

SUPPLEMENTARY SECTION

Supplement 1: Patient profiles


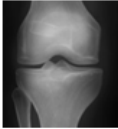







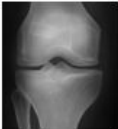


Supplement 2: Survey content


Supplement 3: Characteristics of surgeons

Supplement 4: Opinion towards the literature

Supplement 5: Results of the treatment choice affecting patient

Supplement 1: Patient profiles



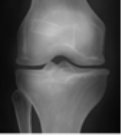
Profile 1	Consultation	MRI	X-ray																
Unemployed																			
																			
50 y																			
BMI 23																			
	<table border="1"> <thead> <tr> <th colspan="2">Complaints</th> </tr> </thead> <tbody> <tr> <td>Pseudo-locking</td> <td>-</td> </tr> <tr> <td>VAS rest (0-100)</td> <td>1</td> </tr> <tr> <td>VAS weight bearing (0-100)</td> <td>7</td> </tr> <tr> <td>IKDC score (0-100)</td> <td>85</td> </tr> </tbody> </table>	Complaints		Pseudo-locking	-	VAS rest (0-100)	1	VAS weight bearing (0-100)	7	IKDC score (0-100)	85	<table border="1"> <thead> <tr> <th>Medial meniscus</th> <th>Lateral meniscus</th> </tr> </thead> <tbody> <tr> <td>Horizontal tear</td> <td>Intact</td> </tr> </tbody> </table>	Medial meniscus	Lateral meniscus	Horizontal tear	Intact	<table border="1"> <thead> <tr> <th>Kellgren-Lawrence (OA)</th> </tr> </thead> <tbody> <tr> <td>Grade 1</td> </tr> </tbody> </table> 	Kellgren-Lawrence (OA)	Grade 1
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Profile 2	Consultation	MRI	X-ray																
Professional cook																			
																			
54 y																			
BMI 23																			
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Complaints																			
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Profile 3	Consultation	MRI	X-ray																
Functional manager																			
																			
45 y																			
BMI 24																			
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No																			


Profile 4
Administrative assistant

50 y
BMI 23

Consultation	
<i>Complaints</i>	
Pseudo-locking	-
VAS rest (0-100)	1
VAS weight bearing (0-100)	7
IKDC score (0-100)	63
<i>Physical exam</i>	
Flexion	140°
Extension	0°
Joint effusion	-
Joint line tenderness	pain lateral
Mc Murray	-
Thessaly	pain lateral in 5°
<i>Physical therapy in last 3 months</i>	
No	

MRI
Medial meniscus: Intact
Lateral meniscus: Complex tear

X-ray
Kellgren-Lawrence (OA): Grade 2









Profile 5
Fuel operator

50 y
BMI 23.8

Consultation	
<i>Complaints</i>	
Pseudo-locking	-
VAS rest (0-100)	84
VAS weight bearing (0-100)	100
IKDC score (0-100)	51
<i>Physical exam</i>	
Flexion	135°
Extension	0°
Joint effusion	-
Joint line tenderness	-
Mc Murray	-
Thessaly	pain medial in 5°
<i>Physical therapy in last 3 months</i>	
Yes, 11 session	

MRI
Medial meniscus: Horizontal tear
Lateral meniscus: Intact

X-ray
Kellgren-Lawrence (OA): Grade 0



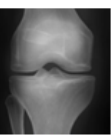




Profile 6
Hotel manager

60 y
BMI 31

Consultation	
<i>Complaints</i>	
Pseudo-locking	+
VAS rest (0-100)	45
VAS weight bearing (0-100)	77
IKDC score (0-100)	40
<i>Physical exam</i>	
Flexion	130°
Extension	0°
Joint effusion	+
Joint line tenderness	medial
Mc Murray	pain medial
Thessaly	pain medial in 5°
<i>Physical therapy in last 3 months</i>	
No	

MRI
Medial meniscus: Horizontal tear
Lateral meniscus: Intact

X-ray
Kellgren-Lawrence (OA): Grade 1

Profile 7
Taxi driver

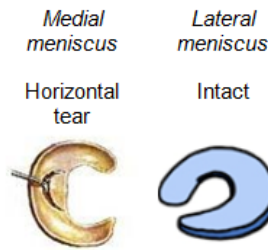


62 y
BMI 26

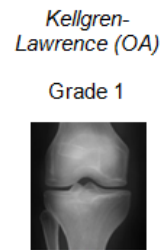
Consultation

<i>Complaints</i>	
Pseudo-locking	+
VAS rest (0-100)	66
VAS weight bearing (0-100)	51
IKDC score (0-100)	38
<i>Physical exam</i>	
Flexion	120°
Extension	0°
Joint effusion	-
Joint line tenderness	medial
McMurray	pain medial
Thessaly	-
<i>Physical therapy in last 3 months</i>	
No	

