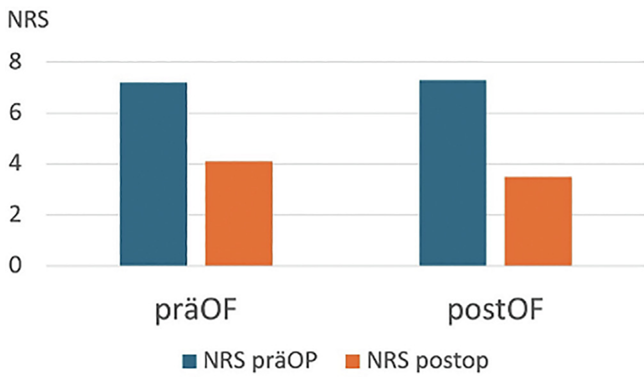
Abb. 2

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**V 72**

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**Impact of targeted neck and shoulder muscle training on muscular tension in ear surgeons**

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Ear surgeons are frequently exposed to prolonged static loads on the neck and shoulders during surgical procedures using a microscope, which can lead to muscular tension and consequently to chronic discomfort and complaints. This study investigates whether targeted training of the neck and shoulder girdle muscles can reduce muscle tension in ear surgeons during and after surgeries. For this purpose, four ear surgeons (1 female/3 male) participated in the study, completing an application-based (app) and app-monitored training program for the neck and shoulder muscles over a period of eight weeks. Muscle tension in the trapezius muscle (M. trapezius) and the neck muscles was measured using electromyography during a cochlea implant surgery. Muscle tension was compared before and after the start of the training program. Additionally, the surgeons completed a questionnaire regarding physical activity, stress levels, and other relevant factors. Results from 100 surgeries show a significant reduction by 20% in trapezius muscle tension due to the training program while performing surgery ($p=0.05$). Moderate activity on the previous day could reduce muscle tension in the trapezius during surgery by 31% ($p=0.01$), high activity on the previous day by 20% ($p= 0.40$). All surgeons stated that they had subjectively benefited from the training and that they would voluntarily continue performing the exercises beyond this study. Targeted training and physical activity on the previous day can reduce muscle tension during surgeries. This highlights the relevance of training programs and moderate activity in reducing strain in daily surgical routines.

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**V 73**

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**Towards a multidisciplinary approach in degenerative cervical myelopathy: opportunities of non-surgical clinicians in assessment and management**

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**INTRODUCTION:** Individuals with degenerative cervical myelopathy (DCM) face lifelong impairments and functional disabilities, despite technically successful surgery. While evidence regarding novel surgical approaches are advancing, the role of non-surgical clinicians in assessing and rehabilitating these impairments is largely underexplored [1].
METHODS: A comprehensive MEDLINE search, as previously validated by Davies et al, was conducted and findings were synthesized with the collective expertise of an international multidisciplinary working group, including individuals with lived experience [2].
**RESULTS:** Key domains of non-surgical clinician involvement include: 1) early recognition and referral, 2) patient education, 3) pain management, 4) preoperative management and 5) postoperative rehabilitation. Timely DCM diagnosis depends on first-contact clinicians recognizing hallmark symptoms. Non-surgical clinicians educate patients with mild or non-myelopathic spinal cord compression to recognize signs of DCM progression, ensuring timely surgical consultation [3]. These clinicians also play a multidisciplinary role in the biopsychosocial management of pain, incorporating (non-) pharmacological strategies to address nociceptive and neuropathic pain. While predictors of postoperative outcomes are known, evidence on preoperative optimization and prehabilitation remains limited [1]. Emerging research highlights the benefits of early postoperative rehabilitation in improving 12-month postoperative outcomes [4].
**DISCUSSION AND CONCLUSION:** Non-surgical clinicians play many roles in the management of individuals with DCM across the care continuum, spanning from early recognition and referral through to postoperative rehabilitation. Multidisciplinary integration between surgical and non-surgical faculties allows for a patient-centred approach. Emerging evidence supports the premise of early postoperative rehabilitation, although further prospective trials are necessary.

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**V 74**

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**GRAPE-Gender - Priority Setting Partnership for the German research agenda for physiotherapy in people with back pain with a focus on the gender data gap**

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**INTRODUCTION:** The existence of research priorities can increase the value of a health profession and help to coordinate research activities. This is also important for German physiotherapy, which is on its way to becoming an independent research discipline. Back pain (ICD-10 code M54) is the most common diagnosis in physiotherapy practice, accounting for 26.6% of all patients and 15.9% of all prescriptions. However, there are gender-specific differences in the care of people with back pain. The GRAPE Gender project aims to systematically develop physiotherapy research priorities for people with back pain, taking gender into account as an important factor.
**METHODOLOGY:** With the help of a priority setting partnership based on the James Lind Alliance approach, research priorities are systematically identified together with the target group of people with back pain, but also with physiotherapists. To this end, systematic literature searches on existing physiotherapy research priorities and evidence gaps, two Germany-wide surveys and a prioritization workshop with patients and physiotherapists will be carried out in various work packages. Throughout the project, a steering group of patients and physiotherapists, mainly from the field of healthcare provision, will accompany the Priority Setting Partnership.
**RESULTS:** At the time of the Spine Congress, the study is still ongoing. The project and any initial interim results will be presented. In particular, the project is to be publicized in the community, as the broad participation of patients and