

dysplasia cohort consisting of participants with prior patellar dislocation who had trochlear dysplasia.

Results 3749 persons were contacted and 1119 (30%) completed the demographic survey and at least one PROM. 43 persons had prior surgery to the knee and were excluded. 102 reported prior patellar dislocation, of whom 57 were found to have trochlear dysplasia. All PROMs except the Marx score reflected worse quality of life and function after patellar dislocation compared with the background population, most pronounced in the BPII. The percentage of people experiencing problems in the EQ-5D-5L dimensions were increased for the patellar dislocation cohort and the trochlear dysplasia cohort in all EQ-5D-5L domains, except for anxiety/depression.

Conclusion Young people (age 15-19) with prior patellar dislocation report seriously affected quality of life and function measured with the BPII, the Kujala, the EQ-5D-5L index values, and all EQ-5D-5L domains except anxiety/depression

4 ENSURING CONTENT VALIDITY OF A NEW PATIENT REPORTED OUTCOME FOR CHILDREN WITH ACL DEFICIENCY; DEVELOPMENT OF THE 'KIDS-KNEES-ACL'

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Introduction Evaluating treatment outcomes for children with anterior cruciate ligament (ACL) deficiency relies on patient-reported outcome measures (PROMs). The existing knee-specific pediatric PROMs lack content and construct validity for children with ACL injury. This study aimed to develop a preliminary version of a new PROM for children with ACL injury.

Materials and Methods The development adhered to 'COSMIN' guidelines for PROM development. Informants were children with ACL deficiency, purposively sampled based on age, sex, and treatment method. Semi-structured interviews were guided by an interview guide within the ICF model and continued beyond data saturation. New themes and items emerged by thematic analysis and probing items from the adult KNEES-ACL. Content coverage, relevance, and understandability were continuously evaluated. All interviews were recorded and transcribed verbatim. The NVivo 12 software was used for data analysis and coding of items. All content was tested in its final form.

Results There were substantial differences in the psycho-social impact between adults and children. The children experienced a more considerable negative psycho-social impact caused by a loss of participation in sports, lower self-confidence, and a loss of social networks. This resulted in four domains; "School", "Friends", "Family" and "Mood and self-confidence". The physical aspects were quite similar, with few exceptions. 41 of 55 items from KNEES-ACL were endorsed; however, all required rewording to ensure understandability.

Conclusion A preliminary version of 'KIDS-KNEES-ACL' containing 60 items across nine domains was developed. Modifications based on subsequent psychometric analysis will ensure adequate measurement properties of a final version.

5 THE HAPPY CONCEPT MAPPING STUDY: "TO PREVENT INJURIES IN YOUNG HANDBALL PLAYERS IT'S IMPORTANT TO..." – PERCEPTIONS AMONG VARIOUS STAKEHOLDERS

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Introduction This study aimed to identify facilitators for implementing injury prevention initiatives in youth handball, and to assess stakeholders' perceptions of their importance and feasibility.

Materials and Methods Four stakeholder groups — coaches, administrators, health staff and players — participated in this mixed-method concept mapping study. Participants (n=224; 19% coaches, 22% health staff, 63% players, 18% administrators) first provided statements about facilitators for implementing injury prevention initiatives in youth handball, then grouped them (n=47), before rating them (n=57) for importance and feasibility (5-point Likert scales). Stakeholder-specific cluster maps and Go-Zone scatter plots were created. Statements rated above average for both importance and feasibility were considered as prioritized (Go-Zone 1).

Results 87 unique statements were generated during brainstorming. Multidimensional scaling and hierarchical cluster analysis resulted in similar sorting data clustering patterns for coaches, health staff, and administrators, incorporating federation strategies, club strategies, and coach and athlete education/knowledge. All clusters were rated >3 on average ratings of importance by all stakeholder groups. Six statements were in Go-Zone 1 for all stakeholder groups, including three statements about coach knowledge and education. Players' statement importance and feasibility ratings had limited overlap with other stakeholder groups' Go-Zone 1 statements. Players' Go-Zone 1 statements mainly addressed individual load management and practical training setup.

Conclusion Coach knowledge and education, alongside collaboration among stakeholder groups, are essential when implementing injury prevention initiatives in youth handball. Stakeholder groups have varying perspectives, underscoring the importance of understanding and addressing these diverse viewpoints when implementing initiatives.

ACL and Adolescent Knee Pain

6 CHILDREN'S PHYSICAL FUNCTION ONE YEAR AND THREE YEARS AFTER AN ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION

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Introduction Anterior cruciate ligament (ACL) injury is a serious knee injury that occurs in both children and adolescents and the incidence is increasing. The purpose of the study was to investigate children's development of their physical function 1 year and 3 years after undergoing ACL-reconstruction.

