

BASEM SPRING  
VIRTUAL  
CONFERENCE



HIP & GROIN VISION DAY

28<sup>TH</sup> ●●  
MAY  
2021

20-20



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ADDING FOCUS IN AN UNCLEAR WORLD



# CONFERENCE PROGRAMME



#Hip2Groin

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## 20-20 HIP & GROIN VISION DAY

ADDING FOCUS IN AN  
UNCLEAR WORLD

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# WELCOMES



## WELCOME TO THE 2021, BASEM SPRING CONFERENCE

Dear Delegates,

I am very excited to be able to welcome you all to BASEM's Spring Meeting for 2021. We would dearly loved to have been doing this in person but, instead, we get to extend our salutations to even more attendees from all over the world.

The subtitle for this Hip and Groin conference is; 'adding focus in an unclear world' which is certainly apt. At least by the end to of today, one part of our professional world will be a little clearer. The conference chairs, Prof Per Hölmich, Ms Dora Papadopoulou and Dr Adam Weir have put together an amazing programme with that aim in mind; let's face it, who doesn't want to know 'What's "groin" on at the moment?!' (not my pun I promise!). With talks from expert physicians, therapists, surgeons and radiologists our hip and groin knowledge is certainly going to be brought up to speed. And in case anyone starts to feel the screen fatigue (impossible – right?! ) we have our hip hop energy shots at your service during the breaks – so no excuse not to get moving!

From BASEM, let me wish you all good health and let us join together for an exciting programme of learning and to celebrate our profession.



Have a great day.

**Dr Eleanor Tillett, BASEM Chair**



# DEAR DELEGATES, DEAR FRIENDS...

What an awful and crazy year. Who could have predicted this? Around this time last year, we were preparing to welcome you to Birmingham for the Spring BASEM 20-20 Conference. When the first news about COVID struck it was beyond our imagination how it would all play out. We had planned to welcome you, as the 'Three Globe Trotters' of hip and groin. Although lots has changed, we are very proud of the programme for the new 2021 #hip2groin day - with the original speaker line up. The conference is now online and supported by a renowned professional organisation - Global Events - to make sure it all runs smoothly.

The hip and groin are often cited as being complex. This is due to the anatomy and the number of different organ structures that can cause groin pain. Yet we feel much of the complexity is due to the mess we have made as medical professionals. Inventing so many different names for pain in the groin. Confusion as to underlying diagnosis. Poor evidence regarding treatment. Fear not - help is at hand. We are proud and grateful to our speakers and hope that together they will clear up some of the mess, and hopefully worth waiting a year for!

Knowledge, competence, experience and support is what you can expect from us and we will do our utmost in that regard. In turn, we anticipate receiving from you a fresh outlook, your critical spirit, your enthusiasm and we hope to inspire you to debate and interact with the experts and be brave to participate in our 'Quiz' created for you, inspired by you.

There will be no 'sitting still' during this day as we are injecting 'HIP HOP ENERGY SHOTS' for five minutes in each session providing exercise moves to prime your brain and body (or may be shake your hips) for the next session.

This BASEM Conference is a real opportunity! The association has made the noble step to make the conference available to all free of charge and online. Please take advantage of this generous gesture.

Please let all your friends and colleagues know about the conference so we can boost attendance for future events to record heights.

Creating such a rich programme was challenging for the 'Three Globe Trotters' who also live in three different countries. Therefore a sincere 'thank you' to our great BASEM staff and special thanks and gratitude to Ms Nicky Birkinshaw for creating a perfect collaboration with the chairs and the speakers over the last 2 years.

Massive thanks to all our scientific partners and speakers for making the effort to share their knowledge with us, and thanks to you all for attending. We also thank our sponsors for supporting this event.

We hope you will enjoy this unique day and gain new knowledge that you can implement in your practice tomorrow.

A warm welcome to all of you.

Per, Adam, and Dora.

The conference planning started in Tokyo in 2019, went through Denmark and Holland and finally rested in England for the 'grand final' in May 2021!



