



Sports Medicine Roadshow 2019

Course Convener: Mr Patrick Carton MD FRCS

Course Coordinator: Mr David Filan

UPMC Event Manager: Ms Claire Phelan



**THE
HIP & GROIN
CLINIC**

UPMC | WHITFIELD

Conservative Management and Outcome of Femoroacetabular Impingement.

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Current trends in sport and exercise hip conditions: Intra-articular and extra-articular hip pain, with detailed focus on femoroacetabular impingement (FAI) syndrome



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Keywords:

Hip pain
Femoroacetabular impingement syndrome
Rehabilitation
Assessment
Exercise

A B S T R A C T

Musculoskeletal conditions, such as hip pain are leading causes of pain and disability. Hip pain is the second most common cause of lower limb musculoskeletal pain, and is commonly seen in active individuals. Hip and groin pain may have intra-articular and extra-articular causes. Femoroacetabular impingement (FAI) syndrome and the associated pathologies are common intra-articular causes of hip and groin pain in active individuals. There are also a number of extra-articular causes of pain, which include musculotendinous conditions, extra-articular impingements and the clinical entities of groin pain described in the Doha agreement. This chapter will describe these, with a detailed focus on FAI syndrome. Specifically, it addresses: 1. What is and what causes FAI syndrome; 2. How do I diagnose FAI syndrome; and 3. What is the evidence-based approach to managing FAI syndrome?

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Subjective Assessment

Thornburg et al, JOSPT 2018

Pain Severity, Quality & Intensity

Screen Red Flags Cancer, Infection

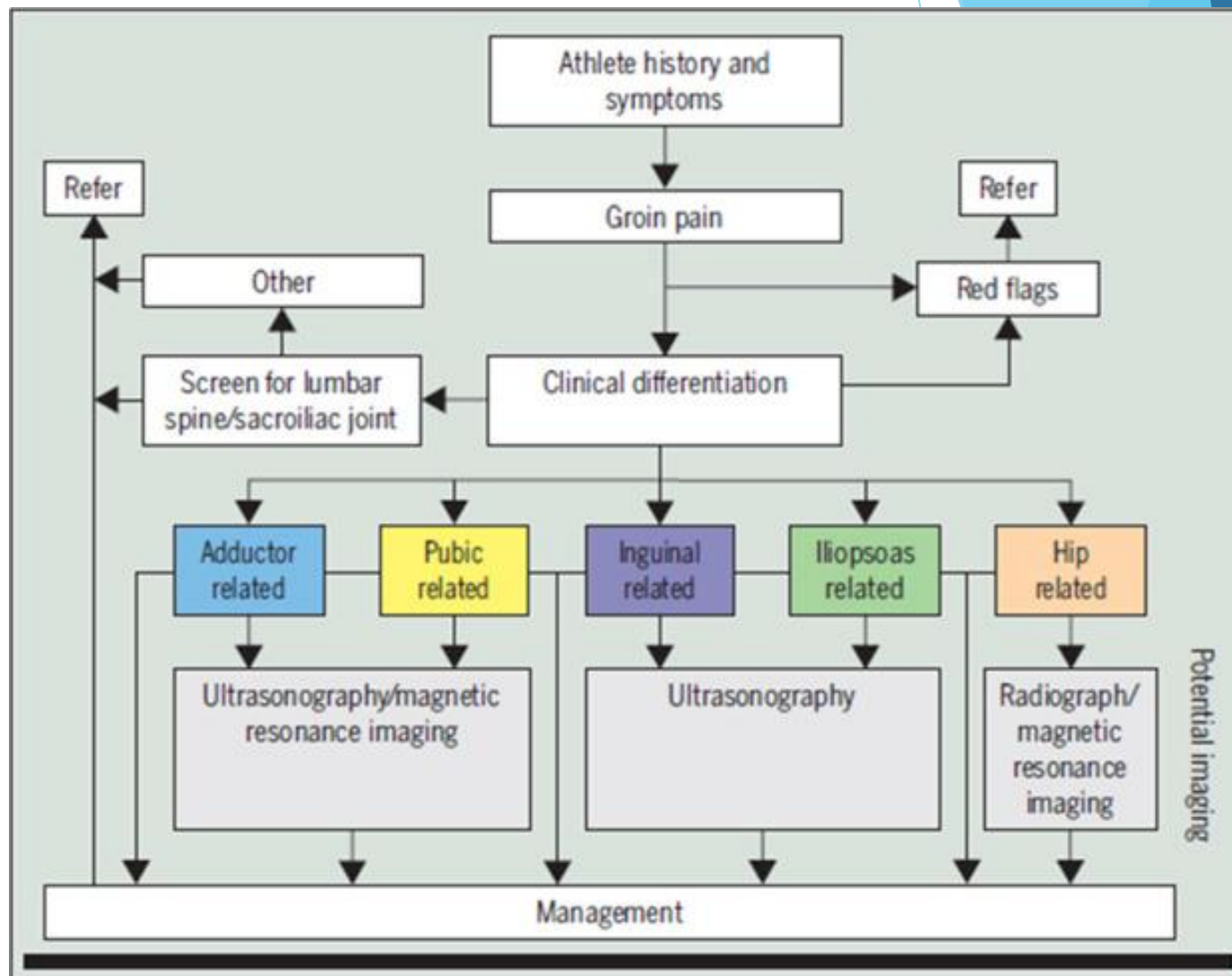
Training Load - Frequency, Intensity, duration ratio to Recovery.