Materials and Methods Data was collected from a cohort running as part of clinical practice at Bispebjerg and Frederiksberg Hospital. From 2011 to 2022, 148 children were at that time at least 3 years postoperative after ACL-reconstruction. The children's physical function was assessed with 4 hop tests and in a power rig, where the strength ratio between the operated leg and the healthy leg was measured with the Limb Symmetry Index (LSI). The anterior knee stability was assessed with a rolimeter and the children completed the Pedi-IKDC and KOOS-Child questionnaires to evaluate their own experience of knee function.

Results LSI was well over 90% on all 4 hop tests as well as in the power rig both at the 1-year and 3-year test. Anterior knee laxity was less than 2 mm at both 1-year test and 3-year test. The self-reported questionnaire Pedi-IKDC showed significant improvement in the score from 1-year test to 3-year test and KOOS-Child showed significant improvement in 2 of the 5 domains.

Conclusion The included children had good physical function both 1 year and 3 years after ACL-reconstruction. The children did not feel that their sport specific function and quality of life were at the best possible level.

7 FUNCTIONAL PERFORMANCE TESTS, CLINICAL MEASUREMENTS, AND PATIENT REPORTED OUTCOME MEASURES ARE SEPARATE OUTCOMES AFTER PRIMARY ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION

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Introduction The technical results after anterior cruciate ligament reconstruction (ACLR) are evaluated by laxity measures, the functional results by performance tests, and patients' perception by patient-reported outcome measures (PROMs). It is unknown whether one of these can represent outcome, or if they should all be reported, and the aim was to analyze this in a cohort one year after primary ACLR.

Method Consecutive adult patients who had an ACLR between 1.1.2019 and 31.12.2021 were offered a one-year follow-up by an independent observer, who measured clinical and instrumented knee stability, range of motion, and results of four different hop tests. Patients completed 4 PROMs (IKDC, KOOS, Lysholm and KNEES-ACL) and Tegner activity scale, reported pain scores and answered anchor questions regarding satisfaction and willingness to repeat the operation. Spearman correlations were calculated between the Lysholm score, IKDC-score, each domain score in KNEES-ACL and KOOS and the other outcome modalities.

Results A total of 190 adults attended the one-year follow-up and 151 had all assessments. There were only few positive

and weak correlations between performance tests and PROMS and between clinical measurements and PROMS ($r = 0.00 - 0.38$), and the majority were of negligible strength.

Conclusions There was no clinically important correlation between scores obtained by PROMs, functional performance tests and instrumented laxity of the knee at 1-year follow-up after ACLR, meaning that the various modalities represent different aspects of outcome, and that one type of outcome cannot represent all. Conclusions based on one type of outcome may not be sufficient.

8 HOW DOES CHANGE UNFOLD IN ADOLESCENTS WITH LONGSTANDING NON-TRAUMATIC KNEE CONDITIONS AFTER A CONSULTATION? A REPEATED INTERVIEW STUDY

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Introduction Perceived diagnostic uncertainty emerges during consultations because of miscommunication, potentially leaving adolescents confused and unable to understand 'what's wrong with me'. Repeated interviews are a valuable method to facilitate a high-quality, in-depth time-exploration of participants' experiences and knowledge regarding complex topics. This study aims to explore how adolescents with non-traumatic knee pain experience changes, needs, and understanding of their knee pain over time following a consultation in an orthopaedic department through a series of repeated interviews.

Materials and Methods Adolescents aged 10-19 years with non-traumatic knee pain were eligible. We did semi-structured interviews online. The first interview was conducted 1-3 days after the consultation, followed by a second interview 11-17 days after the consultation. Data were analysed using an inductive reflexive thematic analysis by Braun and Clarke, separately in two sprints (timing of interviews). Both time points were synthesized within a matrix, thus completing the final analysis.

Results We included ten adolescents with non-traumatic knee pain. The adolescents emphasized the importance of validating their experiences and the significance of social acceptance regarding the existence of 'knee pain'. Adolescents who were referred for further examinations (e.g., imaging) described a feeling of complete halt in activities and a need to wait for clarification. Lastly, adolescents mentioned experiencing difficulties remembering what was said during the consultation.

Conclusion Communication is crucial for maintaining trust and reducing diagnostic uncertainty in adolescents. This underscores the necessity for personalised approaches in medical consultations, considering the unique experiences and understanding of each adolescent.