certainty) compared to the other limb in people with hip/knee osteoarthritis. As only two studies assessed responses to TMS, very low certainty evidence demonstrated no significant difference between knee osteoarthritis and healthy controls for motor evoked potential, intracortical facilitation, resting motor threshold or short-interval intracortical inhibition.

Conclusions Low certainty evidence suggests people with knee osteoarthritis have substantial impairments in voluntary activation of their quadriceps muscle when compared to healthy controls. With moderate certainty we conclude that people with hip and knee osteoarthritis had larger impairments in voluntary activation of the quadriceps in their more painful limb compared to their non-affected/other limb.

THE NATIONAL PREVALENCE OF PATELLAR DISLOCATION AND TROCHELA DYSPLASIA: A STUDY FROM THE NATIONALWIDE FAROESE KNEE COHORT

Introduction To calculate the prevalence of patellar dislocation (PD) and trochlear dysplasia (TD) in a national cohort in the Faroe Islands.

Material and Methods All inhabitants in The Faroe Islands aged 15 to 19 years were invited to answer an online survey. Three cohorts were established: 1) The background cohort consisting of the participants with no prior patellar dislocation, 2) The PD cohort consisting of all participants with prior PD, 3) The clinical PD cohort consisting of participants with prior PD who participated in the clinical and radiological follow-up.

Trochlear dysplasia was defined as one of the following: Dejour type A-D on X-ray, Lateral Trochlear Inclination angle < 11° or Trochlear Depth < 3 mm on MRI.

Results 3749 persons were contacted and 1637 (44%) completed the survey. 146 reported a prior PD and 100 participated in the clinical PD cohort. The national prevalence of PD was 8.9%. The prevalence of symptomatic TD was 6.8%. The prevalence of TD in the clinical PD cohort was 78%. 77.6% of patients with TD had bilateral TD. Only 27% of patients with bilateral TD had bilateral dislocations.

Conclusion The prevalence of PD in the Faroe Islands, a genetically homogenous small country, is markedly higher than reported in other countries and could indicate a genetic influence. The national prevalence of TD and the prevalence of TD in participants with prior PD is high. Most patients with TD exhibited the same pathology in the opposite knee with no clinical symptoms.