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Adoption and evaluation of the Doha Agreement Classification system of groin pain in athletes (part 1): a modified Delphi study among the founding expert group

Willem MP Heijboer¹, Adam Weir^{1,2}, Eamonn Delahunt^{3,4}, Per Hölmich⁵, Anthony G Schache⁶, Johannes L Tol^{7,8,9,10}, Robert-Jan de Vos², Zarko Vuckovic¹, Andreas Serner¹

¹Sports Groin Pain Centre, Aspetar Orthopaedic and Sports Medicine Hospital, Doha, Qatar;

²Department of Orthopaedics and Sports Medicine, Erasmus University Medical Centre, Rotterdam, The Netherlands;

³School of Public Health, Physiotherapy and Sports Science, University College Dublin, Dublin, Ireland;

⁴Institute for Sport and Health, University College Dublin, Dublin, Ireland;

⁵Department of Orthopedic Surgery, Sports Orthopedic Research Center—Copenhagen (SORC-C), Arthroscopic Center, Copenhagen University Hospital, Amager-Hvidovre, Denmark;

⁶La Trobe Sport and Exercise Medicine Research Centre, La Trobe University, Melbourne, Australia;

⁷Aspetar, Orthopaedic and Sports Medicine Hospital, Doha, Qatar;

⁸Department of Orthopaedic Surgery, Amsterdam UMC, University of Amsterdam, Amsterdam Movement Sciences, Amsterdam, The Netherlands;

⁹Academic Center for Evidence based Sports Medicine (ACES), Amsterdam UMC, Amsterdam, The Netherlands;

¹⁰Amsterdam Collaboration for Health and Safety in Sports (ACHSS), AMC/VUmc IOC Research Center, Amsterdam, The Netherlands

Willem MP Heijboer

Sports Groin Pain Centre, Aspetar Orthopaedic and Sports Med...

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Introduction

Diagnosing groin pain in athletes is challenging due to the close proximity of multiple anatomic structures, the lack of a golden reference standard, and the widespread use of different terminology for similar conditions. These issues were highlighted in a previous Delphi study whereby 23 groin pain experts had poor inter-rater agreement on the suspected diagnosis in two clinical cases. These experts provided 18 and 22 different potential diagnoses for each case, respectively.

This 2014 Delphi study provided an initial step towards the “Doha Agreement meeting on terminology and definitions in groin pain in athletes”. During the consensus meeting, 24 international groin pain experts with different professional qualifications aimed to address the problem of heterogeneous terminology. The experts agreed upon a clinical classification system with three major subheadings: (1) defined clinical entities for groin pain (adductor-, inguinal-, iliopsoas-, and pubic-related groin pain); (2) hip-related groin pain; (3) other causes of groin pain. A clinical classification system was preferred, since the clinical relevance of imaging has yet to be fully clarified, especially in instances of longstanding groin pain.

Five years have passed since the Doha Agreement meeting, and the recommended terminology is now frequently referenced in research articles. However, it is unknown if clinicians use the classification system in clinical practice and if there is a need to further refine the recommended taxonomy. Insight into the current use of the Doha agreement terminology in both research and clinical practice from groin pain specialists could help to further improve it.

Therefore, the aims of this two-stage Delphi study are to: 1) determine if the experts who participated in the Doha Agreement meeting now use more uniform terminology when diagnosing groin pain in athletes, 2) ascertain whether experts change their initial diagnosis of groin pain in athletes when they are subsequently presented with medical imaging reports, 3) evaluate to what extent the clinical classification system and associated terminology have been adopted by the experts, 4) ascertain the thoughts of the experts about any required amendments to the current clinical classification system and associated terminology, and 5) quantify the level of agreement amongst the experts of any proposed amendments to the current clinical classification system and associated terminology.

ATTACHMENTS

[evaluation of the doha
agreement classification -
delphi study, final
protocol; .docx](#)