## THE HIP & GROIN GLOBE-TROTTERS

DR **DORA PAPAIOPOULOU**  
CONFERENCE  
CHAIR

PROFESSOR  
**PER HÖLMICH**  
HONORARY CHAIR

DR **ADAM WEIR**  
CONFERENCE  
CHAIR

## AM Session

**09:00 - 09:15**

Welcomes from the Chairs and the Honorary Chair  
Professor Per Hölmich, Ms Dora Papadopoulou and Dr Adam Weir

### SESSION 1: GROIN VISION: WHAT'S 'GROIN' ON IN 20-21?

**09:15 - 09:55**

Keynote Lecture - *Zooming in on the Groin Pain: Anatomy, Clinical Assessment, and Diagnosis.*

Professor Per Hölmich - Denmark - 40 minutes

**09:55 - 10:25**

*How sharp is your view of the hip and groin?*

*Groin pain: Anatomy, Clinical assessment, and Diagnosis Quiz*

Dr Adam Weir - 30 minutes

**10:25 - 10:45**

*Imaging of the Athletic Groin Pain: The insides of a radiologist*

Dr David Hanff - The Netherlands - 20 minutes

**10:45 - 10:55** - Panel Q&A (All Session Speakers)

**10:55 - 11:15** - Hip: Hop - Energy Shots followed by Morning Coffee and Networking

### SESSION 2: WHAT'S 'GROIN' ON WITH MANAGEMENT IN 20-21

**11:15 - 11:20** - Welcome to Session and Speakers

**11:20 - 12:00**

*Exercise treatment for groin pain in athletes - where are we and where are we going?*

Professor Kristian Thorborg - Denmark - 40 minutes

**12:00 - 12:20**

*Is there only exercise? What else can we do for groin pain in athletes?*

Dr Adam Weir - The Netherlands and Qatar - 20 minutes

**12:20 - 12:40**

*PLAC for dummies - explaining the pyramidalis-anterior pubic ligament-adductor longus complex*

Professor Ernest Schilders - UK - 20 minutes

**12:40 - 13:00**

*Operative management for inguinal related groin pain*

Professor Aali Sheen - UK - 20 minutes

**13:00 - 13:10** - Panel Q&A (All Session Speakers)

**13:10 - 14:00** - Hip: Hop - Energy Shots followed by Lunch and Networking

## PM Session

### SESSION 3: WHAT'S HIP THIS YEAR? -

#### WHEN DOES EXERCISE PASS THE BATON TO THE 'KNIFE'?

**14:00 - 14:05** - Welcome to Session and Speakers

**14:05 - 14:20**

*View of the hip: Diagnosis of hip related pain in athletes* - Professor Per Hölmich - 15 minutes

**14:20 - 14:35**

*Imaging of the hip in athletes* - Dr David Hanff - The Netherlands - 15 minutes

**14:35 - 15:05**

*Surgical treatment of hip related pain in athletes* - Professor Sion Glynn Jones - UK - 30 minutes

**15:05 - 15:35**

*Exercise-based management of hip related pain in athletes*

Dr Andrea Mosler - Australia - 30 minutes

**15:35 - 15:45** Panel Q&A (All Session Speakers)

**15:45 - 16:05**

Hip: Hop - Energy Shots followed by Afternoon Tea and Networking

### SESSION 4: SHOOTING FROM THE HIP ON THE FRONTLINE

#### PERSPECTIVES ON TREATING THE SOLDIER'S HIP - CURRENT PRACTICE & RESEARCH THEMES IN THE UK MILITARY

**16:05 - 16:10** Welcome to Session and Speakers

**16:10 - 16:20**

*In-patient MDT Hip and Groin rehabilitation in the UK Military:*

*Overview and Treatment outcomes.* - Miss Robyn Cassidy - UK - 10 minutes

**16:20 - 16:35**

*Rehabilitation of Hip Pain for UK Military Personnel: Biomechanical evaluation*

Dr Richard Allan - UK - 15 minutes

**16:35 - 16:50**

*The Military Hip Rehabilitation Outcome (MILO) Study: Background & Progress*

Dr Russ Coppack - UK - 15 minutes

**16:50 - 17:10**

*What can Sports Medicine learn from the Military Experience?*

Dr Dora Papadopoulou - UK - 20 minutes

**17:10 - 17:30**

*When everything else fails. The Surgeons view* - Professor Max Fehily - UK - 20 minutes

**17:30 - 17:40** Panel Q&A (All Session Speakers)

**17:40 - 17:50**

*20-20 PEARLS focus on what we have learned* - Professor Per Hölmich and Dr Adam Weir

**17:50 - 18:00** - Event closing and announcing of awards -

Professor Per Hölmich, Dr Adam Weir and Dr Dora Papadopoulou



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# SPEAKER ABSTRACTS AND PROFILES

## CONFERENCE CHAIR BIOGRAPHIES



@Dora\_Sportmed

### Ms Theodora (Dora) Papadopoulou

#### Biography

Ms Theodora (Dora) Papadopoulou, MD, BSc (Sports Science), PGDip (SEM), MSc (Sp. Injuries), PhD (Sport Med Research), FEBSM is a Consultant in Sport and Exercise Medicine and an Orthopaedic Surgeon. She is a Certified Sport Medicine Instructor from the International Federation of Sports Medicine. She is the Lead Consultant for Hip and Groin, and for the Military Hip Rehabilitation Outcome Study (MILO) at the Defence Medical Rehabilitation Centre, Stanford Hall. Since 1998, Dora has been a Visiting Lecturer for a range of Universities, lecturing students in Sport Medicine.

