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SPEAKER NOTES
Paul Dijkstra
WARWICK orthopaedics

WARWICK orthopaedics

SPORTS INJURY CONFERENCES

SPORTS HIP 16

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27TH & 28TH JUNE 2016

THE NATIONAL FOOTBALL CENTRE, ST GEORGE'S PARK

www.sports-surgery.org

COURSE CONVENOR



PROFESSOR DAMIAN GRIFFIN

PROFESSOR OF TRAUMA & ORTHOPAEDIC SURGERY

UNIVERSITY OF WARWICK

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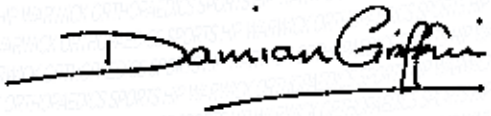
Dear Colleague,

The Sports Hip Conference will run again in 2018 as part of our portfolio of Sports Injury conferences. Some of you may have already attended the Sports Foot & Ankle, Sports Shoulder and and Sports Knee conferences. The dates for the next events will shortly be published on our website
www.sports-surgery.org

The key feature of these Sports Injury conferences is that we explore the latest ideas and most difficult problems in a relatively small group, guided by an expert international faculty.

Please do let us know if you have any thoughts about the meeting or any suggestions as to how we might develop it in the future.

With very best wishes.



PROFESSOR DAMIAN GRIFFIN
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Paul Dijkstra



Paul Dijkstra joined the Aspetar Sports Medicine team in Doha, Qatar in February 2013 where he works as a Specialist Sports and Exercise Medicine Physician. He was appointed as the LOCOG Chief Medical Officer to the 12th FINA World Swimming Championships (25m) held in Doha, Qatar in December 2014. He is also a member of the Technical Advisory Group to the National Committee on Nutrition and Physical Activity working on the development of the physical activity guidelines for the State of Qatar.

Prior to joining Aspetar, Paul was the UK Athletics Chief Medical Officer leading the UKA medical team to the 2008 and 2012 Olympic Games in Beijing and London as well as the Berlin and Daegu IAAF World Championships in 2009 and 2011. He joined UKA and the English Institute of Sport as the London Medical Officer in 2006 and has travelled extensively with the Great Britain Track and Field Team to many other local and international events. He has worked with many Olympic, World and Commonwealth Track and Field medallists including Kelly Holmes, Jessica Ennis, Christine Ohuruogu, Mo Farah, Phillips Idowu, Greg Rutherford, Tasha Danvers, Andy Turner, Hezekiel Sepeng, Sunette Viljoen and Marius Corbett.

Paul completed his medical studies in Pretoria, South Africa and studied Sports Medicine (MPhil) at the University of Cape Town Sports Science Institute under Profs Tim Noakes, Martin Schwellnus and Wayne Derman completing his studies in 2004 with a dissertation on the impact of concussion injuries on secondary school rugby players.

In 1995 he obtained a BSc Honours degree in Pharmacology with a first class pass from the North West University in Potchefstroom, South Africa researching the influence of antibiotics on exercise performance. He was extra-ordinary associate professor lecturing Sports Medicine at the North West University School of Biokinetics, Recreation and Sport Science from 1999-2005 while working as a Sports Physician in Potchefstroom.

Paul is a foundation fellow of the Faculty of Sports and Exercise Medicine in the UK and Specialist Physician in Sport and Exercise Medicine. He is interested in health management, exercise pharmacology, medical conditions affecting sports performance, the management of tendon, muscle and bone injuries in elite athletes as well as the role of sports medicine in chronic disease management. He is also interested in optimal health management of the elite athlete and the balanced health-performance decision making process in elite sport.

He has acted as an external examiner for the MPhil Sports Medicine programme at the University of Cape Town and has lectured at many local and international conferences and to registrars in Sport and Exercise Medicine and MSc students in London.

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Session 7

FEMOROACETABULAR IMPINGEMENT 1: HOT TOPICS

Should we be screening athletes' hips?

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CONTACT THE AUTHOR

Screening for FAI

Paul Dijkstra
Aspetar Hospital



Fitness craze fans need hip surgery in their 20s

By Ben Spencer
Medical Correspondent

Femoral Acetabular Impingement: An Epidemic in Hockey players
JSG Physical Therapy - Athletic Trainer Tip of the Month



THE AUSTRALIAN

NEWS

Best Expat Interest Rates

Early arthritis proves a pain for the young

YOUNG, fit and active, Hobart physical education teacher Justin O'Brien is not a typical candidate for a hip condition.



Early screening is vital for FAI

By Peter Pollack

SCREENING MAY BE KEY TO REDUCING OSTEOARTHRITIS LATER

Getting the word out

"It's uncommon to meet an orthopaedic surgeon who does not know about FAI," says Dr. Sierra, "because everybody talks about it. But the diagnosis is still sometimes difficult to make—especially in the hips that have very mild structural problems."

