

Sports Medicine Roadshow 2019

Course Convener: Mr Patrick Carton MD FRCS Course Coordinator: Mr David Filan UPMC Event Manager: Ms Claire Phelan





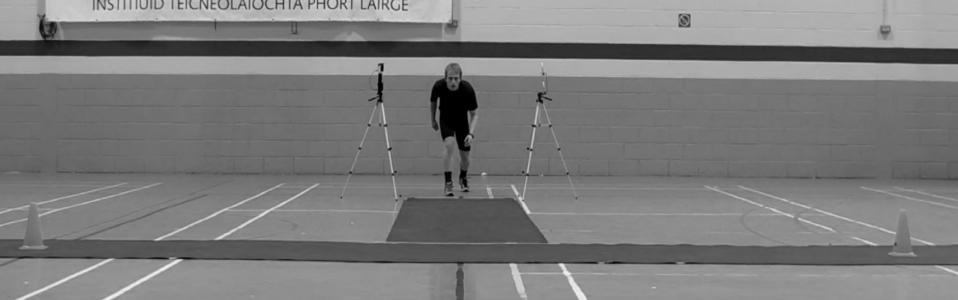


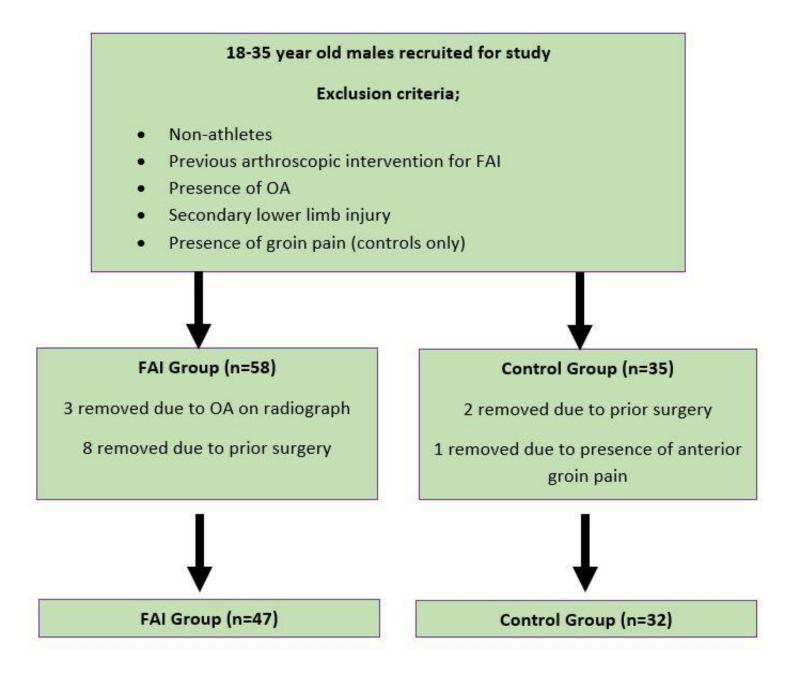
The Effect of Femoroactabular Impingement on
PerformanceUPMC WHITFIELDKaren MullinsUPMC WHITFIELD



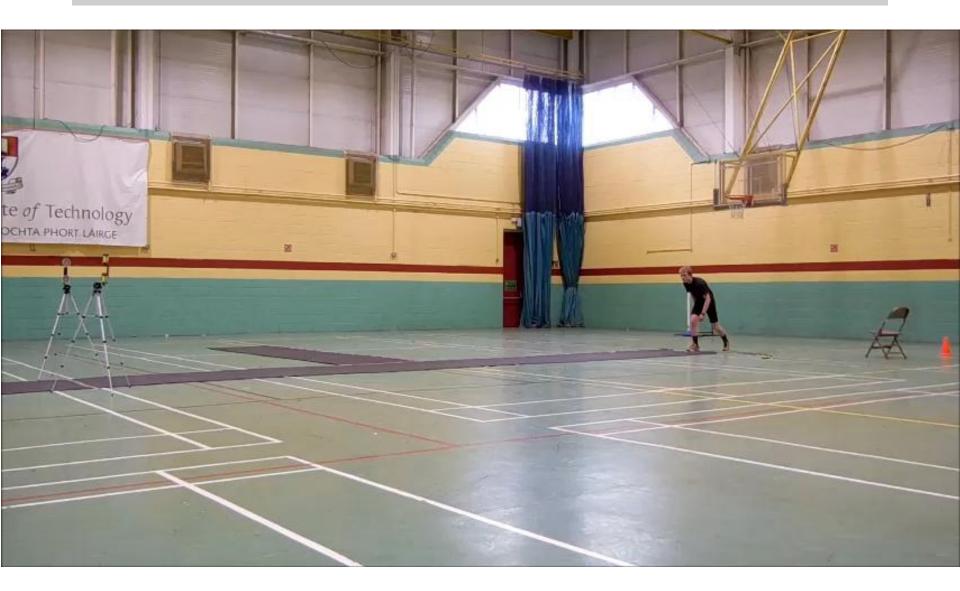
To determine the effects of FAI on performance and measure changes performance post-surgery