She is the Secretary General of the European Federation of Sport Medicine Associations (EFSMA). The Secretary of the Development Commission of the International Federation of Sport Medicine (FIMS). She served as an Executive Board Member of the British Association of Sport and Exercise Medicine (BASEM) and she was the Chair for the BASEM annual conference 2019.

She has also worked for various sports events, including Olympics, Paralympics and Special Olympics in different roles. She is the Doctor for the International Ultramarathon Spartathlon and for the British Spartathlon team. She has presented internationally on sport medicine topics and she has authored numerous papers in various scientific journals. She has participated in organising committees of numerous scientific sports medicine conferences.

She is a keen volunteer, passionate about sport ethos and extremely zealous about the development of Sport and Exercise Medicine. Olympism is her philosophy of life.

#### Abstract

Hip related pain is commonly seen among young adults comprising the UK military population, which has significant impact on their physical activity, and which is crucial for their military careers. Residential multidisciplinary/ interdisciplinary team (MDT/IDT) rehabilitation for patients with musculoskeletal injuries has a long tradition in the UK military. Nonoperative management and exercise-based treatment is always the first line approach for hip related pain. During the residential multidisciplinary / interdisciplinary team (MDT/ IDT) rehabilitation course our patients receive education related to their injury according to the complexity of their case, they are accessed by an extensive MDT/ IDT team.

Patients expectations are extensively discussed with the team and we also emphasise the Biopsychosocial element of the injury. In the first place they receive exercisebased rehabilitation, and an individualised programme is created for them. Patients are encouraged and inspired to follow their programme for the next three months.

Ms Papadopoulou will discuss the management of the UK military patients with hip related pain and the lessons learned from military practice which could potentially be used in the sports population.



# CONFERENCE CHAIR BIOGRAPHIES



## Professor Per Hölmich

### Biography

Professor of Orthopaedic Surgery at University of Copenhagen. Works as chief surgeon at Department of Orthopaedic Surgery at Copenhagen University Hospital, Hvidovre and is specialised in arthroscopic surgery. Consulting for International football clubs. Head of Sports Orthopaedic Research Centre - Copenhagen (SORC-C) and Arthroscopic Centre Hvidovre. He was the Founder and Head of Aspetar Sports Groin Pain Centre in 2012-2017.

Main research areas are hip and groin problems, adolescent sports injuries, shoulder and knee problems, and hamstring injuries. Randomised studies are the core of the research profile of SORC-C including both methodology, treatment, and prevention studies. Has worked with athletes his entire career both on the elite and national level as well as with recreational athletes.

### Abstract

Groin pain in athletes can be related to a number of anatomical structures as the hip adductors, iliopsoas, inguinal canal, and the hip joint. Since the anatomy is so closely related and the synergies and interaction between the structures are complicated, it is very important to know the exact anatomy and to be able to identify the diagnostic patterns. The Doha terminology is an entity approach that makes it possible to communicate and to define the symptoms and findings in a reproducible way. With this terminology anatomically related diagnosis can be made and relevant treatment offered to the patient.



## Dr Adam Weir

### Biography

Dr Adam Weir is a British sports medicine physician (although his accent may lead you to think otherwise :-)) who did his medical training at the University of Newcastle upon Tyne in England. He then moved to Holland where he completed his sports medicine speciality training (2007) and also his PhD (2011 - University of Utrecht) on the treatment of groin injuries in athletes. He moved to Doha at the start of 2013 to be the Deputy head of Aspetar Sports Groin Pain Centre. He was lead author on the Doha Agreement on terminology and Definitions in Groin Pain in Athletes. He is now a visiting sports medicine physician at Aspetar. In Holland he works as the medical coordinator of the Erasmus University Hospital Academic Centre for Groin Injuries in Rotterdam. He also works at the Sports and Exercise Clinic in Haarlem. He is interested in the integration of education in sports medicine and has published articles in multiple sports medicine journals. He is Senior Associate Editor of the British Journal of Sports Medicine. Dr Weir has special interests in groin injuries, muscle injuries, tendinopathy and medial tibial stress syndrome. He is married with 3 Dutch children and enjoys writing articles, tennis, doing all kind of other sports, cooking and being outdoors.

