by our research group on patients with chronic low back pain. Pain, disability, and global perceived effect outcomes were analyzed. We generated cutoff points to

classify patients as "recovered" or "not recovered" for the responder analysis. We then compared the results of the responder analysis to the original findings of these trials.

Results: We analyzed data from 2,187 patients with chronic low back pain. In total, only 23 out of 384 (6%) analyses altered the primary findings, suggesting that although the secondary analysis modified some individual outcomes, most results remained consistent with the primary analysis.

Conclusion: Reanalyzing the original clinical trial results using responder analysis did not lead to significant changes in the previous conclusions of any of these trials. The hypothesis that a response-based analysis could identify a higher proportion of recovered patients in the intervention groups was not confirmed.

Implications: Despite being widely used, responder analysis appears to yield similar conclusions to traditional statistical approaches in low back pain trials.

Keywords: Responder analysis, Low back pain, Clinical trial

Conflict of interest: The authors declare no conflict of interest.

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RELATIONSHIP BETWEEN ISOKINETIC MEASURES, PSYCHOLOGICAL READINESS AND SUBJECTIVE FUNCTION AFTER 6 MONTHS OF ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION: PILOT STUDY

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Background: Isokinetic measurements are considered important variables for return to sport, however, isokinetic testing is not easily accessible to most athletes. In this context, physical therapists use self-reported scales and questionnaires to better understand knee function and readiness to return to sports activities. However, little evidence addresses how self-reported measures of subjective function and psychological readiness may be associated with recovery of function after Anterior Cruciate Ligament Reconstruction (ACLR).

Objectives: To analyze the correlation between isokinetic variables, psychological readiness measured by the Return to Sport Scale (ACL-RSI) and subjective function by the International Knee Documentation Committee (IKDC) after 6 months of ACLR.

Methods: This is a pilot study (I), with 7 participants undergoing ACLR (27.5 ± 6.9), 6 men and 1 woman, who participated in the standardized evaluation and treatment protocol over 6 months. At the end of 6 months of ACLR, they underwent isokinetic evaluation and responded to ACL-RSI and IKDC. The outcomes evaluated were isokinetic strength, Limb Symmetry Index (LSI) and Muscle Impairment Index (MDI), ACL-RSI and IKDC. The analyses performed were Pearson's Correlation Coefficient in SPSS29 ($p < 0,05$). The correlations in relation to ACL-RSI and IKDC, respectively, were: For extensor strength $r = -0.200$ ($p = 0.667$) and $r = -0.860$ ($p = 0.855$) and flexor $r = -0.254$ ($p = 0.582$) and $r = -0.226$ ($p = 0.627$), extensor LSI $r = 0.422$ ($p = 0.346$) and $r = 0.294$ ($p = 0.523$) and flexor $r = 0.297$ ($p = 0.518$) and $r = 0.173$ ($p = 0.711$) and extensor IDM $r = 0.412$ ($p = 0.358$) and $r = 0.145$ ($p = 0.757$) and flexor $r = -0.740$ ($p = 0.057$)