Treatment options

Dr. Sierra explains that two treatment options for FAI exist: an open procedure and arthroscopy.

J Am Acad of Orthop Surgeons, 2009

6 Key Considerations

- What is 'screening'?
- Why screen?
- Who to screen and who should screen?
- What are we looking for?
- What screening tests should be used?
- What should be done with the screening results?

What is screening?

Screening is the process of identifying individuals who may be at higher risk of a disease or condition amongst large populations of healthy people.

https://www.gov.uk/guidance/evidence-and-recommendations-nhs-population-screening

Why screen?

Once identified, those individuals can consider further tests, and healthcare providers can offer them interventions of benefit.

A screening programme needs to offer more benefit than harm, at a reasonable cost to the NHS.

Health, Research, Performance (athletes)

https://www.gov.uk/guidance/evidence-and-recommendations-nhs-population-screening

Who?

Who to screen and who should so the screening?

"ind… …y be at higher risk of a disease or condition … …opulations of healthy people"

- Athletes? (All athle… … / retired athletes / current high-performing athletes / ad… …s)
- Trainers / coaches; physiotherap… …rgeons

We don't know – no evidence

Femoral Acetabular Impingement: An Epidemic in Hockey players

JAC Physical Therapy - Athletic Trainer Tip of the Month

…aze fans need …their 20s

What are we looking for?

We don't know – no consensus

- What ex… (syndrome)?
- How do we dia… moral CAM deformity?
- Do we need to label a… ar?
- What about PINCER?

What screening tests?

Table 1 | **Sensitivity and specificity of physical examination manoeuvers commonly used in diagnosis of FAI**[25]

Test	Diagnosis	Reported sensitivity (95% CI)	Reported specificity (95% CI)	References
Flexion–adduction–internal rotation (FADIR)	FAI–labral pathology	0.99 (0.98–1.00)*	0.05 (0.01–0.18)*	Reiman et al.[25]
Flexion–abduction–external rotation (FABER)	FAI–labral pathology	0.66 (0.41–0.77)	0.18 (0.07–0.39)	Martin et al.[48]
Flexion–abduction–external rotation (FABER)	FAI–labral pathology	52.5% (37.5%–67.1%)	54.5% (28.0%–78.7%)	Maslowski et al.[108]
Flexion–abduction–external rotation (FABER)	FAI–labral pathology	42.0% (22.0%–64.0%)	75.0% (20.0%–97.0%)	Troelsen et al.[101]
Thomas test	Labral pathology	0.89 (0.73–0.97)	0.92 (0.75–0.99)	McCarthy et al.[105]
Squat test	FAI–labral pathology	0.75 (0.58–0.87)	0.41 (0.28–0.56)	Ayeni et al.[25,39]
Scour test	Labral pathology	0.50 (0.26–0.74)	0.29 (0.12–0.51)	Maslowski et al.[108]

*Pooled results from four studies. Adapted with permission from BMJ Publishing Group Ltd. Reiman, M. P. et al. Diagnostic accuracy of clinical tests for the diagnosis of hip femoroacetabular impingement/labral tear: a systematic review with meta-analysis. Br. J. Sports Med. 49, 811 (2015).

Khan et al, *Nature Reviews Rheumatology* 2016

High sensitivity test

We don't know – no evidence

- Sn-N-o…
- High sensitivity… to produce false negative results
- Good to rule the diag…
- Diagnostic accuracy studies…
- High sensitivity does not mean goo… …e

Andrea Mosler
Predicting Injury?



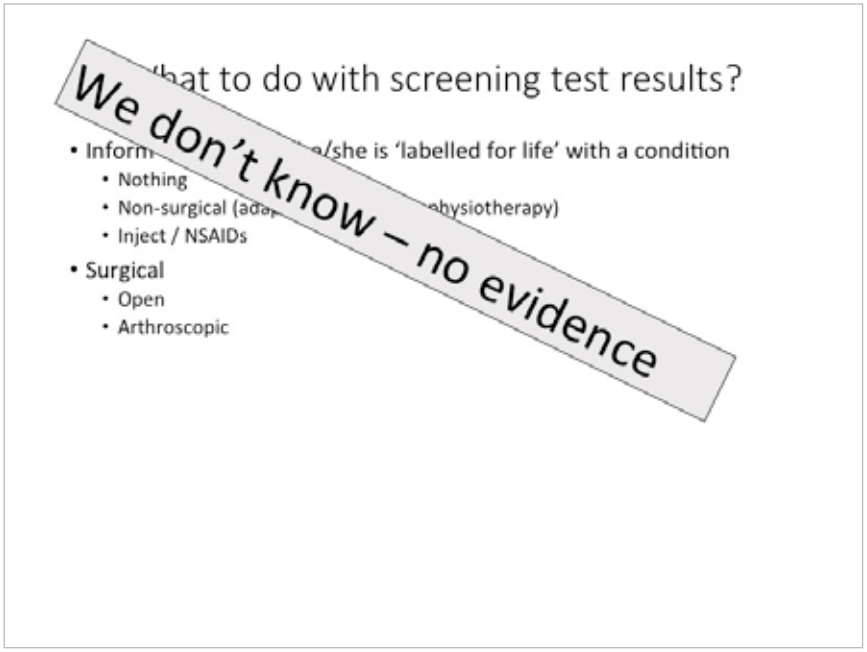
What screening tests?