Sport Specific Training - Drills requiring kicking and twisting

Strength and Conditioning - Deep squats, squat jumps, twisting with Load

Postural - Sitting and standing in anterior pelvic tilt

Validated Scores -Hip Harris, WOMAC, UCLA ,HAGOS & HOS



Impingement Tests

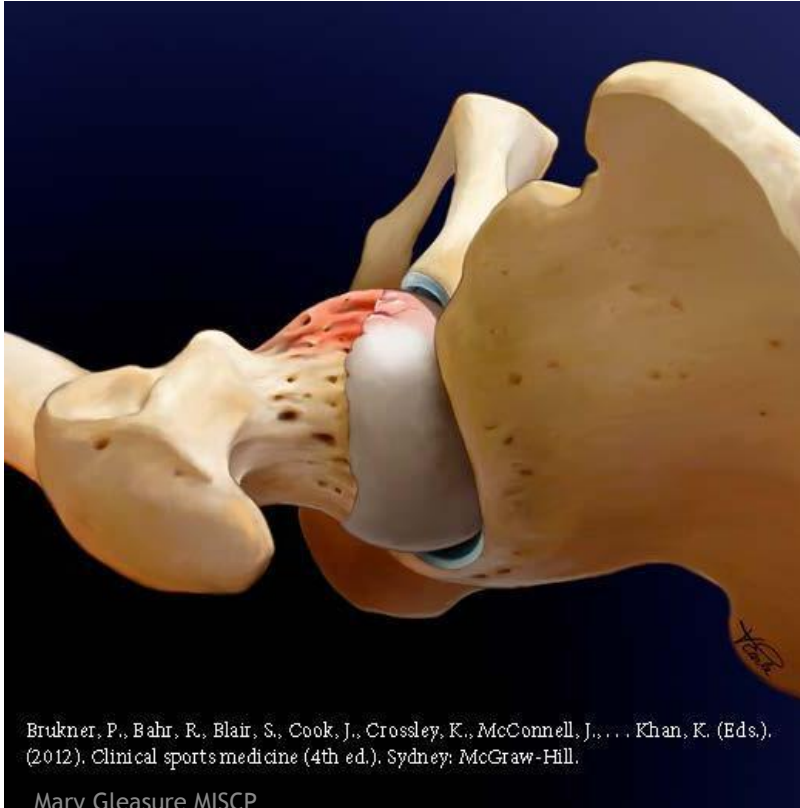
Faber

Fadir



Early stage Treatment

- ▶ Avoid manual techniques
- ▶ Isometric exercises
- ▶ Education
- ▶ Pool based session to offload Hip Joint
- ▶ Offload anterior superior aspect of hip
- ▶ Avoid extremes of movement
- ▶ Anti-inflammatories



Brunker, P., Bahr, R., Blair, S., Cook, J., Crossley, K., McConnell, J., ... Khan, K. (Eds.). (2012). *Clinical sports medicine* (4th ed.). Sydney: McGraw-Hill.

