WHAT ARE THE MAIN RISK FACTORS FOR LOWER-MILEAGE (>20km/week) (OR = 1.25, IC 95%= 1.01–1.52) and speed training (OR = 1.23, IC 95%= 1.06–1.48). Univariate analysis revealed other variables associated with more RRI: Trail runners (versus road runners, p<0.001), men (versus women, p<0.001), higher age (p<0.001), >2 running session/week (p<0.001).

Conclusions Previous injury remains the most relevant RRI risk factor according to the current study and previous data. Many training characteristics seem to be involved but still have to be confirmed in view of conflicting data in literature. Trail runners are more at risk of RRI. Further research would help to understand better RRI and to prevent them.
included training-related injuries. Different study designs, injury and illness definitions, race distances, and surfaces, made pooling of results difficult. The foot, knee, ankle, and thigh are the most common anatomical sites of TR injury, with lacerations/abrasions, blisters, muscle strains, cramping, and ankle sprains most commonly diagnosed. TR illness involved the gastrointestinal tract (GIT), metabolic and cardiovascular body systems. Symptoms of nausea and vomiting related to GIT distress and dehydration are commonly reported.

**Conclusions** Injury and illness are common among TRs participating in TR races. Limited evidence is available on training-related injury and illness in TR specific.

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**337 RELATIONSHIP OF PATELLOFEMORAL ANGLES AND TIBIOFEMORAL ROTATIONAL ANGLES WITH JUMPER’S KNEE IN PROFESSIONAL FOLK DANCERS: AN MRI ANALYSIS**

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Background Professional dancers learn splash and landing techniques throughout their careers starting in childhood and practice it very frequently like basketball, volleyball and soccer. Among the intrinsic factors, anatomical features of the lower extremity were the most studied in the literature.

**Objective** In this article, we investigated the relationship of tibiofemoral rotational angles and patellofemoral (PF) angles to the development of jumper’s knee in professional folk dancers.

**Design** Retrospective cohort MRI study.

**Setting** Professional folk dance group.

**Patients (or Participants)** 26 professional folk dancers (16 male, 10 female; mean age of 30.69 ± 7.51 years (17 to 46) group with complaints of knee pain.

**Interventions (or Assessment of Risk Factors)** PF sulcus angle and Femur-Insall angle were found to be related to Jumper’s knee.

**Main Outcome Measurements** We examined 26 dancers with complaints of knee pain, and 32 knees of them had magnetic resonance imaging (MRI). We detected 21 jumper’s knees. We measured patellofemoral angles (Patellofemoral sulcus angle, Lateral patellar tilt angle, Patellar tilt angle, Patellar lever-inclination angle, Lateral patellar tilt angle, The patellofemoral congruence angle) and tibiofemoral rotational angles (Condylar twist angles, posterior condylar angles, Femur-Insall angles, Tibia-Insall angles, posterio tibiofemoral angles, Whiteside-PFCL angles) and noted patellar specifics as alta, Baja, Wiberg on MRI’s with and without jumper’s knee to understand if there is any relationship with tendinopathy occurrence in this cohort study.

**Results** According to logistic regression analysis, PF sulcus angle was found to be related to quadriceps tendinopathy development (p<0.05, odd ratio (OR): 1.24, 95% confidence interval (CI): 1.03–1.5) and patellar tendinopathy is found to be related to Femur-Insall angle (p<0.05, OR: 1.27, 95% CI: 1.00–1.61).

**Conclusions** The patellofemoral sulcus angle and patellar tendon rotation relative to the femur may be the effective anatomical variations in jumper’s knee occurrence.