### Abstract

Active exercise therapy is usually the mainstay of treatment in the conservative management for groin pain in athletes. There are however a number of additional treatments that we should keep in mind. What if rehab doesn't progress well? What if low level athletes don't want to train hard for a long time to get back to playing? I will discuss my experience with manual manipulation of the adductors and the use of groin compression shorts. There is randomized trial evidence on both these interventions. Understanding these possible adjuncts can help us manage athletes better in clinical practice.

# SPEAKER ABSTRACTS & BIOS



## Dr David Hanff

### Biography

David Hanff completed his medical training at the University of Amsterdam (completed in 2009). Followed by residency at surgery department in Amstelveen before he started with his residency at the radiology department in LUMC (Leiden University Medical Center). Followed by subspecializing and Fellowship in musculoskeletal imaging and focused on oncological, trauma and sports imaging.

Since June 2017 David works at the Erasmus University Medical Center in Rotterdam and is part of the Academic Center for groin injuries. His interests contain every aspect in imaging of sports injuries using every modality if necessary but ultrasound being his favourite modality. Besides imaging education of interns and residents is also a primary interest of David.

### Abstract

Imaging of the groin can be challenging for a radiologist and depends on the collaboration with sports physician. The differential diagnosis is broad and includes traumatic injury to the adductor, iliopsoas, rectus femoris and rectus abdominis muscles. But also includes pubalgia and hernias. Imaging can diagnose these conditions and therefore allow appropriate treatment. This lecture will provide an overview of imaging of the groin using different modalities such as ultrasonography and magnetic resonance imaging.

## Professor Kristian Thorborg

### Biography

Kristian Thorborg is Professor at Copenhagen University in Orthopedic Surgery - with a special focus on Orthopedic and Sports Physical Therapy, and a Guest Professor at Lund University, in Sports Sciences. He is currently employed as senior researcher at the Sports Orthopedic Research Center - Copenhagen (SORC-C)

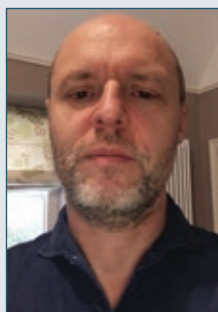
The research center is part of the Copenhagen - International Olympic Committee (IOC) - Research Centre in Injury and Illness Prevention. Kristian is a Specialist in Sports Physical Therapy since 2004, with more than 20 years of clinical experience within sports and orthopedic injury prevention, assessment and treatment. Kristian Thorborg has published more than 200 peer-reviewed articles and book chapters.

His main research area is prevention, assessment and treatment of sports and orthopedic injuries. He has conducted > 10 prospective studies (Level 2a evidence); > 10 randomised controlled trials (Level 1b evidence) and > 10 systematic reviews (Level 1a evidence) and has received 14 prizes/awards for scientific contributions in his field. Kristian Thorborg was the Editor in Chief for the Danish Journal of Sports Medicine from 2007-10 and is former board member of the Research Fund for Danish Physiotherapists, and Chairman for the Revision of National Clinical Specialization in Physiotherapy in Denmark from 2010-14. ➡

Furthermore, he was also the Chairman for Sportskongres (Scandinavian Congress on Science and Medicine in Sport) in 2015 and 2017. Currently, Kristian is the President of the International Federation of Sports Physical Therapy (IFSPT). He has from 2019-2021 been ranked as no. 1 by expertscape.com (online guide to find biomedical experts and institutions) within the area of both "Hip" and "Groin" and currently publish more than 25 peer reviewed papers annually.

#### Abstract

The presentation will include an update of best current practice highlighting the role of exercise treatment as an important part of the management of athletes with groin pain. This will include information on both acute and longstanding conditions, as well as provide a systems approach to the prevention of these troublesome injuries.



**Professor Ernest Schilders**  
MBBS, MRCPsych, Cert.Med.Ed(IU)

#### Biography

Consultant Orthopaedic Hip and Groin Surgeon, FORTIUS Clinic FIFA Medical Centre of Excellence, London and Leeds Beckett University

Professor Ernest Schilders is a specialist in minimally-invasive hip surgery and has a unique professional portfolio combining expertise in hamstring problems, inguinal and adductor-related groin pain and hip arthroscopy. Professor Schilders has treated footballers from all the Barclays Premier League football clubs and Champions league clubs from all the other major European Leagues. He treats professional sports players across multiple other disciplines, including cricket and rugby.

