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Cross-cultural adaptation, reliability, internal consistency and validation of the Arabic version of the International Knee Documentation Committee (IKDC) subjective knee form for Arabic people with ACLR

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Introduction & Aim: The use of patient-reported outcome measures is to measure symptoms and limitations in function and sports activities due to knee impairment for every knee-related problem encom¬passing not only arthritis but also ligament injury. In order to administer this questionnaire to Arabic speakers, a rigorous process of cross-cultural adaptation and validation is required in order to reach equivalence between the original publication and target version of the questionnaire. The primary aim of the present study is to translate and culturally adapt IKDC into Arabic to suit Arabic people with Anterior Cruciate Ligament Reconstruction (ACLR).

Methods: According to the guidelines for cross-cultural adaptation, translation and backward translation of the English version of the IKDC subjective knee form were performed. After translation into the Arabic version, 35 ACLR patients were asked to complete the Arabic IKDC, KOOS, VAS and Brabd-36 (SF-36). These patients were retested one week later to evaluate test-retest reliability. Construct validity was analyzed by investigating the correlation with KOOS subscales, VAS score and SF-36; content validity was also evaluated. Standardized mean response was calculated for evaluating responsiveness.

Results: The test-retest reliability proved excellent with a high value for the intraclass correlation coefficient (r=0.95). The internal consistency was strong (Cronbach's α =0.91). Good content validity with absence of floor and ceiling effects and good convergent and divergent validity were observed.

Conclusion: The Arabic IKDC demonstrated good measurement properties. We suggest that this instrument is an excellent evaluation instrument that can be used for Arabic patients with ACLR.

Biography

Husam Almalki is currently a PhD student at University of Salford, UK.

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