risk factors underwent semi-quantitative synthesis. The GRADE approach for prognostic factors guided assessment.

**Results** Across 66 included studies, 81 unique risk factors were identified. 64% and 49% of studies had high risk-of-bias from attrition and confounding. Semi-quantitative syntheses identified limited high-quality evidence that cruciate ligament, collateral ligament, meniscal, chondral, dislocation, fracture, and multi-structure injuries increase structural osteoarthritis odds. Ten risk factors for structural osteoarthritis underwent meta-analysis (sex, rehabilitation for ACL tear, ACL reconstruction (ACLR), ACLR age, ACLR body-mass-index, ACLR graft source, ACLR graft augmentation, ACLR+cartilage injury, ACLR+partial meniscectomy, ACLR+total medial meniscectomy). Low-quality evidence suggests increased odds of structural osteoarthritis related to ACLR+cartilage injury (OR = 2.31; 95% CI 1.35, 3.94), ACLR+partial meniscectomy (OR = 1.87; 1.45, 2.42), and ACLR+total medial meniscectomy (OR = 3.14; 2.20, 4.48).

**Conclusion** Limited high-quality evidence suggests that various knee injury types (not just ACL tears) increase symptomatic osteoarthritis. Risk factor heterogeneity, low-quality evidence, and inconsistency in risk factor and osteoarthritis definition make identifying modifiable targets for preventing symptomatic post-traumatic knee osteoarthritis challenging.

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**RADIOGRAPHIC ASSESSMENT OF THE PUBIC SYMPHYSIS. DEVELOPMENT AND RELIABILITY OF THE MATURING ADOLESCENT PUBIC SYMPHYSIS (MAPS) CLASSIFICATION**

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**Introduction** Pubic-related groin pain can affect young athletes and pubic apophysitis is a potential cause of pain. We aimed to describe the maturation of the pubic symphysis in adolescent football players on x-ray.

**Materials and Methods** 105 anteroposterior radiographs of healthy adolescent male football players between 12 and 24 years old were used to develop the Maturing Adolescent Pubic Symphysis (MAPS) classification. Our understanding and radiological scoring of the symphyseal joint was developed in 6 rounds. The final MAPS-classification items were scored in random order by two experienced observers, blinded for the age of the participant. The inter-observer reliability was examined using weighted kappa (κ).

**Results** We developed a classification system with clear definitions and a pictorial atlas. We divided the joint into three regions: the superior corners, the upper and the lower regions of the joint line. The superior corners were classified as rounded, squared or beaked. The upper region of the joint line: round or straight. The lower region of the joint line: straight, diagonal, or in between. Inter-observer reliability was moderate to almost perfect: superior region: κ = 0.70 (95% CI 0.60 - 0.79), upper region of the joint line: κ = 0.89 (95% CI 0.86 - 0.92), lower region of the joint line: κ = 0.65 (95% CI 0.55 - 0.75).

**Conclusion** The MAPS-classification is reliable and can be used to assess the maturation of the pubic symphysis joint. Maturation starts at the superior corner, followed by ossification of the joint line from superior to inferior.

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**MANAGEMENT OF GLUTEAL TENDINOPATHY: A SYSTEMATIC REVIEW WITH META-ANALYSIS OF ALL INTERVENTIONS**

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**Introduction** Gluteal tendinopathy (GT) is a common source of hip pain with reported pain, function, quality of life being equivalent to end stage hip osteoarthritis. This systematic review aims to clarify the best management for people with GT.

**Materials and Methods** 9 electronic databases and the grey literature were searched from inception to March 2021. High-quality, randomised controlled trials of any intervention for GT were included. The PEDro scale was used for quality assessment, with risk of bias assessed using the Cochrane Risk of Bias tool 2.0.

**Results** Meta-analysis of four studies of exercise and education (EDX) for pain and function demonstrated that EDX has a large effect on pain outcomes in the short term (SMD 0.95, 95% CI 0.58, 1.33), medium effect in the medium term (SMD 0.60, 95% CI -0.21, 0.96) and a small effect on in the long term (SMD 0.46, 95% CI 0.10, 0.81). EDX has a large effect on functional outcomes in the short term (SMD 0.91, 95% CI 0.53, 1.28), medium effect in the medium term (SMD 0.79, 95% CI 0.42, 1.16) and a small effect in the long term (SMD 0.41, 95% CI 0.05, 0.76).

**Conclusion** Education and exercise has a positive impact on pain levels and function at every time point. Education and exercise interventions should form part of GT management.

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**PIVOTING IN A PANDEMIC: OPPORTUNITIES FOR INJURY SURVEILLANCE USING VIDEO ANALYSIS IN SPORT**

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**Introduction** Prospective cohort studies represent the gold standard in injury surveillance. However, these methods require longitudinal monitoring and are highly resource intensive. We describe the use of video-analysis to inform injury prevention where no other surveillance data is available.