MRI



X-ray



Profile 8
Sculptor

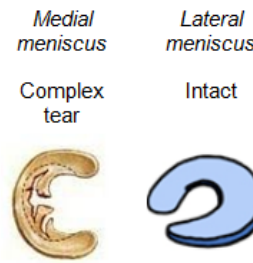


50 y
BMI 23

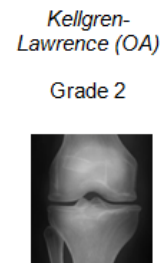
Consultation

<i>Complaints</i>	
Pseudo-locking	-
VAS rest (0-100)	69
VAS weight bearing (0-100)	91
IKDC score (0-100)	37
<i>Physical exam</i>	
Flexion	130°
Extension	0°
Joint effusion	+
Joint line tenderness	medial
McMurray	pain medial
Thessaly	pain medial in 20°
<i>Physical therapy in last 3 months</i>	
No	

MRI



X-ray



Profile 9
Upholsterer

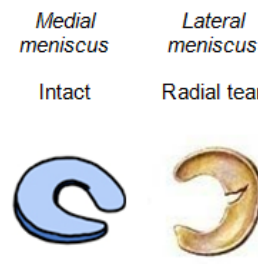


65 y
BMI 25

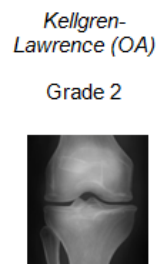
Consultation

<i>Complaints</i>	
Pseudo-locking	-
VAS rest (0-100)	4
VAS weight bearing (0-100)	93
IKDC score (0-100)	26
<i>Physical exam</i>	
Flexion	110°
Extension	0°
Joint effusion	-
Joint line tenderness	-
McMurray	-
Thessaly	pain lateral in 5°
<i>Physical therapy in last 3 months</i>	
Yes, 2 sessions	

MRI



X-ray



Profile 10
Teacher
primary school



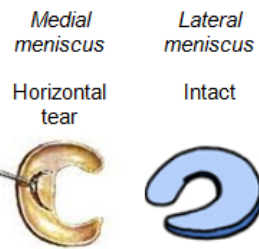
59 y

BMI 27

Consultation

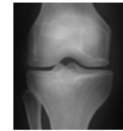
<i>Complaints</i>	
Pseudo-locking	-
VAS rest (0-100)	14
VAS weight bearing (0-100)	68
IKDC score (0-100)	26
<i>Physical exam</i>	
Flexion	130°
Extension	0°
Joint effusion	+
Joint line tenderness	medial
McMurray	-
Thessaly	pain medial in 5°
<i>Physical therapy in last 3 months</i>	
Yes, 20 sessions	

MRI



X-ray
Kellgren-Lawrence (OA)

Grade 1



Profile 11
Composer /
musician



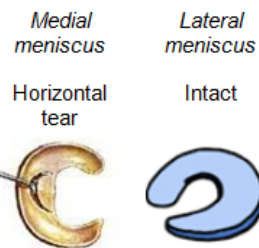
62 y

BMI 33

Consultation

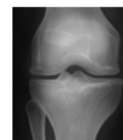
<i>Complaints</i>	
Pseudo-locking	+
VAS rest (0-100)	19
VAS weight bearing (0-100)	61
IKDC score (0-100)	41
<i>Physical exam</i>	
Flexion	130°
Extension	0°
Joint effusion	-
Joint line tenderness	medial
McMurray	pain medial
Thessaly	pain medial in 5°
Thessaly	pain lateral in 20°
<i>Physical therapy in last 3 months</i>	
No	

MRI



X-ray
Kellgren-Lawrence (OA)

