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CROSS-CULTURAL ADAPTATION AND CROSS-CULTURAL VALIDATION OF VISA-P FOR UKRAINIAN-SPEAKING PATIENTS

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Introduction: Motor dysfunctions of the knee joint caused by patellar tendinopathy («jumper's knee») are common among athletes both during the training process and after the end of a sports career. Conservative treatment and physical rehabilitation require reliable tools to assess and monitor their effectiveness. In the world practice of physical rehabilitation, the English-language VISA-P questionnaire, developed by the Australian Victorian Institute of Sports Assessment in 1998, is most frequently used for this purpose. During this time, the questionnaire was adapted and validated in different languages, but the Ukrainian version has not been available so far.

Aim: Carry out cross-cultural adaptation and validation of the VISA-P questionnaire for Ukrainian-speaking patients with patellar tendinopathy.

Materials and Methods: The VISA-P questionnaire consists of eight questions. Six of the eight questions assess the manifestations of pain in the knee joints in everyday life. The last two questions concern the ability to participate in sporting events. The intensity of pain is assessed on an inverted visual analogue scale from 0 to 10 points, in which 10 points correspond to the optimal health condition of the knee joints. Cross-cultural adaptation of the English-language VISA-P questionnaire was performed according to the recommendations of Beaton et al. Demographic characteristics (gender, age and number of sports hours per week) were documented for all test subjects. The internal consistency of the VISA-P questionnaire's questions was determined by the value of α -Cronbach and the mean correlation coefficient. Statistical calculations were performed using the package STATISTICA version 6.0. A significance level of 5% was applied. Amount of 94 people were involved in the adaptation and validation of the questionnaire (20 people – to assess adaptation, 58 people – to assess reliability, 16 people – to assess validity).

Results: The Ukrainian version of the questionnaire was adapted in five successive stages. The latter was tested. It is determined that the coefficient of average correlation between questions (average inter-item corr.) of the scale is 0.47; the value of α -Cronbach is 0.75, which indicates a good adaptation of questions in the Ukrainian language. Sufficient validation of the Ukrainian-language version of the questionnaire was confirmed by testing individuals with confirmed patellar tendinopathy by ultrasound and individuals with various complaints of knee dysfunction (8 in each group). A significant difference ($p \leq 0.01$) was found between the results of the survey of these two groups. The proper sensitivity of the Ukrainian version of the VISA-P questionnaire is also confirmed by the absence of a «ceiling effect» and a «floor effect».

Conclusions: The VISA-P questionnaire for Ukrainian-speaking patients with patellar tendinopathy is equivalent to the original, characterized by satisfactory reliability and validity. Therefore, the Ukrainian version of the VISA-P questionnaire can be recommended for assessing and monitoring the process of physical rehabilitation of persons with patellar tendinopathy.

Key words: patellar tendinopathy, physical rehabilitation, jumper's knee