



Quality Assessment of YouTube Content on SLAP Tears



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Disclosures



- Arthrex, Inc
- Committee/Board
 - AAOS
 - AOA
 - AOSSM
 - AANA
 - RJOS
 - ISAKOS





Introduction



- Superior labrum anterior to posterior (SLAP) lesions are tears of the superior labrum in the superior quadrant of the glenoid, that then translate anterior to posterior.
- SLAP lesions can occur as the result of acute repetitive overhead motion, as seen in overhead athletes and manual laborers [1]
- **YouTube**, the second largest social media platform with over 2 billion views per day, has increasingly become a source that patients use for medical information due to its easy access and format [2]
- **Purpose: to assess the quality of YouTube videos related to the diagnosis and treatment of SLAP tears**





Methods

- Systematic search using keywords "SLAP tear" or "superior labral tear" on www.youtube.com on using the search filter 'Relevance' in Incognito mode.
- First 50 videos were recorded, evaluated for inclusion, and classified into categories according to their source and content
- **Video source** was classified into 7 categories: (1) academic (uploads affiliated with research groups or universities), (2) physician (independent physicians without direct affiliations with a research/ university group), (3) non-physician (e.g., physical therapist), (4) athletic trainer (e.g., demonstrating exercises), (5) medical source (animation or content from a health education website), (6) patient experience, (7) commercial.
- **Content** was divided into 6 categories: (1) rehabilitation/ physical therapy, (2) pathology/pathoanatomy, (3) patient experience, (4) surgical technique/approach, (5) nonsurgical management, and (6) advertisement.



Methods

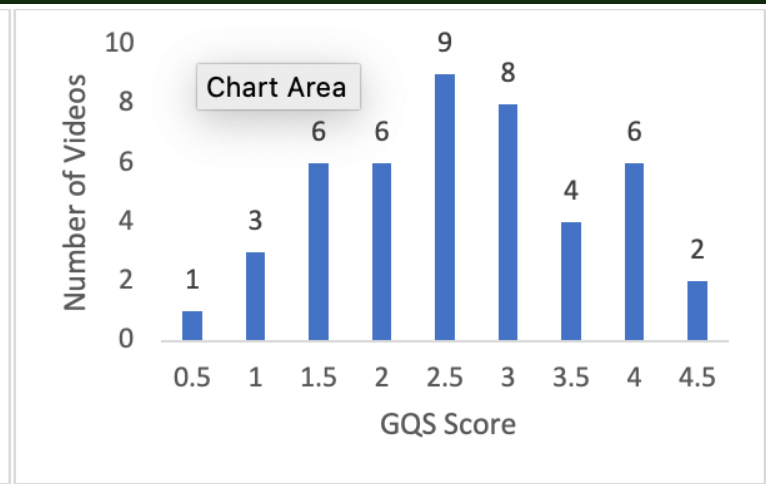
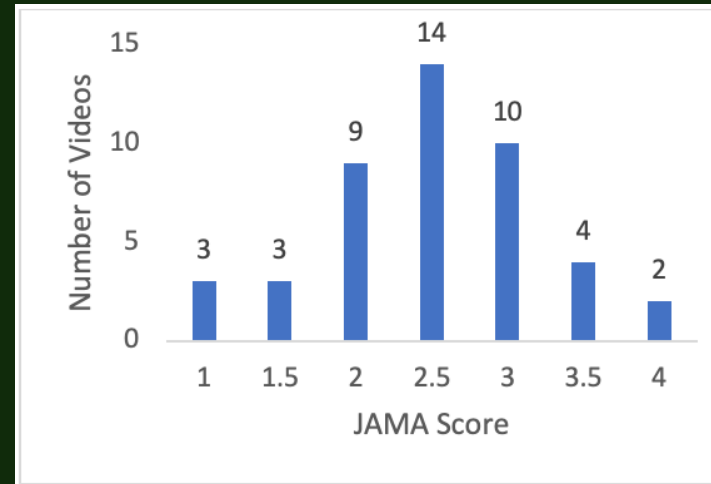
- The first 50 videos were analyzed by two independent reviewers and scored using 3 scoring systems: **Global Quality Scale (GQS)**, the **Journal of the American Medical Association (JAMA)**, and the **Shoulder Specific Score (SSS)** to determine video accuracy and reliability.
- Kruskal Wallis used to compare quality scores and video analytics with their determined category
- Statistical significance of <0.05
- Pearson Correlation coefficient was used to determine the correlation