Grade 2



Profile 12
Unemployed



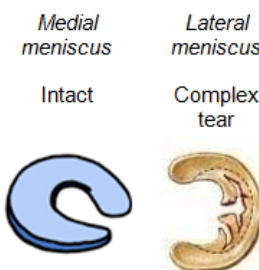
69 y

BMI 23

Consultation

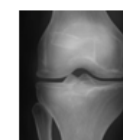
<i>Complaints</i>	
Pseudo-locking	+
VAS rest (0-100)	48
VAS weight bearing (0-100)	11
IKDC score (0-100)	32
<i>Physical exam</i>	
Flexion	140°
Extension	+5°
Joint effusion	-
Joint line tenderness	lateral
McMurray	pain lateral
Thessaly	pain lateral in 5°
<i>Physical therapy in last 3 months</i>	
Yes, 4 sessions	

MRI



X-ray
Kellgren-Lawrence (OA)

Grade 2



Profile 13
Unemployed



62 y

BMI 32

Consultation

<i>Complaints</i>	
Pseudo-locking	-
VAS rest (0-100)	67
VAS weight bearing (0-100)	90
IKDC score (0-100)	13
<i>Physical exam</i>	
Flexion	130°
Extension	+5°
Joint effusion	+
Joint line tenderness	medial
McMurray	pain medial
Thessaly	-
<i>Physical therapy in last 3 months</i>	
Yes, 2 sessions	

MRI

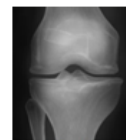
Medial meniscus
Horizontal tear

Lateral meniscus
Intact



X-ray

Kellgren-Lawrence (OA)
Grade 2



Profile 14
Pharmacy assistant



46 y

BMI 24

Consultation

<i>Complaints</i>	
Pseudo-locking	+
VAS rest (0-100)	61
VAS weight bearing (0-100)	57
IKDC score (0-100)	63
<i>Physical exam</i>	
Flexion	140°
Extension	0°
Joint effusion	-
Joint line tenderness	-
McMurray	pain lateral
Thessaly	pain lateral in 5°
<i>Physical therapy in last 3 months</i>	
No	

MRI

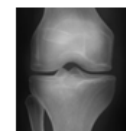
Medial meniscus
Intact

Lateral meniscus
Horizontal



X-ray

Kellgren-Lawrence (OA)
Grade 1



Profile 15
Civil servant



49 y

BMI 22

Consultation

<i>Complaints</i>	
Pseudo-locking	-
VAS rest (0-100)	25
VAS weight bearing (0-100)	81
IKDC score (0-100)	36
<i>Physical exam</i>	
Flexion	145°
Extension	0°
Joint effusion	+
Joint line tenderness	medial
McMurray	pain medial
Thessaly	pain medial in 5°
<i>Physical therapy in last 3 months</i>	
Yes, 3 sessions	

MRI

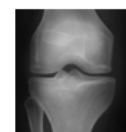
Medial meniscus
Horizontal tear

Lateral meniscus
Horizontal tear



X-ray

Kellgren-Lawrence (OA)
Grade 1



Profile 16
Saleswoman



51 y

BMI 35

Consultation

<i>Complaints</i>	
Pseudo-locking	+
VAS rest (0-100)	12
VAS weight bearing (0-100)	64
IKDC score (0-100)	49
<i>Physical exam</i>	
Flexion	135°
Extension	0°
Joint effusion	+
Joint line tenderness	medial
McMurray	pain medial
Thessaly	pain medial in 5°
<i>Physical therapy in last 3 months</i>	
Yes, 9 sessions	

MRI

Medial meniscus
Complex tear

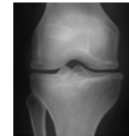
Lateral meniscus
Intact



X-ray

Kellgren-Lawrence (OA)

Grade 2



Profile 17
Unemployed



66 y

BMI 26

Consultation

<i>Complaints</i>	
Pseudo-locking	+
VAS rest (0-100)	67
VAS weight bearing (0-100)	90
IKDC score (0-100)	33
<i>Physical exam</i>	
Flexion	130°
Extension	-5°
Joint effusion	+
Joint line tenderness	medial
McMurray	pain medial
Thessaly	pain medial in 5°
<i>Physical therapy in last 3 months</i>	
No	

MRI

Medial meniscus
Horizontal tear

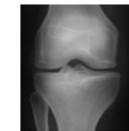
Lateral meniscus
Intact



X-ray

Kellgren-Lawrence (OA)