Professor Schilders is the UK's leading expert in adductor problems in athletes. Furthermore, he has particular expertise in the treatment of femoro-acetabular impingement and unparalleled experience in arthroscopic labral repairs and labral grafting of the hip, having performed in excess of 4,000 procedures. He was the first UK-based author to publish a large study regarding femoro-acetabular impingement.

Since 2015 he has held the post of Professor in Orthopaedic Sports Medicine in the School of Sport at Leeds Beckett University. He is an expert in anatomy of the groin, and one of his key discoveries was the existence of the pyramidalis-anterior pubic ligament-adductor longus complex (PLAC), a concept which has revolutionised the understanding of groin pain in athletes.

Professor Schilders has undertaken numerous studies on adductor problems in athletes, researching and designing the state of the art MRI protocol for adductor injuries, conservative management and minimally-invasive surgical treatment. He has pioneered surgical techniques for adductor and PLAC injuries to allow a faster return to play, and protect from recurrent injuries.

Professor Schilders is an internationally recognised expert who treats patients from all over the world, and is sought after as an opinion for complex hip and groin problems, as well as hip preservation. He has a passion for symptom analysis and innovation.

@e\_schilders

#### Abstract

Recently the concept of the pyramidalis-anterior pubic ligament-adductor longus complex (PLAC) has been introduced. The adductor longus was found to lie in direct continuity with the pyramidalis and not with the rectus abdominis. The pyramidalis muscle is the only abdominal muscle anterior to the pubis which has important implications from an imaging interpretation point of view. Injuries to the proximal adductors are uncommonly reported on and can lead to significant functional impairment for athletes. Isolated injuries to the adductor longus are uncommon and usually we see associated injuries to the other structures of the PLAC as well as the pectineus muscle. Currently there is no consensus on treatment, both surgery and conservative management have been reported to give satisfactory outcomes. PLAC injuries with associated partial pectineus tears often do not respond well to conservative management. Understanding the injury characteristics of PLAC injuries is essential to decide on the appropriate treatment.



@aalishleen

#### Professor Aali Sheen

#### Biography

Prof Aali Sheen was appointed Consultant Surgeon with a special interest in Hepatopancreatobiliary & hernia surgery in 2005 at Manchester Royal Infirmary. He works in London and Manchester and specialises in complex hernia surgery. He is President of the British Hernia Society as well as a member of both the European and American Hernia Societies. For his academic interest in hernia surgery Prof Sheen also has an Honorary chair from MMU. He published both the first world's consensus for the Sportsman's groin coining the term 'inguinal disruption' as well as the first randomised controlled trial comparing open v laparoscopic surgery for the Sportsman's groin. Prof Sheen is recognised as an international leader in this field and treats many patients including elite athletes from the UK, Europe and around the world.

#### Abstract

Managing the sportsman's groin or inguinal related pain requires a multidisciplinary approach. Care must be taken to ensure that the entire groin girdle is investigated as most persons, whether amateur or elite athletes, have at least two or more findings involving the inguinal canal, rectus abdominis origin and/or the adductor tendon. In some cases, the hip maybe responsible for groin related pain with FAI or a labral tear. Therefore, it is recommended that a dynamic ultrasound is undertaken as well as an MRI of the pelvis to investigate the possible causes of groin pain when no 'true' hernia is found on clinical examination.

If a groin weakness is found, then a repair can be undertaken with targeted pre-habilitation concentrating on core exercises as well as rehabilitation to manage the entire groin complex. Surgery has benefits but not without the careful assessment and consideration of another associated pathology. Surgery can be undertaken by either open or laparoscopic techniques with improvement of the integrity of the posterior wall of the inguinal canal being the aim of any chosen operation.

A recent randomised trial showed the leaning towards a positive benefit of laparoscopic over open surgery as it allows a greater inspection of the iliotibial tract and can discover hidden defects such as an occult femoral hernia, lipoma of the cord and an incipient hernia. Nerve division is not recommended as a possible adjunct in any operation as per the international groin hernia guidelines and can potentially promote unwanted complications. All groin surgery is technique and experience driven with laparoscopic surgery rapidly replacing open surgery mainly due to the constant evolution of surgery as well a patient choice.





