baseline. Patients were followed for 12 months and assessed for the presence of mechanical symptoms at 3, 6 and 12 months.

Results In total, 63/121 patients reported mechanical symptoms at baseline (surgery, n=33 and exercise, n=30), while 9/26 in the surgery group and 20/29 in the exercise group reported mechanical symptoms at 12-month (missing data on 8 patients). During follow-up 8 patients crossed over from the exercise group to use the opportunity for later surgery.

At 12-month the risk difference was 34.4% (95% CI 9.5–59.2) and the relative risk was 1.99 (95%C1, 1.11–3.57) in favour of the surgery group. Similarly, a larger proportion of patients in the exercise group reported mechanical symptoms at 3 and 6 months.

Conclusion Our results suggest that meniscal surgery may be superior in alleviating mechanical symptoms compared with exercise therapy and patient education with the option of later surgery in young patients with meniscal tears and self-reported mechanical symptoms.

141 TERMINOLOGY AND DIAGNOSTIC CRITERIA USED IN CLINICAL STUDIES INVESTIGATING SUBACROMIAL IMPINGEMENT SYNDROME: A SCOPING REVIEW

Adam Witten*, Karen Mikkelsen, Thomas Mayntzhusen, Mikkel Clausen, Kristian Thoborg, Per Hölmich, Kristoffer Barford, Sports Orthopedic Research Center – Copenhagen, Department of Orthopedic Surgery, Copenhagen University Hospital Hvidovre, Denmark; Department of Midkelly, Physiotherapy, Occupational Therapy and Psychomotor Therapy, Faculty of Health, University College Copenhagen, Denmark

Introduction Lack of consensus regarding terminology and diagnostic criteria used to describe and identify patients with subacromial impingement syndrome (SIS) could be an important driver of misconceptions and misinterpretations of scientific results in this population. We aim to map the literature regarding terminology and diagnostic criteria used in clinical studies investigating SIS.

Materials and Methods PubMed, Embase, CINAHL and SPORTDiscus were searched from inception to June 2020 using known terms for SIS. Peer-reviewed clinical studies investigating SIS were eligible for inclusion. Studies containing secondary analyses of a previously published study, reviews, pilot studies and studies with less than ten participants were excluded. Two reviewers independently screened titles and abstracts, three reviewers independently applied inclusion and exclusion criteria to full-text versions of the articles and one reviewer extracted data. Disagreement between the reviewers was resolved through dialogue.

Results 11,056 records were identified. 911 were retrieved for full-text screening. 535 were included. 20 different terms for SIS were identified. The diagnostic criteria were generally based on a cluster of pain provocative shoulder tests. 134 different diagnostic criteria were identified. 30% of the studies used a combination of clinical tests and imaging. 9% of the studies specified that they included patients with full-thickness supraspinatus tears and 46% specified that they did not.

Conclusion There is a worrying lack of consensus regarding terminology and diagnostic criteria for SIS. This calls for careful consideration when interpreting the results of studies investigating SIS and when comparing studies.