

**Results** 118 patients having meniscal resection (mean age 32 [SD 7], 66% men, mean baseline KOOS<sub>4</sub> score 48.3 [SD 17]), and 24 patients having meniscal repair (mean age 26 (SD 6), 67% men, baseline KOOS<sub>4</sub> score 47.1 [SD 16]) were included. At 52 weeks both groups had improved, but patients having repair experienced less improvement in KOOS<sub>4</sub> scores than patients having resection (adjusted mean difference in change -13.0, 95% CI: -21.1; -4.9,  $p=0.002$ ). Sensitivity analysis excluding patients having additional surgery in the index knee within the 52 weeks follow-up (repair: 32%; resection 9%) yielded similar results. Additional subgroup analysis including only patients with non-degenerative longitudinal-vertical tears, displayed even less improvement in the repair group compared with the resection group (adjusted mean difference in change -22.9, 95% CI: -32.5; -13.2,  $p<0.001$ ).

**Conclusion** In this prospective cohort, patients having meniscal repair experienced less improvement after 1 year than patients having meniscal resection.

#### 10 RECOMMENDED CORE OUTCOME DOMAINS FOR TENDINOPATHY DERIVED FROM A DELPHI OF PATIENTS AND HEALTH CARE PROFESSIONALS: THE GRONINGEN ISTS2018 CONSENSUS

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**Introduction** Tendinopathy (local tendon pain associated with physical activity) is a challenge to treat despite recent advances. One factor contributing to this challenge is our limited ability to synthesise/meta-analyse research findings, which is further compounded by a lack of valid outcome measures. We determined the core outcome domains against which outcome measures could be recommended.

**Materials and methods** We conducted a Delphi study of patients and health care professionals (HCP) in two parts: an online survey and consensus meeting. Online survey items were extracted from clinical trial reports. Agree, disagree, or unsure were options in response to: 'The 'item' is important enough to be included in a core domain set of tendinopathy'. A-priori criterion of  $\geq 70\%$  participant agreement was deemed for selection of a core domain.

**Results** 32 patients and 28 HCP (92% had >10 years of tendinopathy experience, 71% consulted >10 cases per month) completed the online survey. 2 patients and 15 HCP attended the consensus meeting. Of the original 24 items (from trial reports); 9 were core: Patient overall rating, participation, pain on activity/loading, disability, function, physical function capacity, quality of life, psychology, and pain over a specified timeframe. Eight items were not core domains: range of motion, palpation, clinical examination, structure, pain on examination or without other specification, drop out, and sensory modality pain. Remaining seven items did not meet criterion.

**Conclusion** The core domain set serves as a guide for reporting of outcomes in clinical trials. Further research should determine these outcomes for each specific tendon.

#### 11 THE EFFECTIVENESS OF THE FÉDÉRATION INTERNATIONALE DE FOOTBALL ASSOCIATION (FIFA) INJURY PREVENTION PROGRAMMES IN SOCCER: A META-ANALYSIS OF META-ANALYSES

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**Introduction** The FIFA Medical and Research Centre has designed a comprehensive warm-up programme targeting muscular strength, body kinaesthetic awareness, and neuromuscular control during static and dynamic movements to decrease injury risk for soccer players.

**Materials and methods** The purpose of this research was to meta analyse the existing meta-analyses so that a conclusion can be drawn on how effective the injury programmes are. Relevant studies were identified by searching five databases for the period January 1990 till 1 July 2018. Results of each meta-analysis were combined together using OR (odds ratios) in a summary meta-analysis. QUOROM was used to assess how comprehensive the reporting included in the meta-analyses had been. The quality of the methodology in the meta-analyses was assessed using AMSTAR 2.

**Results** In total, the criteria for eligibility were satisfied by four meta-analyses covering fifteen primary studies. All four meta-analyses scored quite highly on QUOROM, but two were rated by AMSTAR 2 as moderate quality and two were found to be of critically low quality. Be that as it may, an overall risk reduction of 34% [OR=0.66 (0.60–0.73); I<sup>2</sup>=84%] for all injuries and a reduction of 29% [OR=0.71 (0.63–0.81); I<sup>2</sup>=80%] for injuries to the lower limbs were revealed.

**Conclusion** Combining every previous meta-analysis into a single source produced decisive evidence that the risk of injuries while playing soccer is reduced as a result of FIFA's programmes.