

Sports Medicine Roadshow 2019

Course Convener: Mr Patrick Carton MD FRCS

Course Coordinator: Mr David Filan

UPMC Event Manager: Ms Claire Phelan





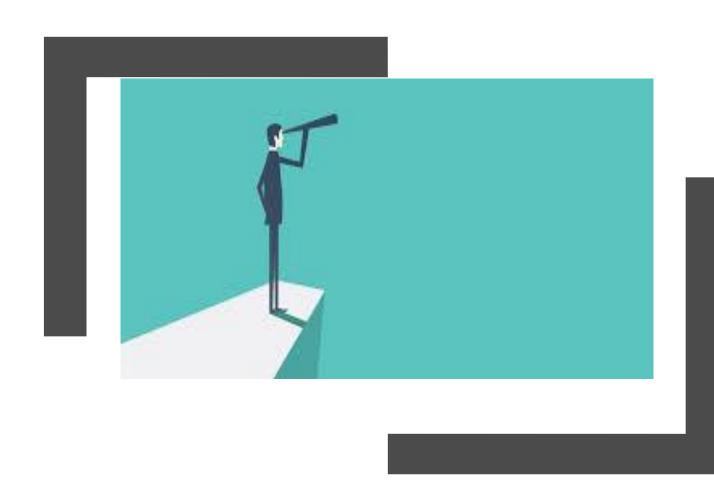
UPIC CHANGING MEDICINE

Conservative Management of Femoro-acetabular Impingement (FAI)

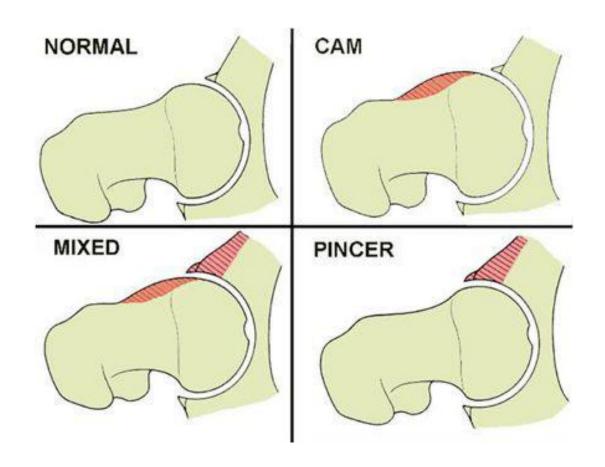
By Chartered Physiotherapist

Derek O'Neill

Overview



- What is FAI
- Signs and symptoms
- ClinicalAssessment
- Rehabilitation
- Management



What Is FAI?

 Movement disorder of the hip that results in a triad of symptoms, clinical signs and morphological change.

 It represents abnormal contact between the femur and acetabular rim, resulting in a CAM and PINCER deformity.

What Causes FAI?



Nature Vs Nurture



The link between high intensity athletic participation during adolescence and the onset of FAI is under investigation

So what can we do?

Routine Screening

Monitor, complete hip & groin outcome measures

Be aware of training loads Maturation/ Multisport



- Reduced hip ROM (Flex/Int R)
- Post activity stiffness++
- Catching, clicking or giving way
- Trouble sitting or standing for long period
- History of extra articular pathologies.

Clinical Assessment

 Range of Motion of hip – over coverage vs hypermobile!

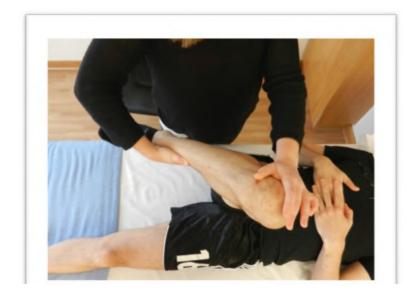
Provocative tests FADIR & FABERS

Gait Analysis

• Pelvic tilt- anterior with poor motor control

 Muscle strength – often found to have weakness or imbalances







Diagnosis

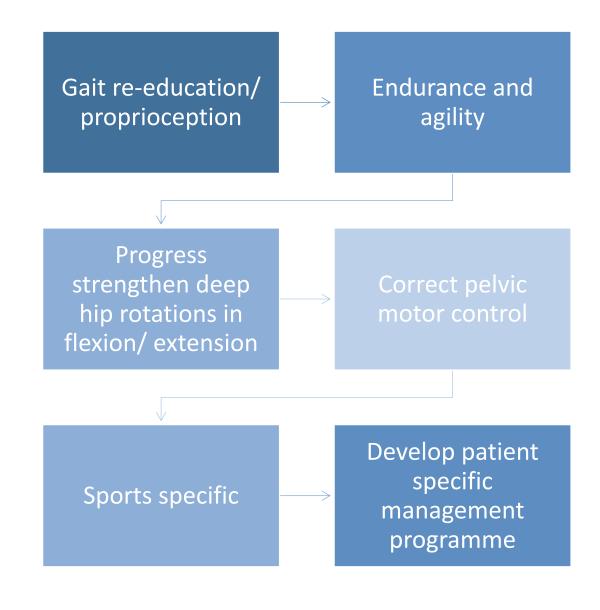
- Symptoms
- Clinical tests
- Morphological changes confirmed by X-Ray

Rehabilitation

Acute Phase

- Reduce Inflammation
- Restore muscle tone and FREE range of motion
- Address weakness and imbalances- stabilisers and prime movers.
- Reduce loading and set expectation (3months)

Rehabilitation



Management



Training and load modification on/off pitch



Maintain Free ROM



Limit the amount of fast multi-direction movements.



Active non impact recovery (pool or bike)

Syndions of hip pain.
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Clinical signs consistent with FAI syndrome (e.g restricted ROM or positive impingement test)

Triad of symptoms, signs and radiological features

Radiological findings plain radiographs

Diagnostic hip injections to confirm hip as source of pain

DIAGNOSIS

Femoroacetabular Impingement Syndrome Additional cross sectional imaging if indicated (e.g. CT or MRI)

Treatment options

Conservative care

Arthroscopic surgery

Surgery

Open surgery

Physiotherapy-led rehabilitation

Summary

- Limited evidence to what constitutes the most effective conservative management for FAI.
- Aim to correct biomechanical deficits ROM or weakness, reduced/ modify training loads and develop a ongoing management programme.

• Given the increase in hip injuries within the GAA, the opportunity is there for collaboration of physiotherapist involved in the treatment of FAI to undertake research and develop a validated conservative programme.





SPORTS MEDICINE ROADSHOW

Castletroy Park Hotel, Limerick 29th October 2019