Mary Gleasure MISCP

Manual Therapy

STM AND TPT :

Iliopsoas,

Adductors

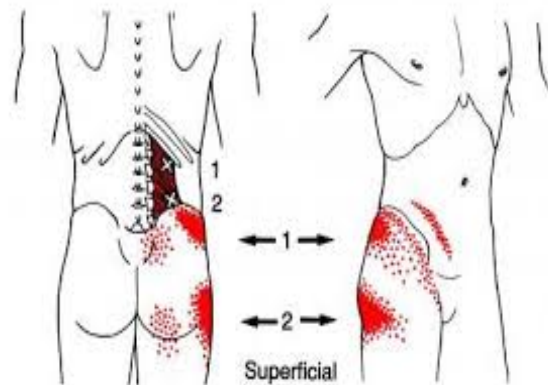
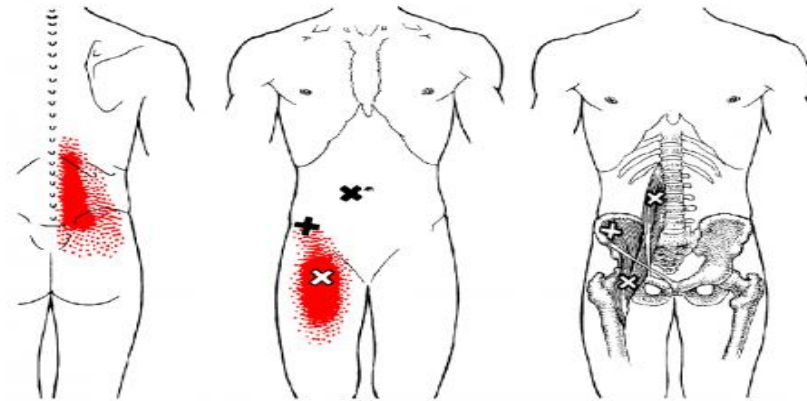
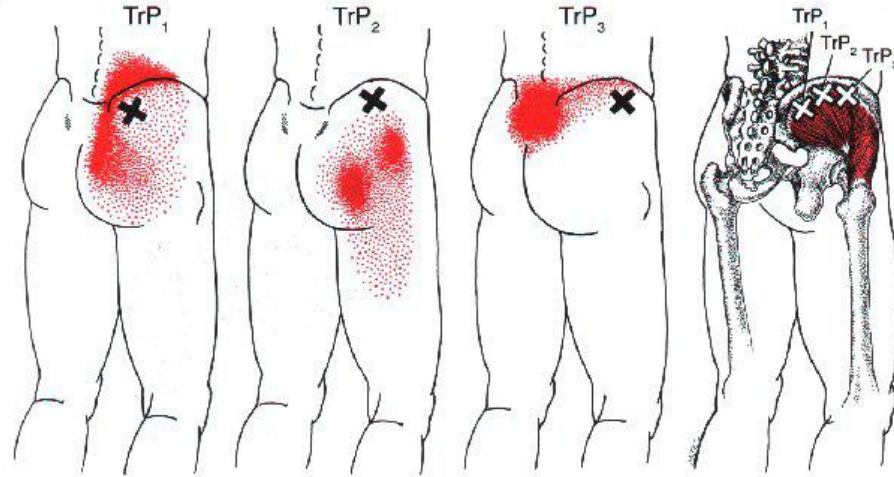
Piriformis

Hamstrings,

Rectus femorus

TFL

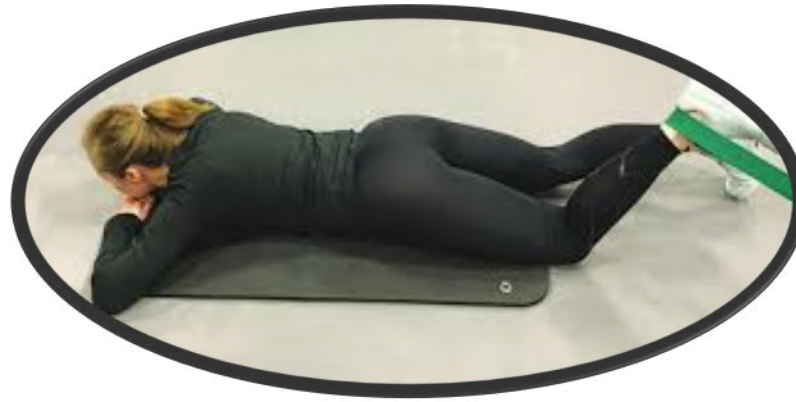
Erector spinae



[CLINICAL COMMENTARY]

