

What is the most optimal treatment strategy for an adolescent with knee complaints?

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What is the most optimal treatment strategy for children / adolescents with knee complaints? Our hypothesis is (based on the invasive surgical procedure) patients that will be surgical treated (index group) have a clinical relevant gain of pain...

Ethical review	Not approved
Status	Will not start
Health condition type	Bone disorders (excl congenital and fractures)
Study type	Interventional

Summary

ID

NL-OMON43912

Source

ToetsingOnline

Brief title

Treatment strategy for adolescent with knee complaints

Condition

- Bone disorders (excl congenital and fractures)

Synonym

non-traumatic knee complaints; chronic knee pain

Research involving

Human

Sponsors and support

Primary sponsor: Maxima Medisch Centrum

Source(s) of monetary or material Support: maatschap Orthopedie

Intervention

Keyword: adolescent, knee complaints, treatment strategy

Outcome measures

Primary outcome

NRS (numeric rating scale) for pain after one year of follow-up

Secondary outcome

amount of pain at the follow-up moments; function score knee; medication use;
adverse events; satisfaction score patient.

Study description

Background summary

Treatment of adolescents with non-traumatic knee complaints is a challenge for an orthopedic surgeon. The initial treatment choice will be non-operatively. For the non-responders of this traject, an operative treatment is an option. Which patients will respond to the non-operative traject or not, and what the most effective treatment is for the the so called non-responders is till date not clear.

Study objective

What is the most optimal treatment strategy for children / adolescents with knee complaints? Our hypothesis is (based on the invasive surgical procedure) patients that will be surgical treated (index group) have a clinical relevant gain of pain relief after one year compared to the control group (effect size of minimally 0.5).

Study design

prospective follow-up study with a nested open-label randomized clinical study

Intervention

a) *index treatment* surgical intervention, a derotereneing osteotomy of the femur

b) *control treatment*: painteam; focused on pain medication and TENS.

Study burden and risks

The surgical intervention is one of the treatment options for this target population in Máxima Medical Center. Patients which will not respond after 1 year of follow-up on the painteam treatment; will have the opportunity to undergo the surgical treatment. The additional burden is that we ask time of the patient to fill in two questionnaires.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adolescents (12-15 years)

Adolescents (16-17 years)

Inclusion criteria

age between 12-17 year; pain in upper leg region, knee and / or lower leg; non-traumatic related complaints; *kneeing in* fenomen; increased internal rotation hip, asymmetric external rotation hip; increased anteversion femur assessed on CT scan; normal mechanical axis; normal MRI.

Exclusion criteria

insufficient command of Dutch language (to fill in questionnaires); not willing to participate; contra-indications for surgical intervention.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Treatment

Recruitment

NL	
Recruitment status:	Will not start
Enrollment:	200
Type:	Anticipated

Ethics review

Not approved	
Date:	08-06-2016
Application type:	First submission
Review commission:	METC Maxima Medisch Centrum (Veldhoven)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL54673.015.15