## Professor Siôn Glyn Jones

### Biography

Sion is a Professor of Orthopaedic Surgery at the University of Oxford and is a Consultant Orthopaedic Hip Surgeon working at the Nuffield Orthopaedic Centre. Sion leads the Hip Research Group at the Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences, where his group has pioneered research into osteoarthritis prevention and the development of keyhole surgery of the hip as well as improving the outcome of joint replacements in young patients. His group has a particular interest in biological treatments in osteoarthritis, including stem cell treatments.

He is Lead of the Young Adult Hip Unit at the Nuffield Orthopaedic Centre which treats a variety of sports related injuries in young adults and athletes.

Sion is also the National Musculoskeletal Lead for the NIHR Clinical Research Network.

<https://www.ndorms.ox.ac.uk/team/sion-glyn-jones>

### Abstract

Surgical treatment of hip related pain in athletes.

The surgical options for treating a variety of injuries around the hip will be discussed in relation to their evidence base. The presentation will focus on indications, technique, complications and outcomes.



## Dr. Andrea Mosler

### Biography

Dr. Andrea Mosler is a Specialist Sports Physiotherapist and NHMRC Research Fellow at La Trobe University where she is currently working on hip-related groin pain, injury prevention, and women in sport research projects. Her PhD research was conducted while she worked at Aspetar, Qatar as Senior Physiotherapist and Head of CME/CPD and investigated the risk factors for hip and groin pain in professional male football players. Andrea previously worked as a clinician for 18 years at the Australian Institute of Sport and has been an Australian team physiotherapist at many sporting events including the 2000, 2004 and 2008 Olympics Games.

### Abstract

Non-surgical management should always be the first line approach for musculoskeletal pain conditions, but a dramatic rise in hip arthroscopy rates has questioned the viability of non-surgical management for athletes with hip-related pain. Recent evidence suggests that despite reporting improvements in symptoms following surgery for hip-related pain, athletes still report significant impairments in quality of life and physical capacity following surgical intervention. However, what constitutes best practice for non-surgical management of hip-related pain in athletes?

The evidence for the efficacy of exercise-based management of hip-related pain will be explored in this presentation. An impairment-based rehabilitation programme is an effective non-surgical management strategy. The principles of applying this strategy to the athlete presenting with hip-related pain at your clinic will be described.



## Miss Robyn Cassidy

### Biography

Miss Cassidy works in the Academic Department of Military Rehabilitation (ADMR) at the Defence Medical Rehabilitation Centre (DMRC), Stanford Hall. Miss Cassidy is currently working on the Military Hip Rehabilitation Outcome (MILO) Study that is investigating the management and clinical outcomes of hip pain in the military.

In line with this, Miss Cassidy has worked as the lead physiotherapist for the hip and groin service at DMRC and chairs the hip and groin working group.

Miss Cassidy is currently studying for her MSc in Sports Physiotherapy at Bath University.

### Abstract

Hip pain with mechanical symptoms, particularly acetabular labral tears and femoroacetabular impingement, are common complaints presenting within the military. Residential, multidisciplinary team (MDT) rehabilitation for patients with hip & groin pain has a long tradition in the UK military. Despite the popularity of this approach evidence supporting its effectiveness is lacking. It is therefore important to constantly examine & review UK military practice to ensure patients receive rehabilitation in the optimal clinical setting. This session will provide an overview of the UK military paradigm of in-patient rehabilitation. A summary of recent clinical outcomes will be presented and implications for future military practice and research priorities discussed.



## Dr Richard Allan

### Biography

Dr Richard Allan is a Higher Scientific Officer specialising in clinical biomechanics within the Academic Department of Military Rehabilitation (ADMR) at the UK Defence Medical Rehabilitation Centre, Stanford Hall. As an undergraduate in Sport & Exercise Science at the University of Strathclyde his research interests lay within the field of biomechanics and the application of 3D motion capture systems leading to an MSc in Bioengineering, again at the University of Strathclyde.

In 2017 he completed his PhD through Glasgow Caledonian University, exploring the application of personalised additive manufactured foot orthoses in knee osteoarthritis patients and their effect on lower limb joint biomechanics and patient reported outcome measures. His current research interest's focus around understanding the biomechanics of human movement in the context of musculoskeletal injury rehabilitation including the implementation and assessment of intervention approaches designed to improve outcomes and promote efficient injury recovery.

