

## ANTERIOR HIP & GROIN PAIN

### CONTEMPORARY DIAGNOSTIC & MANAGEMENT STRATEGIES

Do you find yourself using the same management approaches for patients with hip pain, regardless of their presentation?

Do you have a clear understanding of how morphology, loading patterns and muscle dysfunction may be driving anterior hip and groin pain?

Would you like to learn how to address these issues to optimise and *FAST-TRACK YOUR OUTCOMES?*

An exploration of the available anterior hip and groin pain literature reveals a minefield of inconsistent diagnostic labels and a high volume of imaging and surgical papers describing a myriad of pathologies which may or may not be associated with a patient's presenting signs and symptoms. In recent years there have been some positive advances in defining clinical entities and diagnostic processes. Yet there is a persistent lack of clarity and evidence around best management. This may be related to undue focus on remediating a particular structural pathology or physical impairment, without adequate consideration of mechanisms or drivers of pain and load intolerance. Within the contemporary biopsychosocial model, health professionals acknowledge that patients may present with varying combinations of psychological and physical overload. While the psychosocial components of management are of high importance, these will not be addressed in detail within this forum, but much education is widely available on this topic. The primary focus will be on understanding and addressing mechanisms of physical overload and impairments associated with anterior hip and groin pain.

## Online Learning Component (4-6 hours)

### Understanding definitions, pathology & mechanisms

Learning Objectives: The online component aims to

- Clarify definitions of anterior hip and groin pain
- Explore factors which may influence intra-articular hip joint loads – a. morphological variants (eg FAI, acetabular dysplasia, femoral version, capsulo-labral deficits), b. adverse joint loading associated with kinematics and neuromotor function, c. the adequacy of joint protection mechanisms.
- Explore factors which may influence extra-articular loads in the anterior hip region – a. morphological variants (eg. AIIIS/Subspine Impingement), b. adverse soft tissue loading associated with kinematics and neuromotor function (focus on hip flexors).
- Provide an overview of key load management and therapeutic exercise strategies for anterior hip pain, particular to the patient presentation and associated difficulties with mechanical load transfer.
- Provide an update on groin pain clinical entities and where the literature sits with regard to prevention and management.

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### Practical Workshop (1 Day)

The practical workshop first provides participants with 'the tools' for assessment of anterior hip & groin pain – diagnostic test procedures for intra and extra-articular sources of nociception and assessment of drivers such as FAI, femoral version, hypermobility, focal instability and key postures and movement patterns. Standardised measurement of key impairments will also be covered, important for reliable measurement of outcomes. Armed with a full toolkit and a clear understanding of how morphology, loading patterns and muscle dysfunction may be driving anterior hip and groin pain, participants will then be guided through a clinical reasoning model to help determine the key drivers and optimal management approach for each individual.

The approach can be simply described as **the What, Why & How of Managing Anterior Hip & Groin Pain**.

### WHAT?

#### WHAT HURTS?

- What is the position or direction specific load intolerance with which the patient presents ie what postures or movements/functions are most provocative?
- What structures may be involved in local nociception? (Keeping in mind that there may be multiple sources of nociception and often all related to the same mechanism of overload or driver)

### WHY?

#### WHY DOES IT HURT?

- Explores the drivers of position or direction specific load intolerance - morphology, loading patterns, impairments - muscle dysfunction, ROM restriction, neurodynamic impairments.

### HOW?

#### HOW CAN WE CHANGE IT?

- Uses a combination of specific treatment-direction tests and clinical reasoning strategies based on the findings from the WHAT & WHY, to develop an optimal intervention approach. Includes specific manual therapy, MWM's, neurodynamic techniques and key load management and exercise therapy strategies.

**Learning Objectives:** This practical workshop will provide skills related to

- Diagnostic, pain provocation tests for intra & extra-articular sources of nociception
- Assessment of bony morphology, joint stability, neurodynamics and relevant impairments
- Assessment of posture & key movement patterns for specific pain & load intolerance presentations
- Treatment direction tests (passive & active) & clinical reasoning strategies to determine best approach for reducing pain & improving load tolerance for the patient's specific presentation
- Manual therapy - specific techniques for range gaining and improving painfree ROM
- Load management advice & key exercise strategies for specific presentations