**Validity and reliability of the French translation of the VISA-A questionnaire**

Kaux JF¹, Delvaux F², Oppong-Kyei J², Beaudart C³, Buckinx F³, Croisier JL², Forthomme B², Crielaard JM¹, Bruyère O³

1. Physical Medicine and Sports Traumatology Department, University and University Hospital of Liège, Liège, Belgium.
2. Physiotherapy Service, Department of Motility Sciences, University of Liège, Liège, Belgium.
3. Department of Public Health, Epidemiology and Health Economics, University of Liège, Liège, Belgium.

**Introduction**

The Victorian Institute of Sports Assessment–Achilles (VISA-A) was designed to 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 more 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 questionnaires into French and to study its reliability and validity.

**Material and 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-AF 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.