Grade 1



Profile 18
Varnish processor



51 y

BMI 28

Consultation

<i>Complaints</i>	
Pseudo-locking	+
VAS rest (0-100)	6
VAS weight bearing (0-100)	8
IKDC score (0-100)	29
<i>Physical exam</i>	
Flexion	140°
Extension	5°
Joint effusion	-
Joint line tenderness	medial and lateral
McMurray	click lateral
Thessaly	pain medial in 5°
<i>Physical therapy in last 3 months</i>	
No	

MRI

Medial meniscus
Horizontal tear

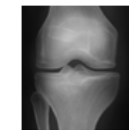
Lateral meniscus
Intact



X-ray

Kellgren-Lawrence (OA)

Grade 1



Profile 19

Agent /
salesman



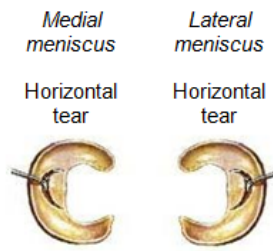
63 y

BMI 25

Consultation

<i>Complaints</i>	
Pseudo-locking	-
VAS rest (0-100)	10
VAS weight bearing (0-100)	11
IKDC score (0-100)	68
<i>Physical exam</i>	
Flexion	135°
Extension	0°
Joint effusion	+
Joint line tenderness	lateral
McMurray	pain lateral
Thessaly	-
<i>Physical therapy in last 3 months</i>	
No	

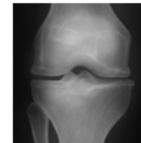
MRI



X-ray

Kellgren-Lawrence (OA)

Grade 3



Profile 20
Unemployed



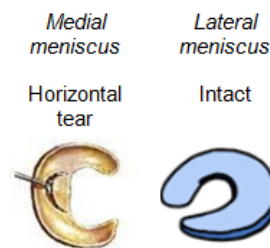
51 y

BMI 28

Consultation

<i>Complaints</i>	
Pseudo-locking	-
VAS rest (0-100)	42
VAS weight bearing (0-100)	42
IKDC score (0-100)	60
<i>Physical exam</i>	
Flexion	120°
Extension	0
Joint effusion	-
Joint line tenderness	medial
McMurray	-
Thessaly	pain medial in 20°
<i>Physical therapy in last 3 months</i>	
No	

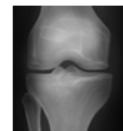
MRI



X-ray

Kellgren-Lawrence (OA)

Grade 1



Supplement 2: Survey content

Biographics

Years of experience as orthopaedic surgeon:

- Less than 5 years
- Between 5 and 15 years
- More than 15 years

Field of expertise (more options possible):

- Knee surgery
- Hip surgery
- Shoulder/elbow surgery
- Back surgery
- Foot/ankle surgery
- Trauma surgery
- Arthroscopic surgery
- Sports injuries
- Infectiology
- Other:

In clinical decision making, what relative weighting do you give to evidence from your personal experience and of those around you, compared to evidence from clinical research?

Experience based

Published clinical research



The evidence

The following statements concern treatment (meniscectomy versus physical therapy) in patients between 45 and 70 years old with a non-obstructive meniscal tear

I am completely up to date with the literature on this topic

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

I think the evidence on this topic is very strong

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

I feel very confident in choosing between both treatment options

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

In my opinion, meniscectomy is a good option for the initial treatment of patients between 45 and 70 years old with a non-obstructive meniscal tear

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

In my opinion, physical therapy is a good option for the initial treatment of patients between 45 and 70 years old with a non-obstructive meniscal tear

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

Patient profiles 1-20 (example profile 1)

In the next section you will be presented 20 patient profiles. On the basis of every profile we kindly ask you to answer 3 questions.

Explanation of terms and abbreviations used:

Complaints

- *Pseudo-locking*

- A “catching” sensation which inhibits moving but quickly disappears. No true (irretrievable) knee locking.
- *VAS pain (0-100)*
 - Visual analogue scale to express pain. A score of 0 corresponds to no pain at all and a score of 100 reflects the worst possible pain. This score is divided into a score at rest and one during weight bearing.
- *IKDC (0-100)*
 - International Knee Documentation Committee (IKDC) ‘Subjective Knee Form’. The maximum of 100 points reflects no restrictions in daily and sports activities and the absence of symptoms. A change of more than 8.8 points in IKDC score is considered to exceed the smallest detectable change. The mentioned score in the patient profile corresponds to the baseline score (before treatment).