**Materials and Methods** Forty-eight female varsity rugby union matches were analysed through video-analysis. A three-stage approach to informing injury prevention included match event coding, suspected injury and concussion analysis, and tackle
analysis. Key stakeholder engagement at each stage and video tagging by researchers and clinicians were undertaken. To identify suspected injury and concussion, operationally defined criteria were used. These criteria were face and content validated. Four suspected injury and 15 suspected concussion criteria were used. Each coder was required to complete interrater reliability, using the group consensus as the gold standard response for comparison.

Results 225 suspected injuries and 59 suspected concussions were identified. The median number of injury criteria met was 3/4, with medical attention being required in 81% of cases, yet only 29% required removal from the field. Median number of concussion criteria was 2/15. Medical attention was the injury criteria with the highest level of agreement between unique coders (78–100% agreement).

Conclusion Video-analysis is an underused tool for capturing suspected injury/concussion events. When undertaken using clearly operationalised definitions and in consultation with medical experts, vital information can be acquired to inform prevention strategies. The implications of this are wide-ranging and offer new opportunities for surveillance and prevention in under-reported and/or under-resourced sporting environments, particularly youth and female sport.

99 LOCAL-TERM PROGNOSIS OF INDIVIDUALS WITH PLANTAR HEEL PAIN

Introduction Plantar heel pain (PHP) used to be considered a self-limiting condition, where pain was thought to resolve within a year after onset. A number of studies with varying quality of outcomes and small sample-sizes have questioned the benign nature of PHP. The aim of this study was to explore the long-term prognosis of individuals treated for PHP.

Materials and Methods Patients treated for PHP at Aalborg University Hospital between 2011–2018 were in 2020 asked to complete online questionnaires. Questionnaires included demographic and patient characteristics, heel pain during the past 4 weeks, mean pain intensity during the past week (0–10 numerical rating scale), work situation, comorbidities, and the EQ5D.

Results So far, 254 individuals completed the questionnaires (38% response rate). Mean age was 54 years (±12) and median period of heel pain was 20.5 months (IQR 9–60). At follow-up, 55% (95%CI 49–61%) still reported heel pain during the past 4 weeks with a median pain intensity of 5 (IQR 3–7). 76–86% of these reported concomitant musculoskeletal pain. During follow-up, 18% changed their work assignments due to heel pain, 25% reported sick leave due to heel pain (median days off work 21 (IQR 7–90)) and 27% reported depressive symptoms on the EQ5D.

Conclusion Despite specialized care, more than half still reported PHP up to 10 years after treatment. The condition was associated with sick leave and changed work assignments among several patients. These results emphasise the large impact PHP may have on individuals and highlights the need for more effective treatments.

100 LOCAL NEUROMUSCULAR CHARACTERISTICS ASSOCIATED WITH PATELLOFEMORAL PAIN: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Introduction Local neuromuscular deficits have been reported in people with patellofemoral pain. To help identify interventional targets, we synthesized the neuromuscular characteristics associated with patellofemoral pain persistence.

Materials and Methods Five databases were searched for case-control studies. Muscle electromyography, flexibility, performance and cross-sectional area data were extracted from reports of functional or isolated tasks and synthesised. An evidence gap map was constructed.

Results Sixty-seven studies were retained. In functional tasks, electromyographic investigations showed moderate evidence of small effect for vastus medialis onset-delays relative to vastus lateralis (0.44 [0.03, 0.85]) during stepping/stair negotiation tasks, and higher biceps femoris mean excitation amplitudes (0.35 [0.06, 1.04]) in single-leg triple-hop test. In isolated tasks, we found moderate evidence of medium effect for lower Hoffman-reflex amplitude of vastus medialis (-1.12 [-1.56, -0.67]). Muscle performance investigations showed: strong evidence with medium and small effects for lower extensors concentric (-0.61 [-0.81, -0.40]) and eccentric (-0.56 [-0.79, -0.33]) strength; and moderate evidence of medium effect of lower isometric (-0.64 [-0.87, -0.41]) strength; moderate evidence with small effect for rate of force development to 30% (0.55 [-0.89, -0.21]), 60% (0.57 [-0.90, -0.25]) and medium effect to 90% (0.76 [-1.43, -0.10]) of maximum voluntary contraction; and small effect for lower flexors concentric strength (0.46 [0.74, -0.19]) and extensors total work (0.48 [-0.90, -0.07]). Flexibility investigations showed tighter hamstrings (0.57 [-0.99, -0.14]).

Conclusion Quadriceps and hamstring motor-control, flexibility and weakness are robustly associated with patellofemoral pain, so these parameters should be used to guide investigations of treatment effect mechanisms.