Amazon MTurk. Mediation analysis with PROCESS (Hayes, 2013) was used to examine the mediational path, controlling for demographic variables. Exploratory factor analysis categorized 10 different sedentary activities into Common Engaging SB (e.g., sitting in cars), High Engaging/Leisure SB (e.g., doing hobbies when sitting), and Less Engaging/Passive SB (e.g., watching TV). Common Engaging SB included a variety of behaviors, including transportation, reading, talking on the phone, and socializing. Common Engaging SB had a significant direct effect on sleep quality (B = 0.19, p < .001) and frequency of forgetting (B = -1.61, p < .001), and sleep quality had a significant direct effect on frequency of forgetting (B = -1.90, p < .001). Sleep quality mediated the association between Common Engaging SB and frequency of forgetting (indirect effect = -0.05, 95% bootstrap CI = -0.09, -0.02). Reducing sitting time, particularly Common Engaging SB, could be a useful strategy to improve subjective memory functioning.

SELF-REPORTED FRAILTY CONCERNS IN OLDER BREAST CANCER SURVIVORS DURING THE COVID-19 PANDEMIC

Adele Crouch,1 and Diane Von Ah,2 1. University of Pennsylvania, Philadelphia, Pennsylvania, United States, 2. Indiana University, Indianapolis, Indiana, United States

Frailty among older adults is common, especially those who have undergone breast cancer treatment; however, we do not know how frailty among this group presented during the COVID-19 pandemic. The purpose of this descriptive, cross-sectional study was to examine self-reported frailty among older breast cancer survivors (BCS) during the pandemic. This IRB-approved study recruited BCS who were at least 1-year post-treatment and 60 years of age or older, via online advertisements (e.g., Dr. Susan Love Foundation). BCS completed demographic and Tilburg Frailty Indicator (TFI) RedCap questionnaires from 11/2020 to 05/2021. The TFI, a 15-item measure with 3 sub-scales with published cut points indicating frailty: total (5), physical (3), psychological (2), and social (2). Descriptive statistics were used. Older BCS (n=203) who were on average 65.5 (SD=4.7) years of age, white (93.6%; n=190) and had stage II breast cancer at diagnosis (39.9%; n=81) participated. The average scores were above the threshold for frailty. Overall, 58.6% (n=119) and 63.1% (n=128) scored at or above the threshold on the total and physical sub-scales, respectively. In addition, 78.8% (n=160) responded that they ‘missed having an arm’ on the social frailty sub-scale. Research has shown that higher TFI scores (more frailty) are associated with increased healthcare utilization, poorer quality of life, and even mortality. Thus, frailty among older BCS is an important health concern within the context of the pandemic. Further research is needed to understand the lasting effects of self-reported frailty for BCS including COVID-19 survivors.

SHOULDER FUNCTION AND FATTY INFLTRATION ON MRI IN OLDER ADULTS DURING REHABILITATION FOR ROTATOR CUFF TEAR

DERIK DAVIS,1 RANYAH ALMARDAWI,1 OMER AWAN,2 LAWRENCE LO,1 SAGHEREH AHMED,4 SHAMS JUBOUI,2 AND RAO GULLAPALLI,1 1. University of Maryland School of Medicine, Ellicott City, Maryland, United States, 2. University of Maryland School of Medicine, Baltimore, Maryland, United States, 3. Perelman School of Medicine at the University of Pennsylvania, Philadelphia, Pennsylvania, United States, 4. Geisel School of Medicine at Dartmouth, Lebanon, New Hampshire, United States

Rotator cuff tear is highly prevalent in older adults, with supraspinatus tendon tear (STT) the most common. Shoulder rehabilitation is a major treatment strategy, but supraspinatus-muscle-fatty infiltration (FI) and shoulder function in older adults with rotator cuff tear primarily managed by physical therapy (PT) is inadequately documented. We tested the hypothesis that older adults receiving usual-care PT when stratified by supraspinatus tear-status differ in supraspinatus FI [by quantitative Dixon fat fraction (FF) and semi-quantitative Goutallier grade (GG) on MRI] and shoulder function [by the American Shoulder and Elbow Surgeons score (ASES-score)] over time. Longitudinal cohort study (pilot): adults 60-85 years, PT-cohort (n=15) and control-cohort (n=25). Participants completed both shoulder MRI and ASES survey at baseline and follow-up visits. Kruskal-Wallis test compared within cohort among 3 groups: no tear (no-STT), partial-thickness tear (pt-STT), full-thickness tear (ft-STT). Mann-Whitney U test compared equivalent groups between cohorts. Baseline PT-cohort groups differed for GG (p=0.033) [no tear, 0.50±0.50;pt-STT, 1.11±0.22;ft-STT, 1.50±0.50] without difference in age, BMI, comorbidity, or ASES-score. Baseline control-cohort groups differed for FF (p=0.034) [no-tear, 5.77±1.16;pt-STT, 21.44±10.44%], without difference in age, BMI, comorbidity, or ASES-score. Baseline no-tear groups for ASES-score (p=0.049) differed between cohorts: PT-cohort (58.87±8.21) versus control-cohort (83.98±21.89). Both cohorts showed no difference in Δ-FF or Δ-GG over time. PT-cohort groups differed for Δ-ASES-score over time (p=0.042) [no-tear, 16.65±4.69;pt-STT, -7.24±3.45], but control-cohort groups did not (p>0.050). Our results suggest differences exist for supraspinatus FI and self-reported shoulder function among older adults receiving PT for rotator cuff tear when stratified by supraspinatus tear-status.

SIX-MONTH LOWER-LEG SENSORY STIMULATION AUGMENTS NEURAL NETWORK CONNECTIVITY ASSOCIATED WITH IMPROVED GAIT

CHUN LIANG HSU,1 IKECHUKU ILLOPUTAIFÉ,2 LARS ODDSSON,3 BRAD MANOR,4 AND LEWIS LIPSITZ,5 1. Hinda and Arthur Marcus Institute for Aging Research, Harvard Medical School, Burnaby, British Columbia, Canada, 2. Hebrew Senior Life, Boston, Massachusetts, United States, 3. RxFunction, Eden Prairie, Minnesota, United States, 4. Hinda and Arthur Marcus Institute for Aging Research, Harvard Medical School, Boston, Massachusetts, United States, 5. Hebrew SeniorLife, Boston, Massachusetts, United States

Foot sole somatosensory impairment associated with peripheral neuropathy (PN) is prevalent and a strong independent risk factor for gait disturbance and falls in older adults. A lower-limb sensory prosthesis providing afferent input related to foot sole pressure distributions via lower-leg vibrotactile stimulation has been demonstrated to improve gait in people with PN. The effects of this device on brain function related to motor control, however, remains