Materials and Methods This is a cross-sectional study embedded in the child and adolescent musculoskeletal pain cohort study, carried out in 17 Danish general practice clinics. Patients aged 8–19 years with musculoskeletal pain when consulting general practice completed a questionnaire on demographics, physical activity, pain impact, psychosocial factors, and expectations of their general practitioner.

Results One hundred participants were included (54% female, median age 13 [IQR: 12–16] years). The most frequent region of activity-limiting pain was the knee (56%), followed by the back (20%), ankle (19%), and neck (13%). The primary reason for (63%) consulting their GP was inability to use their body as usual due to pain. Median pain duration on consultation was 5 months [IQR: 3 weeks–1 year]. Over a third were nervous (34%), worried/anxious (33%), and took pain medication (33%). Pain negatively impacted sport activities at school (79%) and leisure time activities (88%). Pain made concentration (58%) and falling asleep (38%) difficult. Only 38% expected a pain free long-term future.

Conclusion This study demonstrates the bio-psycho-social impact of musculoskeletal pain in care-seeking children and adolescents in general practice. Demographics, pain characteristics, psychosocial characteristics, and physical characteristics should be considered when consulting children and adolescents with musculoskeletal pain.

Introduction Patellofemoral joint osteoarthritis is common following anterior cruciate ligament reconstruction (ACLR) and may be linked with altered joint loading. We aimed to determine if altered patellofemoral joint loading is associated with prevalent and worsening early patellofemoral osteoarthritis following ACLR.

Materials and Methods Forty-six participants (mean age 27±5 years) one-year following primary ACLR (hamstring-tendon autograft) underwent magnetic resonance imaging (MRI) and biomechanical assessment of their reconstructed knee. Trunk and lower-limb kinematics plus ground reaction forces were recorded during the landing phase of a standardised forward hop task. These data were input into an established musculoskeletal model to calculate patellofemoral contact force. Follow-up MRI was acquired on 32 participants at five-years post-ACLR (n=9 (28%); risk ratio 1.55, 95%CI 1.13 to 2.11).

Conclusion Young adults following ACLR who underload their patellofemoral joint during a hopping task are at high risk of early patellofemoral osteoarthritis onset and progression within the first 5-years after ACLR. These findings challenge traditional thinking that joint overloading drives post-traumatic osteoarthritis, and provides new targets for osteoarthritis prevention.