Physical exam

- Flexion of the knee; in degrees.
- Extension of the knee; in degrees. +5° means hyperextension, and -5° means a limitation of extension.
- Joint effusion; the presence of joint effusion. + means yes, - means no.
- Joint line tenderness; the presence of medial or lateral joint line tenderness during compression.
- McMurray; expressed as the presence of pain, a click, or both.
- Thessaly test; expressed for 5° or 20° knee flexion. If the Thessaly test is positive (e.g. pain) in 5°, it is assumed that it is positive in 20°. If 20° is presented, the test in 5° was negative.


MRI

All MRIs were viewed by one radiologist and tears were classified according to the ISAKOS classification.

X-ray (OA)

Osteoarthritis on Kellgren Lawrence scale. In this study patients with grade 4 were excluded. The miniature picture is a standardized image from the classification and does not represent the authentic X-ray of the described patient.

Profile 1
Unemployed





50 y
BMI 23

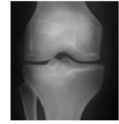
Consultation	
<i>Complaints</i>	
Pseudo-locking	-
VAS rest (0-100)	1
VAS weight bearing (0-100)	7
IKDC score (0-100)	85
<i>Physical exam</i>	
Flexion	140°
Extension	+5°
Joint effusion	-
Joint line tenderness	-
McMurray	pain medial
Thessaly	-
<i>Physical therapy in last 3 months</i>	
No	

MRI

<i>Medial meniscus</i>	<i>Lateral meniscus</i>
Horizontal tear	Intact

X-ray
Kellgren-Lawrence (OA)
Grade 1



Would you prefer meniscectomy or physical therapy as treatment in this particular patient?

- Arthroscopic partial meniscectomy (APM)
- Physical therapy (PT)

What would you think that will be the effect of your treatment of choice on knee function after two years?

- Strong deterioration (at least 20 points on IKDC)
- Mild deterioration (10-20 points on IKDC)
- No relevant difference (-10 to +10 points on IKDC)
- Some improvement (10-20 points on IKDC)
- Strong improvement (at least 20 points on IKDC)

What will the outcome be if the other treatment would be applied?

- Strong deterioration (at least 20 points on IKDC)
- Mild deterioration (10-20 points on IKDC)
- No relevant difference (-10 to +10 points on IKDC)
- Some improvement (10-20 points on IKDC)
- Strong improvement (at least 20 points on IKDC)

Patient characteristics

On this page we would like to ask you which of the following patient characteristics affect your treatment choice and if so, in which direction?

- Younger patients (approximately <45 years)
 - APM
 - PT
 - Unaffected

The same lay-out was used for all following characteristics:

- Older patients (approximately >45 years)
- Normal BMI (18,5 - 25 kg/m²)
- Obesity (BMI>25 kg/m²)
- Absence of obstructive/locking complaints
- Presence of obstructive/locking complaints
- Medial tear
- Lateral tear
- Longitudinal-vertical (ISAKOS)
- Horizontal tear (ISAKOS)
- Radial tear (ISAKOS)
- Vertical flap tear (ISAKOS)
- Complex tear (ISAKOS)
- Bucket handle tear
- No-mild osteoarthritis (Kellgren Lawrence 0 - 2)
- Moderate-severe osteoarthritis (Kellgren Lawrence 3 - 4)
- Lower education level
- Higher education level
- Poor baseline physical function (IKDC approximately < 30)
- Good baseline physical function (IKDC approximately > 50)
- Low activity level (Tegner 1-3)
- High activity levels (Tegner >3)
- Lower levels of pain (VAS < 7)
- Higher levels of pain (VAS > 7)
- Male gender
- Female gender
- A patient's wish for practicing sports
- Traumatic etiology
- Degenerative etiology
- Failed conservative treatment

Supplement 3: Characteristics of surgeons

<i>Years of experience as orthopaedic surgeon</i>	<i>Number</i>	<i>Percentage</i>
Less than 5 years	35	18.0
Between 5 and 15 years	57	29.4
More than 15 years	71	36.6
Resident orthopaedic surgery	30	15.5
Estimated number of performed knee arthroscopies during career:		
Less than 10	5	2.6
Less than 50	21	10.8
Between 50 and 150	33	17.0
More than 150	134	69.1
Fields of expertise (more options possible):		
Knee surgery	146	75.3
Hip surgery	107	55.2
Shoulder/elbow surgery	49	25.3
Back surgery	18	9.3
Foot/ankle surgery	35	18.0
Trauma surgery	79	40.7
Arthroscopic surgery	75	38.7
Sports injuries	69	35.6
Infectiology	11	5.7
Paediatric surgery	5	2.6
Hand/wrist surgery	5	2.6

