the sample and/or the words race, racism, racialization, or Blackness in the text.
Data Extraction: A critical transdisciplinary data charting form was created to extract data related to study characteristics and aspects of integrated care for Black persons experiencing TBI. Data on race and racism was extracted by examining how authors engaged with Blackness and articulated racial health disparities.
Data Synthesis: Forty-three published articles were included. All were American. Sixty-seven percent (n=29) of the studies investigated racial disparities along the rehabilitation care journey for Black people experiencing TBI. These studies commented on etiology, prevalence, and risk factors (n=4), access to care (=7), bias in care (n=2), discharge destination (n=7), functional outcomes (n=6), and community integration, employment, and productivity (n=6). Of the 67%, authors investigated racial disparities as an individual biological factor. None of the studies considered the effects of racism in rehabilitation for Black persons experiencing TBI.
Conclusions: The authors' presentations of racial disparities across all studies consistently suggest negative narratives that pathologize Blackness. Authors used words such as "unproductive", "unemployed", and "at risk of intentional violent injuries." These narratives have significant implications for rehabilitation outcomes.
Author(s) Disclosures: None.
Keywords: Traumatic Brain Injury, Integrated Delivery Of Health Care, Racism

Late Breaking Systematic and Meta-Analytic Review Poster 1432816

Music Therapy as a Treatment Modality for Alzheimer's Disease Patients

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Objective(s): The purpose of this literature review was to examine music therapy as a modality to treat negative symptoms associated with AD.
Data Sources: A literature review was conducted using the following databases: Taylor & Francis, Science Direct, Google Scholar, and ProQuest Central.
Study Selection: Articles published in English within the years of 2006 and 2019. Keywords for the search included: music therapy, Alzheimer's Disease, negative symptoms, and symptomatology. A total number of 28 articles were reviewed and 8 articles were retained.
Data Extraction: Independent extraction by multiple observers.
Data Synthesis: Reviewed literature indicates that music therapy has been shown to enhance self-consciousness, an issue those with AD experience. Additionally, antipsychotic drugs are often used to improve behavioral symptoms of this population. However, music therapy has the advantage of considering interactions between the patient, their caregiver, the environment, and treatment design. Music interventions showed to be helpful in decreasing symptoms of agitation and irritability. Studies demonstrated that music therapy can be effective in increasing positive behaviors, while significantly reducing negative behaviors. Music therapy also helps patients with improvements with memory, attention, alert response, language skills, and speech fluency.
Conclusions: Research has shown that music therapy has beneficial results in cognitive, emotional, and social domains involved in AD. Music therapy can be used to reduce aggressive behavior and enhance a sense of self-consciousness in this population. Music therapy is a low-cost and non-invasive treatment method that can help those with AD connect to themselves and improve their cognitive function. Further studies should be conducted to better understand if there is an anxiety mechanism involved in listening to music.
Author(s) Disclosures: The authors have no disclosures.
Keywords: Alzheimer's Disease, Music Therapy, Symtomatology, Treatment

Late Breaking Systematic and Meta-Analytic Review Poster 1432772

Neuroendocrine Disruptions Secondary to TBI

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Objective(s): The purpose of this systematic review was to evaluate neuroendocrine disruptions post traumatic brain injury (TBI).
Data Sources: A literature review was conducted using the following databases: Google Scholar, ProQuest Central, PsychINFO, and Science Direct.
Study Selection: Articles published in English within the years of 2013 and 2018. Keywords for the search included: traumatic brain injury, neuroendocrine disruption, and endocrine abnormalities. A total number of 21 articles were considered and 10 articles were retained.
Data Extraction: Independent extraction by multiple observers.
Data Synthesis: Studies analyzed reported that following a brain injury, significant changes occur in the endocrine system, specifically to the pituitary gland and the hypothalamus. Disruptions to this system may include symptoms of depression, fatigue, irritability, poor concentration, and cognitive decline. The symptomatology of neuroendocrine disruptions may mimic sequelae of brain injury, leading to the possibility of clinicians misidentifying the origin of these symptoms. Literature also showed that neuroendocrine abnormalities may be the result of inflammatory changes, genetic predisposition, and autoimmunity.
Conclusions: Research showed that endocrine function is not typically monitored or included as part of the treatment of TBI. Therefore, most TBI patients remain undiagnosed and untreated for neuroendocrine disruptions, such as TBI-induced pituitary dysfunction. Early diagnosis of neuroendocrine abnormalities should be screened in order to identify imbalances between neuroprotective and neurodegenerative mechanisms in individuals who have sustained a brain injury. Treatment of endocrine abnormalities and complications post-TBI may facilitate the rehabilitation process of these patients. Further studies should consider exploring guidelines for the detection and monitoring of neuroendocrine disruptions in TBI patients.
Author(s) Disclosures: The authors have no disclosures.
Keywords: Traumatic Brain Injury, Neuroendocrine Disruption, Endocrine Abnormalities

Late Breaking Systematic and Meta-Analytic Review Poster 1432808

Sit-stand Workstations Compared To Standard Workstations In Regard To Productivity For Sedentary Or Minimally Active Office Workers: A Systematic Review

Joy Kuebler (The University of Mississippi Medical Center), Dylan Raines, Margaret Criddle, Keylann Hinson, Allison Rutland

Objective(s): The purpose of this review is to analyze the effects of a SSW as compared to a SW on productivity for office workers that are sedentary or minimally active (>50% of work-day spent seated) while at work.
Data Sources: PubMed and Embase were searched on October 28, 2019 for eligible articles.
Study Selection: Articles met inclusion criteria: available as full text in English, randomized study design, contain an objective measurement for productivity, compare SSWs to SWs, sample must have been office workers that are sedentary or minimally active while at work. Risk of bias was assessed using the PEDro scale.
Data Extraction: Records identified through database searching (Pubmed and Embase) (n = 397). Records after duplicates removed (n = 344). Records screened (n = 57). Records excluded (n = 288). Full-text articles assessed for eligibility (n = 20). Full-text articles excluded, with reasons (n = 13) No standing intervention (1), Sample on students (1), Non-randomized trials (5), Economic evaluation (1), Conference abstracts (1), No productivity data reported (4). Studies included in qualitative synthesis (n = 8).
Data Synthesis: Three of the articles reported that use of a SSW increased productivity (p=0.039; p =0.001; p =0.03) while the other 5 reported had no difference in productivity.
Conclusions: SSWs should be considered as an alternative to SWs as productivity is not adversely

affected and health benefits can be obtained. The limitations of this systematic review include

various lengths of interventions, small sample sizes, non-standardized method of measuring