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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

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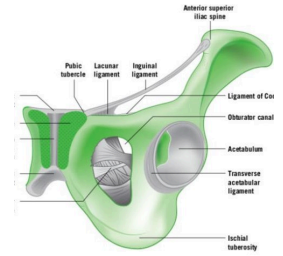
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Abstract

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 do...

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