Supplement 4: Opinion towards the literature

In clinical decision making, what relative weighting do you give to evidence from your personal experience and of those around you compared to evidence from clinical research?		Chosen by all surgeons (%)	Chosen by experienced knee surgeons (%)	Chosen by other orthopaedic surgeons (%)
 	Experience based	0.5	0	1.1
		12.4	12.9	11.8
		38.1	42.6	33.3
		44.3	37.6	51.6
	Published clinical research	4.6	6.9	2.2

I'm completely up to date with literature on this topic				
Strongly disagree	0.5	0	1.1	
Disagree	5.2	0	10.8	
Neither agree nor disagree	17	13.9	20.4	
Agree	64.4	71.3	57	
Strongly agree	12.9	14.9	10.8	

The evidence on this topic is convincing				
Strongly disagree	0.5	0	1.1	
Disagree	8.2	11.9	4.3	
Neither agree nor disagree	17	14.9	19.4	
Agree	63.9	63.4	64.5	
Strongly agree	10.3	9.9	10.8	

I feel very confident in choosing between both treatment options				
Strongly disagree	1	0	2.2	
Disagree	6.7	5	8.6	
Neither agree nor disagree	16.5	10.9	22.6	
Agree	65.5	71.3	59.1	
Strongly agree	10.3	12.9	7.5	

In my opinion, meniscectomy is a good option for the initial treatment of patients between 45 and 70 years old with a non-obstructive meniscal tear

Strongly disagree	39.2	38.6	39.8
Disagree	49.5	47.5	51.6
Neither agree nor disagree	8.2	9.9	6.5
Agree	3.1	4	2.2
Strongly agree	0	0	0

In my opinion, physical therapy is a good option for the initial treatment of patients between 45 and 70 years old with a non-obstructive meniscal tear

Strongly disagree	1.5	2	1.1
Disagree	7.2	10.9	3.2
Neither agree nor disagree	13.9	16.8	10.8
Agree	48.5	48.5	48.4
Strongly agree	28.9	21.8	36.6

Experienced knee surgeons are orthopaedic surgeons with at least 5 years of experience in knee surgery.

Supplement 5: Results of the treatment choice affecting patient characteristics

Patient characteristics	Proportion of surgeons directed towards APM (%)	Proportion of surgeons directed towards PT (%)	Proportion of surgeons for whom characteristic did not influence treatment choice (%)
Higher education level	6	6	88
Lower education level	2	11	88
Male gender	10	5	85
Female gender	2	14	84
Medial tear	21	7	72
Lateral tear	11	26	63
A patient's wish for practicing sports	33	8	59
Normal BMI (18,5 - 25 kg/m ²)	39	5	56
Higher levels of pain (VAS > 7)	29	15	56
Radial tear (ISAKOS)	26	20	54
Longitudinal-vertical (ISAKOS)	36	10	54
Good baseline physical function (IKDC approximately > 50)	30	19	52
Horizontal tear (ISAKOS)	7	42	51
Horizontal flap tear (ISAKOS)	38	16	46
High activity levels (Tegner >3)	49	6	45
Lower levels of pain (VAS < 7)	5	50	45
Vertical flap tear (ISAKOS)	51	7	43
Complex tear (ISAKOS)	26	31	43
Low activity level (Tegner 1-3)	1	63	36
Poor baseline physical function (IKDC approximately < 30)	10	56	34
No-mild osteoarthritis (KL 0 - 2)	61	8	31
Younger patients (approximately <45 years)	74	1	25
Traumatic aetiology	76	3	22
Obesity (BMI>25 kg/m ²)	2	79	20
Presence of obstructive/locking complaints	82	3	15
Failed conservative treatment	82	3	15

Older patients (approximately >45 years)	1	87	13
Absence of obstructive/locking complaints	1	88	11
Degenerative aetiology	1	92	7
Bucket handle tear	94	0	6
Moderate-severe osteoarthritis (KL 3 - 4)	1	96	3

The percentages were generated based on information from the section '*Patient characteristics*' from the survey (Supplement 2).

BMI = Body Mass Index; IKDC = International Knee Documentation Committee; ISAKOS = International Society of Arthroscopy, Knee Surgery and Orthopaedic Sports Medicine; KL = Kellgren Lawrence; VAS = Visual Analog Scale