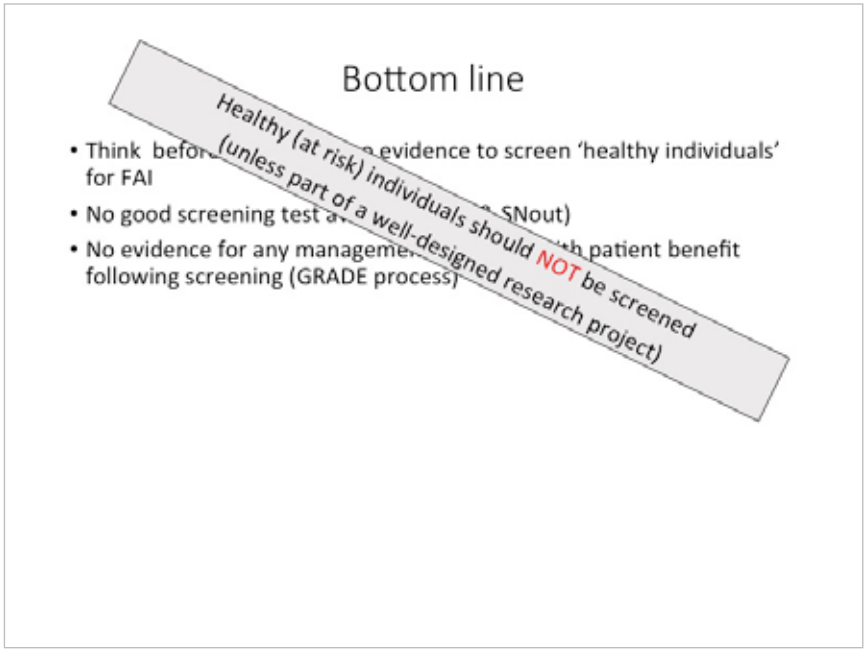
We don't know – no evidence

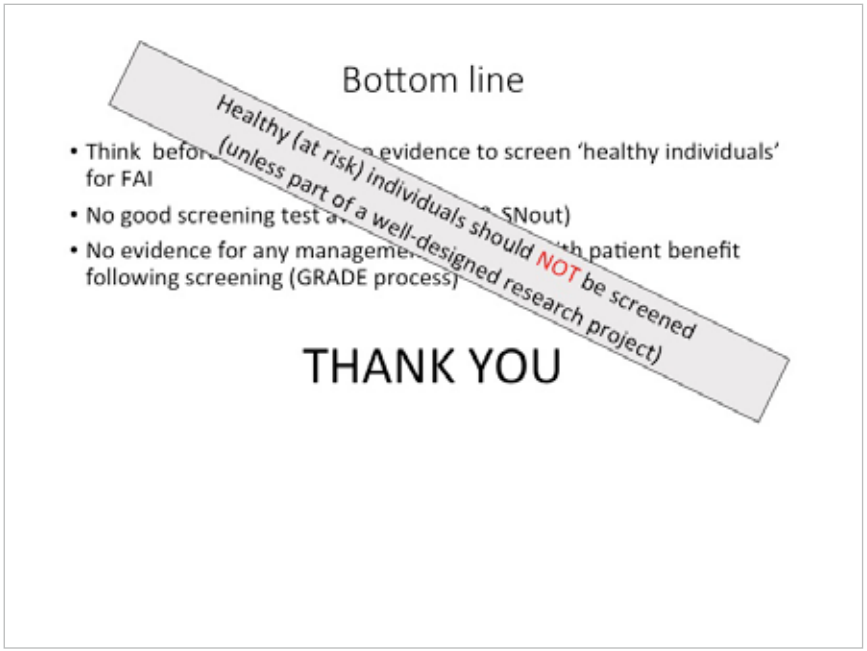







hat to do with screening test results?
We don't know – no evidence
• Inform /she is 'labelled for life' with a condition
• Nothing
• Non-surgical (ada hysiotherapy)
• Inject / NSAIDs
• Surgical
• Open
• Arthroscopic


Bottom line
Healthy (at risk) individuals should NOT be screened (unless part of a well-designed research project)
• Think befo evidence to screen 'healthy individuals' for FAI
• No good screening test a SNout)
• No evidence for any manageme th patient benefit following screening (GRADE process)


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THANK YOU