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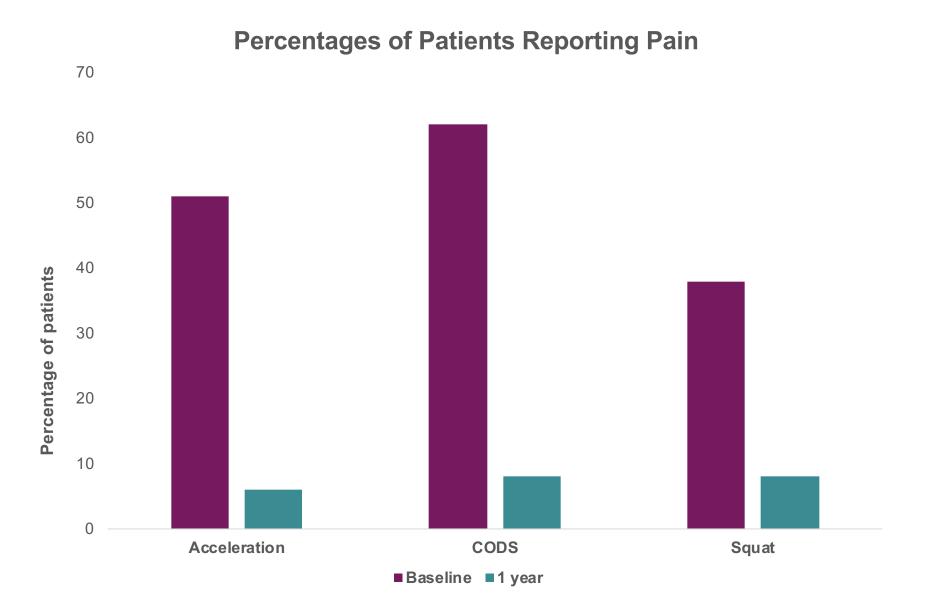


Functional Tests





Patients sig. slower on 10m-Sprint (3%)
Patients sig. slower on Modified agility T-test (8%)
Patients had reduced internal rotation
Patients had increased pain



Measure	Baseline Result	1 Year Result
10m-Sprint (s)		
Patient	1.70 ± .10*	1.68 ± .10
Control	1.65 ± .09*	1.65 ± .10
T-Test (s)		
Patient	7.90 ± .80*†	7.36 ± .68†
Control	7.17 ± .41*	7.29 ± .37
Squat Depth (cm)		
Patient	49 ± 12†	52 ± 10†
Control	50 ± 12	50 ± 13
RSI		
Patient	1.15 ± .24†	1.20 ± .22†
Control	1.17 ± .21	1.21 ± .16

* Between group significance

+ Within group significance

Measure	Baseline Result	1 Year Result
Flexion	116.5 ± 8.7	117.2 ± 6.9
Abduction	50.9 ± 9.8	52.2 ± 6.4
Adduction	24.6 ± 6.1†	27.8 ± 2.8†
Internal Rotation	23.8 ± 8.5†	27.4 ± 3.9†
External Rotation	38.7 ± 7.6†	44.5 ± 53.3†

91% of athletes had returned to full training and competition at 1-year

At an average of 17 weeks

A MARKET SCALE OF A MARKET OF

maci

Increased change of direction speed



Increased change of squatting depth/ROM

RTP

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Thank you



karen.mullins@lit.ie

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HIP



Arthroscopic correction of femoroacetabular impingement improves athletic performance in male athletes

Karen Mullins¹⁽¹⁾ · Michael Hanlon² · Patrick Carton^{2,3}

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Abstract

Purpose To measure the changes in athletic performance in athletes treated arthroscopically for femoroacetabular impingement and compare results to a matched controlled athletic cohort, over a 1-year period.

Methods Male athletes scheduled for arthroscopic correction of symptomatic FAI were recruited and tested (pre-operatively and 1-year postsurgery) for measures of athletic performance which included acceleration (10-m sprint), change of direction speed (CODS), spatiating depth and reactive strength index (RSI). The FAI group was compared to a matched, healthy, control group who were tested at baseline and 1 year later with no disruption to their regular training or competition status; the prevalence of anterior groin pain during testing in either group was recorded. Hip range of motion (ROM) was also measured for both groups at baseline and at 1 year in the FAI group to look for change following intervention.

Results Prior to surgery, the FAI group were slower than the control group (p < 0.001) for acceleration (0.3° slower) and CODS (10° slower). At 1 year, 91% of the FAI group returned to full competition at an average time of 17 weeks, while substantial reductions in pain were also noted during acceleration (51-6%, p = 0.004), CODS (10° , slower), and squat test (38-5%, p = 0.003). Significant improvements were seen in the FAI group for CODS (7%, p < 0.001) and squat test (38-5%, p = 0.004), Significant improvements were seen in the FAI group for CODS (7%, p < 0.001) and squat test (38-5%, p = 0.004), for baseline to 1 year (significant time χ group interaction effects were noted for these also). The changes in performance in the control group over time were non-significant across all of the measures (6%, p = 0.004) from baseline to 1 year (significant time χ group interaction effects were noted for these also). The changes in performance in the control group over time were non-significant across all of the measures (6%, 0.05). Conclusion Symptomatic FAI causes substantial reductions in athletic performance compared to healthy competitors placing these altelets at a distinct performance disadvantage. The results from the current study demonstrate that arthrescopic correction (including labral repair) in athletes with symptomatic FAI, reduces pain and restores athletic performance to a level which is comparable to healthy complex substantial reductions in FAI, reduces pain and restores athletic performance to a level which is comparable to healthy compared to a level which is comparable to healthy complex substantial reductions in a symptomatic FAI.

Keywords Femoroacetabular impingement · FAI · Arthroscopy · Hip injury · Athletes · Sports injury · Athletic performance

https://rdcu.be/bPOs1



SPORTS MEDICINE ROADSHOW

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