in the last month (VAS), subjective function (AKPS), quality of life (SF-36), and maximum isometric strength of knee extensors and flexors (isokinetic dynamometer) at 60° of knee flexion. A multivariate analysis of covariance (ANCOVA) was used to compare the groups, controlling for the influence of sex on the dependent variables.

Results: The traumatic PFP group had worse pain levels (95% CI = -65; 18.92) and lower levels of subjective function (95% CI = -12.01; -4.17) compared to the insidious PFP group. The groups with traumatic and insidious PFP had lower subjective function compared to the asymptomatic groups with (95% CI = -27.65; -19.62) and without trauma (95% CI = -26.37; -15.52) respectively. The traumatic PFP group had lower knee extensor strength compared to the asymptomatic group with trauma (95% CI = -67.26; -3.02) and without trauma (95% CI = -52.76; -3.59) in the knee, while there was a trend towards the insidious PFP group (95% CI = -51.25; -67). There were no differences between groups for duration of symptoms, quality of life, and isometric knee flexor strength.

Conclusion: Individuals with traumatic PFP have a worse perception of their clinical condition (e.g., worse level of pain and subjective function) compared to individuals with insidious PFP, and lower strength of the knee extensors when compared to asymptomatic individuals with and without a history of trauma to the knee. In general, these findings may indicate a cumulative effect of knee trauma and PFP, which could affect the individual's perception of their condition.

Implications: It is possible that individuals with traumatic PFP could benefit from specialized education interventions regarding the perception of their condition, whereas there does not seem to be necessary to give greater emphasis to knee strengthening for this subgroup.

Keywords: Anterior knee pain, Traumatic injury, Weakness

Conflict of interest: The authors declare no conflict of interest.

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EFFECTIVENESS OF IMPLEMENTATION STRATEGIES TO REDUCE THE PROPORTION OF LOW-COST CARE FOR LOW-BACK PAIN MANAGEMENT: A SYSTEMATIC REVIEW WITH META-ANALYSIS

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Background: Low back pain (LBP) is the most common occupational disorder in North America. In the period from 2012 to 2016, indirect costs were US$2.2 billion for LBP in Brazil, accounting for approximately 67% of medical expenses. Previously published studies lacked major interventions, requiring further research to improve the