Results

Scores of most videos were **low**

- JAMA score : 2.5 (1–4, SD 0.73)
- GQS of 2.66 (0.5–4.5, SD 0.99)
- SSS of 7.13 (0–18, SD 4.39)



Videos Per JAMA Score and GQS Score



Results



There were *significantly higher* mean scores for JAMA, GQS, and SSS in **the academic and independent physician categories**

Academic Source

- JAMA score: 3.11
- GQS score: 3.39
- SSS score: 11.0

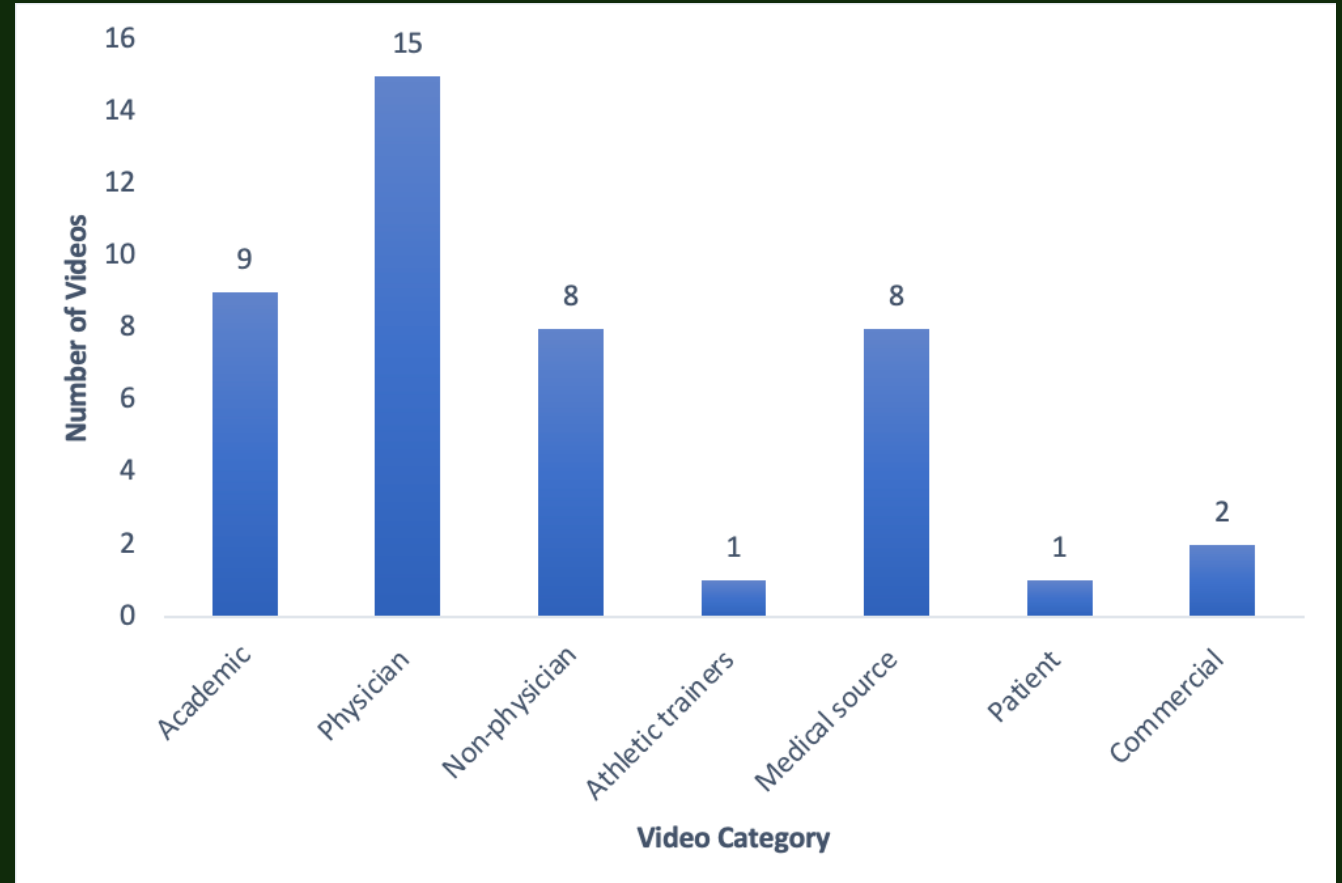
Independent Physicians

- JAMA score of 2.83
- GQS score of 3.23
- SSS score of 9.23



Results

Only **34%** of videos were uploaded by **physicians**





Results

- JAMA score was significantly and **positively correlated with video duration** ($r = 0.405$, $p = 0.006$)

- No correlation between video quality and number of views

| Variable | All Videos (n=44) | Academic (n=9) | Independent Physician (n=15) | Non-physician (n=8) | Athletic Trainer (n=1) | Medical Source (n=8) | Patient (n=1) | Commercial (n=2) |
|-------------------------------|----------------------|-----------------------|------------------------------|---------------------|------------------------|----------------------|---------------|---------------------|
| JAMA benchmark, (SD) | 2.50 (0.73) | 3.11 (0.54) | 2.83 (0.52) | 2.00 (0.46) | 1.50 | 2.13 (0.64) | 2.50 | 1.25 (0.35) |
| GQS, (SD) | 2.66 (0.99) | 3.39 (0.69) | 3.23 (0.75) | 1.875 (0.83) | 2.50 | 1.69 (0.59) | 3.00 | 2.00 (0) |
| SSS, (SD) | 7.12 (4.32) | 11.00 (4.29) | 9.23 (3.02) | 4.1875 (1.93) | 3.50 | 3.56 (3.14) | 4.00 | 3.25 (2.48) |
