

SPORTS HIP 16

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SPEAKER NOTES

James Neal

WARWICK orthopaedics

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SPORTS INJURY CONFERENCES

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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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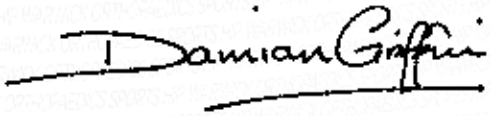
Dear Colleague,

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
PROFESSOR OF TRAUMA & ORTHOPAEDIC SURGERY
UNIVERSITY OF WARWICK

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James Neal



James Neal is a physiotherapist with a background in Professional and Semi-Professional sport. He has taken a keen interest in the rehabilitation of hip and groin injuries whilst working alongside Professor Damian Griffin.

Over the last three years, James has developed and enhanced his diagnostic and rehabilitation skills whilst working with Professor Griffin. He is currently working for Function Jigsaw who are a multidisciplinary practice that work with elite athletes and general population for sports injury management.

He is the lead provider of the Gatherer System within the practice, which is currently being used within professional sport for isokinetic joint and muscle integrity testing.

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Session 2

DEEP GLUTEAL AND PERITROCHANTERIC SPACES

Rehabilitation after deep gluteal surgery

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CONTACT THE AUTHOR

POST OP REHABILITATION POST DEEP GLUTEAL SPACE EXPLORATION

James Neal MCSP MSc BSc
Function Jigsaw

Role of the therapist:

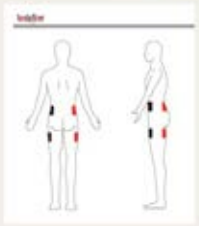
- Sciatic nerve protection
- Increase/maintain neural compliance
- Maintain muscular recruitment
- Pain management
- Swelling management
- Scar management
- Manage expectations

Pain and Swelling

- Medication: Gabapentin, NSAIDs (After 2nd day)
- Game Ready
- Body flow
- Kinesiology tape







Sciatic Nerve Protection: (Martin et al, 2013)

- Patient is required to wear a TROM brace for 4-6 weeks depending on surgical findings (entrapment sites, femoral ante version and irritation to sciatic nerve)
- Brace is locked at 40 degrees to reduce forced knee extension so not to over stretch sciatic nerve
- Patient is able to free flex the knee
- Do not over stimulate the nerve with nerve gliding exercises
- Patient mobilises PWB
- 3 main exercises early stages

Sciatic flossing:



Gluteal stretch:



Neural dynamic mobilisation (gluteal space):



Protection phase:

- Compex – maintain gluteal recruitment and activation – low stimulation for endurance and capilirisation vs strength gains at this stage
- Soft tissue mobilisations to scar and/or silicone treatment
- Synergy muscle patterning of obliques/rectus abdominus, adductor complex and gluteal complex
- OKC glute max recruitment (3/10VAS)
- Alter-G gait patterning

Phase 1: Controlled loading (6-10 weeks)

- At around 4-6 weeks normal rehabilitation programme can commence
- Lsp Mobilisations for central de-sensitisation of sciatic nerve
- Treat SIJ – Instability due to chronic history of gluteal and hip "stiffness"
- Glute medius and maximus bias rehab
- Hamstring eccentric loading
- Maintain original three exercises
- Hydrotherapy

Phases of rehab: Exit Criteria Phase 1

- Objective markers vs time frames
- Full knee extension with no neural tightness through SLUMP test
- Good synergy recruitment pattern of gluteals, obliques, rectus abs, and adductor
- Full Lsp flexion with no neural pull
- Good disassociation (Lsp,pelvis, hip, knee and ankle) and SL control
- -ve piriformis provocation testing, Active Hamstring test and Piriformis Stretch Test
- Normal Pelvic ring kinematics

Phase 2: Functional movement patterns (10-18 weeks)

- Progress to OKC and CKC based exercise (compound)
- Saggital plane to controlled coronal at this stage
- Maintain compliance of Sciatic nerve
- Increase compliance through functional movement pattern
- Higher level eccentric hamstring, abdominal and adductor control
- Proprioceptive responses
- Alter G loading
- S&C input

Phase 2: Exit Criteria

- Able to squat past 90 degrees with no sciatic pull and good Lsp, pelvic, hip and knee control
- Plank for 30s
- Good SL squat control
- Good lateral lunge pattern
- Isometric testing ratios even of abductors vs adductors, quads vs hamstrings (HDD, Gatherer, Manual testing)

Phase 3: Return to sport (18-24 weeks)

- Alter G running progressing to interval running (FBW)
- Increase load through coronal and saggital based exercises
- Slide board work
- Hurdle control work
- Force absorption progressing to force production (liner to multidirectional)
- Resistance running

Reconditioning and Maintenance programme

- Educate the patient
- Reconditioning needs to continue for the next 18 months – 2 years
- Good behavior (preactivation, recovery strategies)
- S&C continuation
- Habit into lifestyle

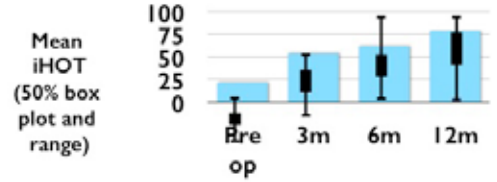
Thought....??

- Baseline objective testing
  - *Gatherer System (GS) to highlight myotomal/dermatomal disturbance due to sciatic nerve compromise*
  - *Isokinetic joint and muscle integrity testing (GS)*
  - *SLUMP ROM*
  - *Piriformis Stretch test*
  - *Active Hamstring Test*
  - *NCT*
  - *Lsp and hip screening*



Outcome of DGS surgery

- First 16 patients
- Very low pre-op scores
- All improve, still improving after 12 months



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