

## Anterior Cruciate Ligament Quality of Life Questionnaire: Turkish Translation with Reliability, Validity, and Responsiveness Evaluation

Gizem Irem Kinikli<sup>1</sup>, Derya Celik<sup>3</sup>, Ozgur Ahmet Atay<sup>2</sup>, Inci Yuksel<sup>1</sup>

<sup>1</sup>Hacettepe University, Faculty of Health Sciences, Department of Physiotherapy and Rehabilitation, Ankara, TURKEY,

<sup>2</sup>Hacettepe University, Faculty of Medicine, Department of Orthopaedics and Traumatology, Ankara, TURKEY, <sup>3</sup>Istanbul University, Faculty of Health Sciences, Department of Physiotherapy and Rehabilitation, Istanbul, TURKEY

**Objectives:** Despite a number of questionnaires in the area of ACL injuries there is a need for cross-cultural adaptation for patients with ACL reconstruction (ACL-R). To test the measurement properties of the Turkish version of the Anterior Cruciate Ligament Quality of Life Questionnaire (ACL-QOL).

**Methods:** One-hundred nineteen patients with ACL-R completed internal consistency, agreement, construct validity, floor and ceiling effect analyses. Eighty out of 119 patients with ACL-R completed the Turkish adapted version of the ACL-QOL questionnaire twice for the test-retest reliability. A subgroup of thirty-nine patients undergoing physiotherapy were also asked to answer the ACL-QOL questionnaire, the Lysholm knee scale (LKS), Knee Outcome Survey – Activities of Daily Living Scale (KOS-ADLS) and the Short Form-36 (SF-36) at preoperative, 16th week and 2 years post-operatively to assess responsiveness.

**Results:** The questionnaire had high internal consistency (Cronbach  $\alpha=0.95$ ). The paired t-test showed no significant difference between the test-retest means. The intraclass correlation was excellent for reliability and agreement in five domains and overall score (ICC: 0.95, 0.95, 0.97, 0.95, 0.96, and 0.95;  $p<0.001$ ). The standard error of measurement (SEM) and the minimum detectable change (MDC95) were found to be 3.14 points and 8.70 points, respectively. The questionnaire showed a fair correlation ( $r=0.23$ ) with (LKS) and a poor correlation ( $r=0.14$ ) with (KOS-ADLS); good and very good construct validity ( $r=0.51$ ,  $r=0.62$ ) with SF-36 physical component score and mental component score, respectively. We observed no ceiling and floor effects overall on the ACL-QOL questionnaire except the subdomain of “work-related concerns” (22.9%). The responsiveness demonstrated a dramatic effect size of 2.12 at the 16th week and large effect size of 0.97 at 2 years follow-up.

**Conclusion:** The Turkish version of the ACL-QOL questionnaire is a reproducible and responsive instrument that can be used in clinical studies.

---

The Orthopaedic Journal of Sports Medicine, 2(11)(suppl 3)

DOI: 10.1177/2325967114S00143

©The Author(s) 2014