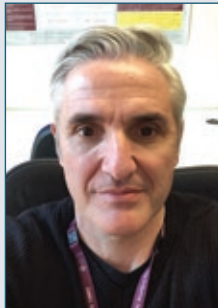
At Stanford Hall, he is currently responsible for the clinical gait service and leads on the biomechanical evaluation of military personnel presenting with Hip & Groin related conditions in order to better understand differences in biomechanical presentation and response to rehabilitation. ➡

### Abstract

Correcting biomechanical dysfunction is a key treatment goal for patients with musculoskeletal injury undergoing rehabilitation in UK Defence Rehabilitation. The functional requirement of the limb in a military population is more demanding than unloaded self-selected walking which is routinely assessed using 3D motion capture.

The assessment of tasks such as single leg squat are therefore more likely to expose biomechanical deficits. Considering similarities in inpatient treatment approach across all hip and groin related pathologies understanding differences in biomechanical characteristics and varying response to treatment is an important consideration to ensure patients receive effective rehabilitation and optimize function and return to service.

This session will provide an overview of the biomechanical evaluation of UK military personnel prior to and 3 months post in-patient rehabilitation. A summary of the biomechanical outcomes and their correlations with clinical outcomes will be presented and implications for future military practice and research priorities discussed.



### Mr Russ Coppack

#### Biography

Russ Coppack is the Clinical Research Manager on the Academic Department of Military Rehabilitation (ADMR) at the UK Defence Medical Rehabilitation Centre, Stanford Hall.

An exercise scientist specialising in the rehabilitation of military personnel, he served for 35 years in the Royal Air Force including operational tours to the Balkans, Iraq and Afghanistan. A latecomer to academia, he completed undergraduate and post-graduate education at the Manchester Metropolitan, Brunel & Portsmouth Universities, and is nearing completion of his PhD with the University of Bath.

He currently leads the Military Hip Rehabilitation Outcome Study investigating the treatment and risk factors for non-arthritis hip pain in the UK Armed Forces. Other research interests include the utility of blood flow restricted exercise in musculoskeletal rehabilitation and patient adherence to exercise. His work surrounding the use of exercise for the prevention of anterior knee pain won the overall research prize at the 2010 BASEM national conference, and in 2011 he was appointed exercise rehabilitation consultant to the British Olympic Association and English Institute of Sport Intensive Rehabilitation Unit in the lead up to the 2012 London Olympics. He was awarded the MBE for services to UK Defence Rehabilitation in the 2012 Queens New Year's Honours List.

#### Abstract

Musculoskeletal injuries (MSKI) are a major problem affecting the health and operational readiness of military personnel. High rates of hip complaints (OA) have been reported in occupational sub-groups exposed to prolonged and strenuous physical activity levels & the military soldier is particularly at risk given the demands inherent to this population. However, little is currently known about the risk factors for hip pain in UK military personnel & the evidence supporting non-surgical treatment options is inconclusive.

The Military Hip Rehabilitation Outcome study brings together university academics, industry partners & MOD collaborators to investigate issues surrounding the causes and treatment of hip pain in the UK Armed Forces.

This session will present the background, purpose, methodology and current progress for a randomised controlled trial and population-based case-control study comprising the MILO research programme. The potential significance of this programme to other occupational sub-groups including sports participants will be considered.



@manchesterhip

### Professor Max Fehily

#### Biography

Professor Fehily is the Clinical Director and lead surgeon at The Manchester Hip Clinic. He specialises in surgery of the hip and has a particular interest in hip preserving or key-hole surgery and innovative hip replacements. He is one of the leading hip arthroscopy surgeons in the UK and The Manchester Hip Clinic one of the highest volume centres in the country. He has pioneered the use of stem cells in hip surgery to regenerate cartilage damage. He has pioneered the use Robotics in hip replacements and was the first person to carry out a MAKO robotic hip replacement in the North West of England. Professor Fehily treats patients from all over the UK and internationally. He is the lead hip surgeon for the Hip and Groin Clinic, for the English Institute of Sport (Manchester), for the Armed Forces (Northern) and is a registered Consultant in the United Arab Emirates, having practiced in Dubai.

He is the lead on many surgeon education courses, training other consultants from all over the UK and Europe in both key-hole and hip replacement techniques. He regularly treats high-level athletes, including Commonwealth, World Championship, Olympic and Premier League competitors.

#### Abstract

Professor Fehily will discuss the management of patients with hip pain who have failed rehabilitation. He will discuss the potential causes, optimal investigations and management options. He will build on the presentations of the previous speakers around rehab and then cover the surgical options and the decision making between preserving and replacing.

