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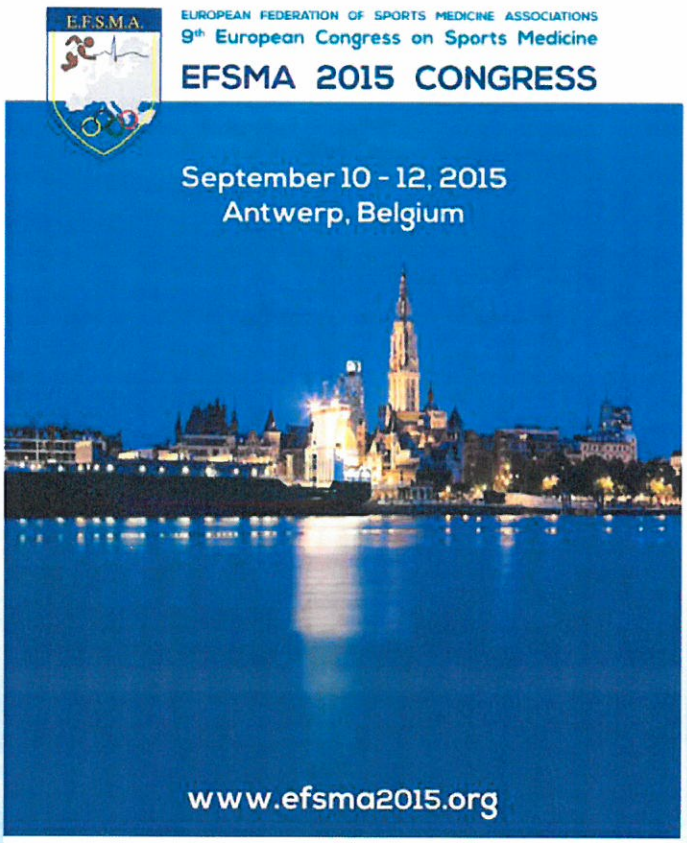
European Journal of Sports Medicine

Volume 3, Supplement 1, September 2015

The European Journal of Sports Medicine (EUJSM) is the official journal of European Federation of Sports Medicine Associations (EFSMA).



EXERCISE PRESCRIPTION FOR HEALTH

ISSN: 1792-4979

evaluate the clinical severity of Achilles tendinopathy. It has been developed in English and therefore is not adapted for French-speaking patients. Although this questionnaire has already been translated into different languages but not in French. French is spoken by most than 275 millions of people and is one of the 2 official languages of the International Olympic Committee, and one of the 6 official languages and one of the 2 working languages of the United Nation Organisation. The aim of this study was to translate this questionnaire into French and to study its reliability and validity.

METHODS: The questionnaire was translated into French (VISA-AF) according to the "guidelines for the process of cross-cultural adaptation of self-report measures" using six steps: translation, synthesis, back translation, expert committee review, pretesting, and appraisal of the adaptation process by the expert committee. Once the final versions obtained, several psychometric proprieties such as test-retest fidelity, internal coherence, construct validity and floor and ceiling effects were evaluated. We recruited 116 subjects who were distributed in 3 groups: pathological patients (n=31), at risk athletes (n=63), healthy people (n=22).

RESULTS: The questionnaire was approved by the expert committee after the pre-final version test. On a scale ranging from 0 (theoretical minimum) to 100 (asymptomatic subject), the average scores of the VISA-PF obtained were 59 (± 18) for the pathological group, 99 (± 1) for the healthy group and 94 (± 7) for the sports-risk group. The VISA-A-F shows excellent reliability. The VISA-AF shows low correlations with the divergent sub-scales of the SF-36 and moderate correlations with the convergent sub-scales of the SF-36. No floor and ceiling effects were detected during the evaluation of the two questionnaires.

CONCLUSION: The French versions of the VISA-A is equivalent to its original version and is reliable and valid questionnaire for French speaking patients with Achilles tendinopathy.

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ONE-YEAR FOLLOW-UP OF PLATELET-RICH PLASMA INFILTRATION TO TREAT CHRONIC PROXIMAL PATELLAR TENDINOPATHIES

J.F. KAUX[1], O. BRUYERE[2], J.L. CROISIER[3], B. FORTHOMME[3], C. LE GOFF[4], J.M. CRIELAARD[1]

[1]Physical Medicine and Sports Traumatology Dept., University and University Hospital of Liège, Liège; [2]Dept. of Public Health, Epidemiology and Health Economics, University of Liège, Liège; [3]Physiotherapy Service, Dept. of Motility Sciences, University of Liège, Liège; [4]Dept. of Clinical Biology, University Hospital of Liège, University of Liège, Liège, Belgium

INTRODUCTION: Infiltration of Platelet-Rich Plasma (PRP) may be considered as a recent therapeutic option for chronic tendinopathies. The aim of this study is to evaluate the clinical status and the return to sports activities in patients with chronic upper patellar tendinopathies.

MATERIAL AND METHODS: Twenty subjects with chronic upper patellar tendinopathy benefited from 1 infiltration of PRP. The follow-up (up to 1 year) was assessed by means of a Visual Analogue Scale (VAS), the International Knee Documentation Committee (IKDC) form and the Victorian Institute of Sport Assessment (VISA-P) score. Moreover, subjects had to answer an information questionnaire concerning their life and sports activities.

RESULTS: Seventy percent of the patients reported a favourable evolution with decrease of pain, and returned to sports activities. With time, VAS dropped significantly and both IKDC and VISA-P scores improved also significantly.

CONCLUSION: This study confirms that a local injection of PRP coupled with a program of eccentric rehabilitation for treating a chronic jumper's knee, improves pain symptoms and the functionalities of the subjects' knee up to 1 year after injection.

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