JOSH HEEREY, PT* • MAY ARNA RISSBERG, PT, PhD† • JANCKE MAGNUS, PT, MSc‡ • HÅNROD MØKSHES, PT, PhD†
THOMAS ØDEGAARD, PT* • RAY CROSSLEY, PT, PhD† • JOANNE L. KEMP, PT, PhD†

Impairment-Based Rehabilitation Following Hip Arthroscopy: Postoperative Protocol for the HIP ARTthroscopy International Randomized Controlled Trial



Balance

Star Excursion Balance Test

Hatton et al, ACR 2014



Hip Strength

Hand Held dynamometry

Heerey et al, Br J Sports Med 2018





5. Progressive hip extensor and trunk strength examples. Exercise program should be progressed on an individual basis. Progression to the next level can be determined by successful completion of the previous level (VAS <20 mm and Borg Rate of Perceived Exertion ≤ 5 (moderate)). Exercises dosage can be targeted to improve strength hypertrophy (three sets of 6–8 repetitions, at 6–8 RM).



Fig. 6. Progressive hip functional strength and plyometric examples. Exercise program should be progressed on an individual basis. Progression to the next level can be determined by successful completion of the previous level (VAS <20 mm and Borg Rate of Perceived Exertion ≤ 5 (moderate)). Exercises dosage can be targeted to improve strength hypertrophy (three sets of 6–8 repetitions, at 6–8 RM).

Education

- ▶ Aspeter Hip and groin conference 2016
- ▶ Sportship.com
- ▶ Avoid poor instagram info

