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With attention to specific needs and tailored support, wearable activity trackers and mHealth reporting for chronic pain self-care are feasible for use by vulnerable older adults. Future research should test how the effects of activity trackers on pain-related outcomes can be enhanced by incorporating behavior change strategies and training in evidence-based cognitive-behavioral techniques. This study was supported by a grant from the National Institutes of Health, P30 AG015281, and the Michigan Center for Urban African American Aging Research and by grants from the National Institute on Aging (K01 AG050706-01A1 to MRJ); UM OAlC Pepper Center 2017 Pilot Grant (Janevic, Pi).

(375) An Analysis of Physician and Patient Reporting of Treatable Targets in an Interdisciplinary Pain Management Program
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Interdisciplinary pain management programs (IPMP) provide low-risk, cost-effective treatment for patients with “high-impact chronic pain”. Patient participation is important for successful outcomes and may be influenced by patient and physician perceptions of treatment targets. The purpose of this study was to determine the availability and difficulty with 7 key clinical domains and the level of agreement between patients and physicians identifying these. It was hypothesized that more impaired patients would be recommended for more intense treatment and that higher levels of physician-patient agreement would predict higher levels of enrollment in the program vs no IPMP. The retrospective chart review of patients evaluated in an outpatient academic pain clinic. Patient characteristics; patient and physician reported presence of difficulty with 7 clinical domains (pain, sleep, mood, physical functioning, ability to cope with pain, ability to manage pain flare-ups and medication effectiveness); treatment recommendation (>80 h total treatment in an IPMP vs < 80 h IPMP vs no IPMP) and enrollment in recommended treatment were recorded. Percent agreement and Kappa statistics were used to assess levels of patient-physician agreement. The overall levels of agreement (free-marginal Kappas) between physicians and their patients across all seven domains ranged from 0.19 (medication effectiveness) to 0.94 (pain) and all were statistically significant (Ps < .0001). 57.4% of patients recommended for an IPMP enrolled. Patients recommended for >80h of treatment had significantly more physician-identified problem domains. Levels of physician-patient agreement did not vary by treatment. This study demonstrates the importance of measuring associations between expectancies and pain outcomes at multiple time-points to fully capture the relationship between expectancies, pain and function following total knee arthroplasty.

(376) An Evaluation of the Short- and Long-Term Influence of Presurgical Expectancies on Pain and Function Following Total Knee Arthroplasty
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Expectancies have a strong, well-documented influence on future pain experiences, responses to pain, pain treatment outcomes, and postsurgical outcomes. In individuals with osteoarthritis, several studies have shown that presurgical expectancies predict heightened pain and disability following total knee arthroplasty. However, despite growing recognition of the importance of expectancies in clinical settings, evidence to support the short and long-term predictive nature of expectancies is unsatisfactory. The objective of the present study was to explore the temporal association between presurgical expectancies and pain and function following total knee arthroplasty. Patients who had been scheduled for total knee arthroplasty 1 week prior to surgery, and then at 6 weeks, 3 months, 6 months, and 1-year post-surgery. Multivariate analyses examined the influence of presurgical expectancies on patients’ perceptions of pain reductions and functional improvements at each time-point. Analyses were controlled for age, sex, presurgical pain intensity, pain catastrophizing, depression and anxiety. Results revealed that pain expectancies significantly predicted reductions in pain at 3-month and 1-year follow-ups, however pain expectations were better predictors of pain at 1-year follow-up than at 3-month follow-up. Functional expectancies significantly predicted improvements in function at 1-year follow-up, but not at any of the other time-points. This study extends previous work by investigating the effect of presurgical expectancies on pain outcomes over time. It identifies expectancies as important predictors of longitudinal pain and function, providing targets for clinical interventions. The results of this study highlight the importance of measuring associations between expectancies and pain outcomes at multiple time-points to fully capture the relationship between expectancies, pain and function following total knee arthroplasty.

(377) Changes in the Brain and Patient Impression of Change among Multiple Clinical Domains following Interdisciplinary Pain Management for Chronic Pain
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Given the subjective nature of chronic pain, it is standard of care to assess efficacy of treatment interventions utilizing patient self-report measures. The present study examined pre- to post-treatment changes in volumes for brain structures known to be associ- ated with pain processing domains and limbic (thalamus, hippocampus, amygdala, and accumbens) following an interdiscipli- nary pain management program. Twenty-five patients starting a 4-week program were recruited for the study, with 21 patients completing the study. The program consisted of individual and group therapies with the following disciplines: physical therapy, occupational therapy, pain psychology, biofeedback/relaxation training, nursing lectures [PS1] and medical management. All patients underwent functional MRI of the brain prior to the start and at completion of the program. The Multidimensional Patient Impression of Change (MPIC) measure was collected upon comple- tion of the program to assess patient’s perceptions of change in Overall Status, Pain, Sleep, Mood, Physical Functioning, Coping with Pain, Managing Pain Flare-ups, and Medication Efficacy. Paired-samples t-test indicated significant increases in brain volumes in the thalamus, hippocampus, and amygdala (Ps < .05). On each domain of the MPIC the majority of the patients perceived some improvement (Minimal to Very Much improvement), ranging from 67% (Medication Efficacy) to 100% (Cope with Pain). The increase in volume in the hippocampus was significantly associated with patient perceptions of Change among all domains of the MPIC (r’s 0.47 to 0.66, Ps < .05). These findings show that a 4-week interdisciplinary pain management program resulted in changes in the brain, which adds objective findings further demonstrating pro- gram efficacy. Furthermore, the strong associations with patient perceptions of change and increased volume of the hippocampus suggests a significant impact on the alternation of how pain is remembered following treatment.

(378) Leg Dominance May Influence Exercise-Induced Hypoalgesia Response to Moderate Intensity Retrowalking: A Pilot Study
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Retrowalking (walking backwards) is often used clinically to address movement impairment. Whether retrowalking at a moderate intensity is sufficient to produce exercise-induced hypoalgesia (EIH) is unknown. This pilot study explored EIH following retro- walking in twenty healthy young adults (21.6 ± 2.9 yrs, 10 men). Pressure pain thresholds (PPTs) were assessed at bilateral quadri- cepts and left index finger nailbed utilizing a computerized pressure algometer (Medoc AlgoMed) pre/post 20 minutes quiet rest (ses- sion 1) and pre/post 20 minutes of retrowalking at 45-55% heart rate reserve (session 2). Participants pressed the indicator button when the applied pressure first became painful. The average of three trials at each site was used for PPT and site order was random- ized between sessions. A significant trial x site interaction was identi- fied. Post hoc testing revealed no significant trial effects after quiet rest at any site. After retrowalking, only the right quadriceps showed an increase in PPT (417.8 ± 146.3 vs 380.5 ± 122.8 kPa). Although baseline PPTs were significantly lower in the right quadri- cepts than the left in session 1 (362.6 ± 107.2 vs 395.1 ± 127.9 kPa), this difference did not reach significance in session 2 (380.5 ± 122.8 vs 417.4 ± 174 kPa). In both sessions, PPT of the right...