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High Variability Exists in Reporting Clinical and Patient-Reported Outcome Measures Following Meniscal Surgery

Leah Shephard  
*Indiana University Northwest, leahshep@iu.edu*

Varag Abed  
*Wayne State University, gt2106@wayne.edu*

Michael Nichols  
*University of Kentucky, michael.s.nichols@uky.edu*

Andrew Kennedy  
*University of Kentucky, andrew.kennedy@uky.edu*

Camille Khalily  
*University of Kentucky, camille.khalily@uky.edu*

*See next page for additional authors*

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Authors
Leah Shephard, Varag Abed, Michael Nichols, Andrew Kennedy, Camille Khalily, Caitlin Conley, Cale Jacobs, and Austin V. Stone
**High Variability Exists in Reporting Clinical and Patient-Reported Outcome Measures Following Meniscal Surgery**

**Purpose:** To evaluate the variability in outcomes following surgical meniscal repair and compare responsiveness between patient reported outcome measures (PROMs).

**Methods:** A systematic search of the PubMed/MEDLINE and Web of Science databases was performed according to the Preferred Reporting Items for Systematic Reviews and Meta-Analysis guidelines. A total of 257 unique studies met inclusion criteria. Patient and study attributes were extracted, including pre- and postoperative means for PROMs. Of the studies that met inclusion criteria for responsiveness analysis (2+ PROMs reported, 1-year minimum follow-up; n=172), we compared the responsiveness between PROM instruments using effect size and relative efficiency (RE) if a PROM could be compared to another in at least 10 articles.

**Results:** A total of 18,612 patients (18,690 menisci, mean age = 38.6 years, mean body mass index = 26.3 kg/m²) were included in this study. Thirty-five different PROM instruments were identified, and the mean number of PROMs in each article was 3.6. The most cited PROMs were Lysholm (74.5%) and International Knee Documentation Committee (IKDC) (51.0%). IKDC was found to be more responsive than other PROMs, which include Lysholm (RE=2.29), Tegner (RE=3.90), and Knee Injury and Osteoarthritis Outcome Score (KOOS) Activities of Daily Living (ADL) (RE=1.08). KOOS Quality of Life (QoL) was also more responsive than other PROMs, such as IKDC (RE=1.42) and KOOS ADL (RE=1.43). Lysholm was more responsive compared to KOOS QoL (RE=1.14), KOOS ADL (RE=1.96), and Tegner (RE=3.53).

**Conclusion:** Our study found that IKDC, KOOS QoL, and Lysholm were the most responsive PROMs.