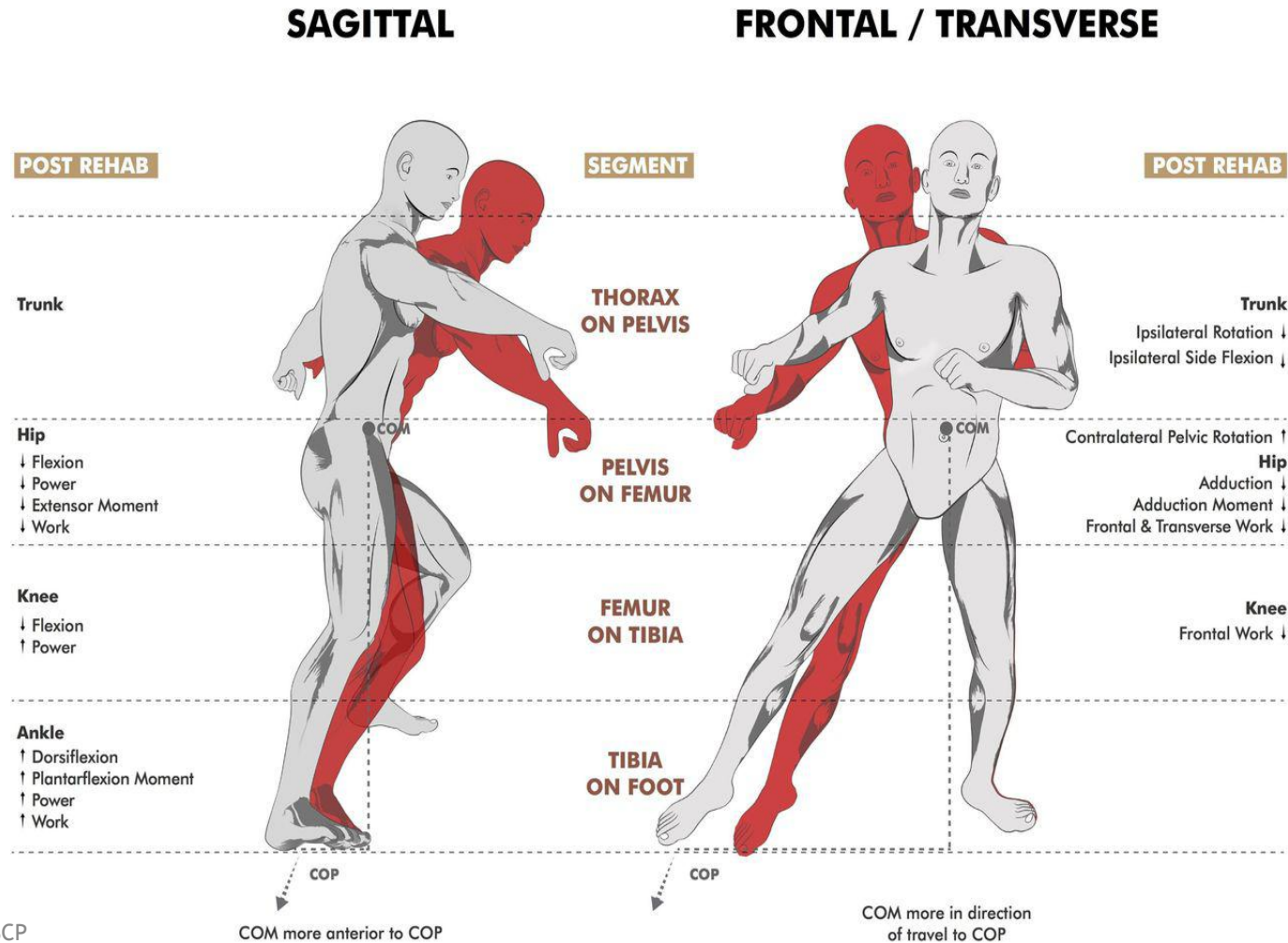


Cardiovascular Loading

- ▶ Cycling -stationary or road
- ▶ Swimming
- ▶ Aqua jogging- caution kicking
- ▶ Walking flat terrain
- ▶ Cross trainer
- ▶ Level 1= 10 minutes alternate days
- ▶ Progress to 1hour (3 times a week)

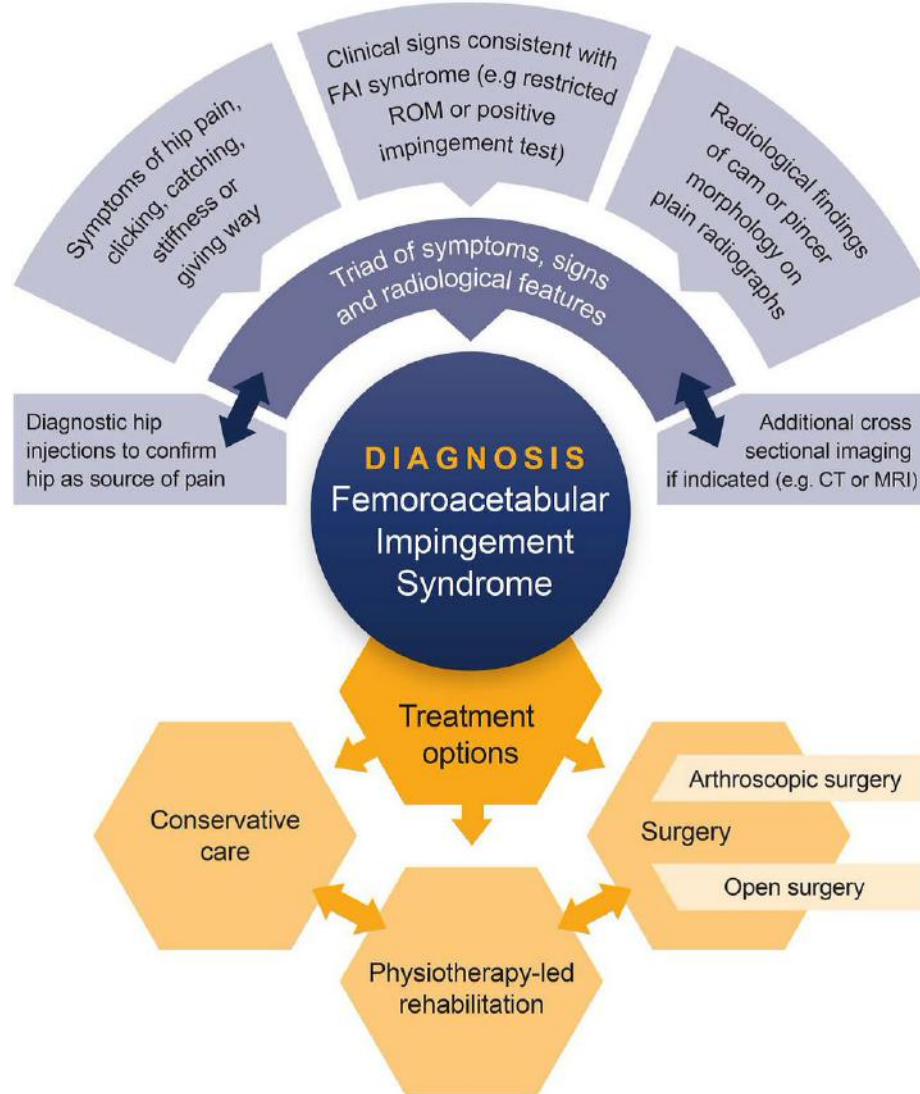
Biomechanical changes in cutting mechanics after rehabilitation (grey figure).

