

“I Found It on the Internet:” How Reliable and Readable is Patient Information?

The Internet has truly put information at our fingertips, but can we trust all the information that is out there? The old saying, “Let the buyer beware” can easily be adapted to the Internet and now we say “Let the Internet surfer beware.” This concern has even been satirized in several TV commercials about not believing everything you read on the Internet, as in, “I found it on the Internet so it has to be true!”

There have been numerous articles that discuss the medical use of the Internet by our patients and it is not uncommon for patients to walk into our office with articles printed off the Web. This information can give them some preconceived notions, not always correct I should add, about how they want their care directed. Search engines can be manipulated by companies or institutions that pay a fee or use consultants so that their page shows up at the top of the results queue. In a recent Internet search on several arthroscopic knee-related problems using Google, the most popular search engine, I found at the top of each page several advertisements from local institutions. Usually there was at least one site not even related to the search topic.

As we all know, ACL injury and reconstruction surgery is performed every day. Many of these patients are college or high school athletes and these athletes (as well as their parents) can feel devastated from their injury and look for solace and solutions. Many times they turn to the Internet first as a source of information. In this issue of *Arthroscopy*, two Current Concepts review articles examine the reliability and quality of information on the Internet for ACL reconstruction. Both look at the source of the articles discussed but take different approaches to assessing the quality and content of the information on ACL reconstruction. Bruce-Brand et al.¹ look at two different validated scoring systems as well as a novel ACL reconstruction-specific content score. Duncan et al.² examine the extent, content, and completeness of information on the Web sites from nonsurgical options and indications for surgery to techniques and possible complications of ACL reconstructions. Both reviews conclude that the sources of information on the Internet are wildly

variable, including academic, commercial, physician-practice sites, non-physician sites, and personal blogs. Both articles state that there are some good sources of information to be found but some of it can be incomplete, extremely inconsistent, and biased.

In addition, not only is the reliability of the Web site important but the information it offers for patients must be able to be easily comprehended by our patients as well. A third Current Concepts article in this issue by Yi et al.³ assesses the readability level of arthroscopy-related patient information articles from the AAOS and AANA Web sites. The authors used the Flesch-Kincaid readability test to determine the readability level of an article in terms of grade level. It may come as a surprise to learn that the average reading level in the United States is eighth grade. This review found that the majority of patient-education articles on these two Web sites had a readability level way above the national average, with only four being at or below the eighth grade level. Information that is not comprehensible is of no use to our patients and this issue deserves our serious attention.

The Internet is a powerful tool and with power comes responsibility. However, there is no regulation of the information on the Internet and this is a source of problems. As physicians, our patients look to us for guidance and I think that this has to extend to the use of the Internet. This guidance can come in many forms. We can give our patients guidelines on what sites usually have reliable information on ACL reconstruction as well as other orthopaedic problems. Bruce-Brand et al. and Duncan et al. both suggest that academic Web sites are generally reliable and we can let our patients know this. Furthermore, Bruce-Brand et al. used the Health on the Net Foundation Code of Conduct certification (the HONcode, <http://www.hon.ch/HONcode>) to determine the reliability of a Web site. HONcode certification is made by a Swiss nongovernmental organization that reviews health-related Web sites. It outlines principals that guide site developers in providing high-quality, objective, and transparent medical information tailored to the needs of the lay audience. To be certified, the Web site must maintain these principles on an ongoing basis, not just once. Bruce-Brand et al. state that Web sites with the HONcode certification were more reliable and suggested that we recommend these sites to our patients.

I understand that surgeons are in competition and we are hesitant to suggest viewing our competitors' Web sites because of fear of losing the patient. So my other suggestion is that we personally surf the Web, not just for ACL reconstruction but other common orthopaedic problems and surgeries, and validate these sites with respect to their reliability and readability ourselves. Remember, you should not only look at Web sites but also videos on YouTube and other such sites as well. You should then decide what Web sites are best for your patients and give them a list of these sites; this may very well include your own site. In developing your own Web site, I recommend that you provide unbiased information about the subject/procedure by stating the risks, benefits, and techniques, as well as alternatives of care. I also recommend that you review the HONcode principles and seek to get your Web site HONcode certified.

Good luck with the future, because access to information will only get easier.

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References

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3. Yi PH, Ganta A, Hussein KI, Frank RM, Jawa A. Readability of arthroscopy-related patient education materials from the AAOS and AANA web sites. *Arthroscopy* 2013;29:1108-1112.