| Days since upload, (SD) | 2009.00 (1234) | 2245.00 (1412.19) | 2107.47 (1198.32) | 1843.25 (1429.78) | 3090.00 | 1251.38 (915.1) | 1.00 | 3070.50 (40.3) |
| No. of Views, n (SD) | 71137.00 (103991.00) | 101244.22 (171600.16) | 60236.46 (95079.26) | 69321.25 (71382.03) | 207773.00 | 51656.63 (63999.51) | 36850.00 | 51424.50 (70086.31) |
| Duration, s (SD) | 343.00 (277) | 369.00 (362.15) | 418.6 (315.10) | 346.38 (196.89) | 132.00 | 238.63 (222.11) | 268.00 | 208.50 (3.53) |
| Video Power Index (VPI), (SD) | 33.50 (35.90) | 30.38 (39.47) | 24.52 (23.67) | 48.84 (40.89) | 65.85 | 40.46 (48.83) | 10.72 | 15.69 (21.31) |

Mean and Standard Deviation JAMA, GQS, SSS, Upload Date, Views, Duration and VPI Values of the Videos Based on Source and Content.



Conclusion

- YouTube videos on the diagnosis and management of SLAP tears have low overall quality and reliability scores
- Only approximately *half* of the YouTube videos that resulted from our search were from orthopaedic surgeons and the content available did not provide high quality information for patients
- This study demonstrates an opportunity for orthopaedic surgeons to provide informational resources of their own, so patients can make well-informed decisions regarding their care



Key References



1. Varacallo M, Tapscott D, Mair S. Superior Labrum Anterior Posterior Lesions. StatPearls Publishing; 2019.
2. Madathil K, Rivera-Rodriguez A, Greenstein J, Gramopadhye A. Healthcare information on YouTube: a systematic review. Health Informatics J. 2015;21(3):173–94.



Thank you



Please contact us with any questions

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