Abstracts

Results 118 patients having meniscal resection (mean age 32 [SD 7], 66% men, mean baseline KOOS4 score 48.3 [SD 17]), and 24 patients having meniscal repair (mean age 26 [SD 6], 67% men, baseline KOOS4 score 47.1 [SD 16]) were included. At 52 weeks both groups had improved, but patients having repair experienced less improvement in KOOS4 scores than patients having resection (adjusted mean difference in change –13.0, 95% CI: –21.1; –4.9, p=0.002). Sensitivity analysis excluding patients having additional surgery in the index knee within the 52 weeks follow-up (repair: 32%; resection 9%) yielded similar results. Additional subgroup analysis including only patients with non-degenerative longitudinal-vertical tears, displayed even less improvement in the repair group compared with the resection group (adjusted mean difference in change –22.9, 95% CI: –32.5; –13.2, p<0.001).

Conclusion In this prospective cohort, patients having meniscal repair experienced less improvement after 1 year than patients having meniscal resection.

10 RECOMMENDED CORE OUTCOME DOMAINS FOR TENDINOPATHY DERIVED FROM A DELPHI OF PATIENTS AND HEALTH CARE PROFESSIONALS: THE GRONINGEN ISTS2018 CONSENSUS

1Bill Vicenzino*, 2Robert-Jan de Vos, 3Håkan Alfredson, 4,5Roald Bahr, 6Andrew Carr, 7Jill Cook, 8Brooke Combes, 9Su Ngor Fu, 10Karin Greaves Silbernagle, 11,12Alison Grimadi, 13,14Jeremy Lewis, 15,16Nicola Maffulli, 17,18Peter Magnusson, 19Peter Malliaras, 20Sean McCulliffe, 21Edwin H Oei, 22Craig Purdam, 23,24Jonathan Rees, 25Ebonie Rio, 26Alex Scott, 27Cathy Speed, 28,29Inge van den Akker-Scheek, 30,31Adam Weir, 32Jennifer Mariatis Wolf, 33(Hans) Zwerver. 1The University of Queensland: School of Health and Rehabilitation Sciences, Australia; 2Erasmus MC University Medical Centre, The Netherlands; 3Sports Medicine Unit, University of Umeå, Sweden, Sweden; 4,5Oslo Sports Trauma Research Center, Norwegian School of Sport Sciences, Norway; 6Aspetar Orthopedic and Sports Medicine Hospital, Qatar; 7La Trobe University Sport and Exercise Medicine Research Centre, Australia; 8Griffith University, Australia; 9Department of Rehabilitation Sciences, The Hong Kong Polytechnic University, Hong Kong (SAR); 10Department of Physical Therapy, University of Delaware, USA; 11Physiote, Tamagindi, Australia; 12University of Hertfordshire, School of Health and Midwifery, UK; 13,14Central London Community Healthcare NHS trust, London, UK; 15Department of Physical Therapy, Bispebjerg Hospital, Denmark; 16Department of Sports Medicine, Bispebjerg Hospital, Denmark; 17Department of Physiotherapy, Monash University, Australia; 18Erasmus MC, University Medical Center, Department of Radiology and Nuclear Medicine, The Netherlands; 19Fortis Clinic, UK; 20Department of Physical Therapy, Faculty of Medicine, University of British Columbia, Canada; 21Professor of Sports Medicine and Human Performance, Cardiff metropolitan University, Cardiff, UK; 22University of Groningen, University Medical Center Groningen, Department of Sport and Exercise Medicine, The Netherlands; 23University of Groningen, University Medical Center Groningen, Department of Orthopedics, The Netherlands; 24Erasmus MC Center for Grin Injuries, Department of Orthopedics, Erasmus MC, University Medical Centre, The Netherlands; 25Aspetar Sports Groin Pain Centre, Aspetar Orthopaedic and Sports Hospital, Qatar; 26Sport medicine and exercise clinic Haarlem (SBK), The Netherlands; 27Department of Orthopaedic Surgery, University of Chicago, USA; 28Department of Musculoskeletal Disorders, Faculty of Medicine, Surgery, University of Salerno, Italy; 29Centre for Sports and Exercise Medicine, Barts and The London School of Medicine and Dentistry, Mile End Hospital, UK.

10.1136/bjsports-2019-scandinavianabs.10

11 THE EFFECTIVENESS OF THE FÉDÉRATION INTERNATIONALE DE FOOTBALL ASSOCIATION (FIFA) INJURY PREVENTION PROGRAMMES IN SOCCER: A META-ANALYSIS OF META-ANALYSES

1Wesam Al Attar*, 2,3Mansour Alshehri. 1Department of Physiotherapy, Faculty of Applied Medical Sciences, Umm Al Qura University, Saudi Arabia; 1Department of Physiotherapy, School of Health and Rehabilitation Sciences, University of Queensland, Australia

Introduction The FIFA Medical and Research Centre has designed a comprehensive warm-up programme targeting muscular strength, body kinaesthetic awareness, and neuromuscular control during static and dynamic movements to decrease injury risk for soccer players.

Materials and methods The purpose of this research was to meta analyse the existing meta-analyses so that a conclusion can be drawn on how effective the injury programmes are. Relevant studies were identified by searching five databases for the period January 1990 till 1 July 2018. Results of each meta-analysis were combined together using OR (odds ratios) in a summary meta-analysis. QUOROM was used to assess how comprehensive the reporting included in the meta-analyses had been. The quality of the methodology in the meta-analyses was assessed using AMSTAR 2.

Results In total, the criteria for eligibility were satisfied by four meta-analyses covering fifteen primary studies. All four meta-analyses scored quite highly on QUOROM, but two were rated by AMSTAR 2 as moderate quality and two were found to be of critically low quality. Be that as it may, an overall risk reduction of 34% [OR=0.66 (0.60-0.73); I2=84%] for all injuries and a reduction of 29% [OR=0.71 (0.63-0.81); I2=80%] for injuries to the lower limbs were revealed.

Conclusion Combining every previous meta-analysis into a single source produced decisive evidence that the risk of injuries while playing soccer is reduced as a result of FIFA’s programmes.

Materials and methods We conducted a Delphi study of patients and health care professionals (HCP) in two parts: an online survey and consensus meeting. Online survey items were extracted from clinical trial reports. Agree, disagree, or unsure were options in response to: ‘The item is important enough to be included in a core domain set of tendinopathy’. A-priori criterion of >70% participant agreement was deemed for selection of a core domain.

Results 32 patients and 28 HCP (92% had >10 years of tendinopathy experience, 71% consulted >10 cases per month) completed the online survey. 2 patients and 15 HCP attended the consensus meeting. Of the original 24 items (from trial reports); 9 were core: Patient overall rating, participation, pain on activity/loading, disability, function, physical function capacity, quality of life, psychology, and pain over a specified timeframe. Eight items were not core domains: range of motion, palpation, clinical examination, structure, pain on examination or without other specification, drop out, and sensory modality pain. Remaining seven items did not meet criterion.

Conclusion The core domain set serves as a guide for reporting of outcomes in clinical trials. Further research should determine these outcomes for each specific tendon.