

Mastering Assessment & Management of Lateral Hip & Groin Pain

Lateral Hip Pain has traditionally been diagnosed as trochanteric bursitis and the management approach has been underpinned by anti-inflammatory treatments and ITB lengthening strategies. Contemporary evidence has shown that the primary local pathology associated with lateral hip pain is gluteal tendinopathy and that inflammatory mechanisms are unlikely to be the primary driver. There is no evidence to support the assumption that this population has shortening in the ITB and in fact in clinical practice, patients with this condition are much more likely to be long in the ITB and abductor mechanism. This course will draw on the growing body of evidence for gluteal tendinopathy and the wider tendinopathy literature and a wealth of clinical experience to assist participants to master assessment and management of lateral hip pain. The presenter is a key member of a research team at the University of Queensland, Australia, which has just completed a large multicentre randomised clinical trial on lateral hip pain.

The second focus for this course will be the assessment and management of anterior hip and groin pain including iliopsoas and adductor related groin pain. It will also cover anterior hip pain associated with intra-articular pathologies commonly co-existing with iliopsoas tendon issues or influenced by the same loading scenarios. Approaches for addressing the hip flexors are often limited to lengthening techniques – conservative or surgical. Patients presenting with anterior hip and groin pain may have shortened hip flexors but just as commonly have longer than normal iliopsoas and anterior capsular structures. Stretching in either situation imparts adverse loading across the anterior joint and soft tissues. Surgical lengthening results in deficits in the iliopsoas, an important anterior stability mechanism for the hip. This course will provide strategies for diagnostic assessment, assessment of hip flexor muscle function and optimisation of muscle function and joint loading for both ends of the hip flexor length spectrum. Adductor related groin pain shares a number of commonalities with iliopsoas related groin pain both in terms of muscle deficits and load management paradigms. The information already covered on gluteal and hip flexor retraining will be further developed to include adductor testing and end stage loading for the management of adductor related groin pain which requires attention to the whole lumbopelvic-hip region.

Learning Objectives:

This course aims to:

- Enhance understanding of pathologies and patho-aetiological mechanisms associated with lateral hip pain and iliopsoas and adductor related groin pain
- Develop clinical skills for diagnostic testing of gluteal tendinopathy and iliopsoas and adductor related groin pain.
- Develop skills in specific assessment and optimisation of gluteal, hip flexor and adductor function
- Enhance awareness of the importance of load management (overall and with respect to local pathological tissues), both in terms of specific advice provided to patients for activities of daily living, sport and recreation and during therapeutic exercise prescription
- Assist participants in mastering assessment & management of Lateral Hip & Groin Pain

Cost: USD400

Register at: www.dralisongrimaldi.com

Venue: Medstar Georgetown University Hospital, Physical Medicine & Rehabilitation Department, 3800 Reservoir Road NW, Bles Bldg, Washington DC, 20007

Schedule: 11 hours of learning = 1.1 CEU's for USA

Online Learning Component: Understanding Tendinopathies of the Hip & Pelvis: 3 hours

Module 1: Introduction and Background: Introduction to Understanding Tendinopathies of the Hip and Pelvis; Mechanobiological Mechanisms. Implications for Aetiology & Management

Module 2: Specifics: Takes an in-depth look at Tendinopathies of the Hip & Pelvis: Gluteal Tendinopathy; Proximal Hamstring Tendinopathy; Iliopsoas Tendinopathy & Iliopsoas Related Groin Pain; Adductor Tendinopathy & Adductor Related Groin Pain

Module 3: References and Quiz

Practical Workshop: Tuesday 19th December & Wednesday 20th December, 5-9 pm each evening: 8 hours

Tuesday evening: Gluteal Tendinopathy Assessment & Management Strategies

- Key features of gluteal tendinopathy –presentation, prevalence, impact, pathoaetiological mechanisms
- Diagnosis of gluteal tendinopathy – clinical tests and evidence regarding diagnostic utility of these tests
- Assessment of gluteal muscle impairment including functional movement analysis, specific clinical tests for abductor muscle function and demonstration of real time ultrasound assessment of deep gluteal function.
- Management of gluteal tendinopathy
 - Load management: Controlling provocative tendon loads in activities of daily living, sport and recreation.
 - Exercise Program: Demonstration of real time ultrasound and palpation guided retraining of deep abductor function, movement retraining for optimisation of femoropelvic control and progression into heavy slow loading and higher level dynamic function.

The techniques taught for abductor muscle assessment and retraining can be applied widely for any patient presenting with inadequate femoropelvic control and hip abductor function.

Wednesday evening: Anterior Hip & Groin Pain: Assessment & Management Strategies

- Iliopsoas and adductor related hip and groin pain – terminology and associated pathologies
- Relationship between iliopsoas tendon, bursal, capsular and chondrolabral loading and sources of nociception
- Diagnostic tests for iliopsoas and adductor related groin pain
- Assessment of hip flexor and adductor muscle function
- Management of Iliopsoas and adductor related hip and groin pain
 - Load management: Controlling provocative loads in activities of daily living, sport and recreation.
 - Exercise Program: Demonstration of real time ultrasound and palpation guided retraining of hip flexor function, movement retraining for optimisation of sagittal plane femoro-pelvic control and progression into heavy slow loading and higher level dynamic function for hip flexors and adductors. (Gluteal loading program will have been covered on Evening 1)
 - Specific strategies for dealing with either long or short hip flexors, both problematic for tendon and joint loading. Lengthening strategies that do not involve provocative end range passive stretching will be covered. Passive strategies are usually ineffective in gaining and sustaining significant length changes.