E King et al. Br J Sports Med 2018;52:1054-1062



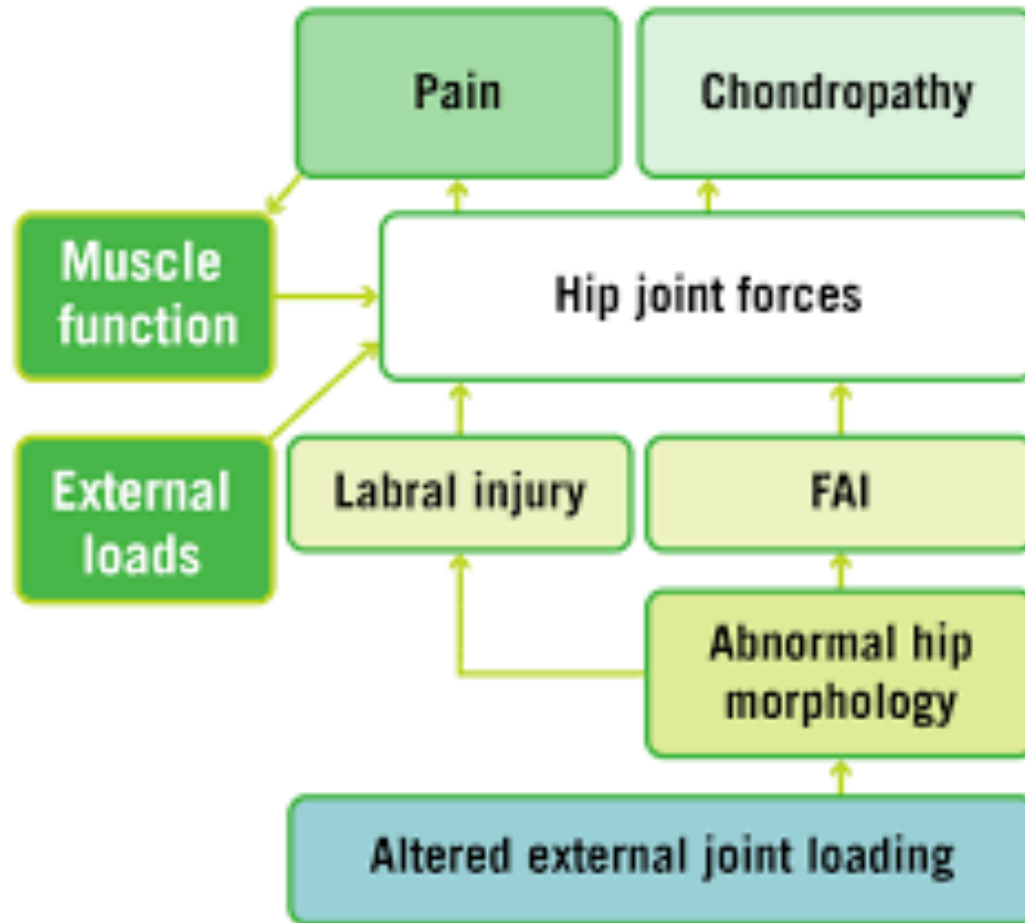
The 2016 Warwick Agreement

Griffin DR, et al. Br J Sports Med 2016;50:1169-1176. doi:10.1136/bjsports-2016-096743



The relationship between FAI, Hip pain, Hip Joint forces and load -modification

J. Kemp, 2016





Youth Athletes

- ▶ Team education- train smart
- ▶ Reduce excess kicking, twisting, deep squats
- ▶ Cross Training
- ▶ Recovery
- ▶ Integrate trunk and hip strengthening
- ▶ Emotional support



Take Home message



Optimise Hip loads using current knowledge of impairment

Shared decision making process

Individualised Rehab programmes required (Non-op, pre - op and post Op) for 12 months

Thank You



SPORTS MEDICINE ROADSHOW

WIT Arena, Waterford

23rd October 2019