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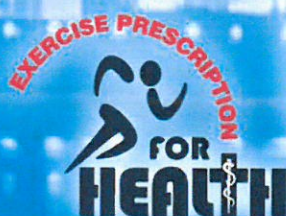
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examination, there was a minimal pain at the ulnar side. On the MRI, anatomy and intensity of TFCC were normal and no increased T2 signal of the radioulnar space noted.

**CONCLUSION:** Extracorporeal shock wave therapy as applied in this case was effective. More studies are needed to evaluate the effectiveness of ESWT for the treatment of TFCC.

#### PP-66

### CROSS-CULTURAL ADAPTATION AND VALIDATION OF THE VISA-P QUESTIONNAIRE IN FRENCH

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**INTRODUCTION:** The Victorian Institute of Sports Assessment–Patellar (VISA-P), originally developed for English-speaking patients, assesses the severity of patellar tendinopathy symptoms. Although this questionnaire has already been translated into different languages, it has never been adapted for French-speaking patients, which is surprising. Indeed, French is not only spoken by most than 275 millions of people all around the world. The aim of our study was to validate a French version and verify its psychometric properties.

**MATERIALS AND METHODS:** The translation and cultural adaptation were performed according to international recommendations in six steps: initial translation, translation merging, back translation to the original language, expert committee review to test the pre-final version, and expert committee appraisal. Once the final French version (VISA-PF) was obtained, certain psychometric properties were assessed in 92 subjects were included and divided into three groups: pathological subjects (n = 28), asymptomatic subjects (n = 22) and sports-risk subjects (n = 42).

**RESULTS:** The different members of the expert committee agreed with the final version. The average scores of the VISA-PF obtained were 53 ( $\pm$  17) for the pathological group, 99 ( $\pm$  2) for the healthy group and 86 ( $\pm$  14) for the sports-risk group. The test-retest reliability of the VISA-PF was excellent with an intra-class correlation coefficient of 0.99 and good internal consistency ( $\alpha$  = 0.9). Correlations between the VISA-PF and diverging measures of the SF-36 were low and the correlation coefficient values measured between the VISA-PF scores and converged items of the SF-36 were higher.

**CONCLUSION:** The VISA-PF is understandable, reliable and suitable for French-speaking patients with patellar tendinopathy.

#### PP-67

### VALIDATION OF THE FRENCH TRANSLATION OF THE VISA-A

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**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 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 ( $\pm$  18) for the pathological group, 99 ( $\pm$  1) for the healthy group and 94 ( $\pm$  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.

## PP-68

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

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**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.