Results 118 patients having meniscal resection (mean age 32 [SD 7], 66% men, mean baseline $KOOS_4$ score 48.3 [SD 17]), and 24 patients having meniscal repair (mean age 26 (SD 6), 67% men, baseline $KOOS_4$ score 47.1 [SD 16]) were included. At 52 weeks both groups had improved, but patients having repair experienced less improvement in $KOOS_4$ 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

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Introduction Tendinopathy (local tendon pain associated with physical activity) is a challenge to treat despite recent advances. One factor contributing to this challenge is our limited ability to synthesise/meta-analyse research findings, which is further compounded by a lack of valid outcome measures. We determined the core outcome domains against which outcome measures could be recommended.

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.

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

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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.

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