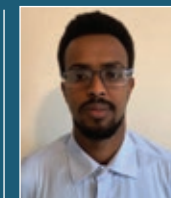
## MEET YOUR 'HIP HOP ENERGY SHOTS' INSTRUCTORS...



#### Andrew Love (NHS Grampian)

Currently in 4th year at the University of Aberdeen, sports medicine is a dream future career. With a background in long distance running sport has always been a major part of my life. I look forward to be

as inspired as last year hearing about the great work being carried out at the forefront of sports medicine. For those of you that attended the Glasgow conference you will remember the great atmosphere our energy shots delivered and this year should be no different! The participation was immense and I hope you can all join the fun wherever you are.



#### Mohamed Warsame

I am a fourth-year medical student at the University of Aberdeen. It was a pleasure taking you through exercise routines at the 2019 BASEM conference and I am excited to be part of the HIP HOP team

once again. I am an active member of the University of Aberdeen Athletics Club. I am passionate about exercise and I have personally felt the enrichment that exercise can bring into our lives. I was inspired by all the wonderful talks at the 2019 conference, and I cannot wait to hear about all the latest development in Sports and Exercise Medicine.



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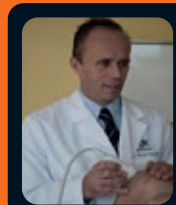
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**Adam Weir**

Sports Doctor Erasmus MC

"At the Erasmus MC (Centre for Groin Injuries) I see people with groin-related complaints on a daily basis. With such complaints I always recommend wearing the Knap'man compression shorts".

\*The results of the RCT-study are published in 'Physical in Sport', Volume 38 (Juli 2019).

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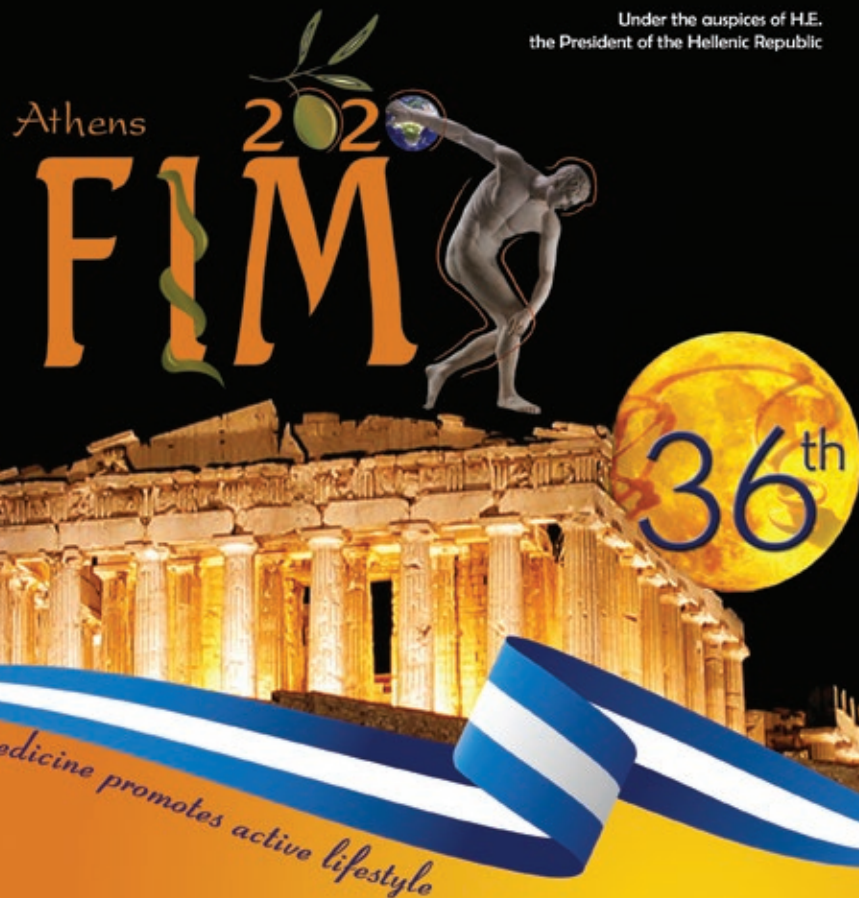


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Reporting of suspected reactions. Adverse events should be reported. Reporting forms and information can be found at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard).

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For a copy of the SmPC or further medical information, please contact [medical@windzorpharma.com](mailto:medical@windzorpharma.com)

Date of Preparation: October 2019

APIF1018

Ref 1: Rusca 2008. Ref 2: Petersen and Rovati 2009.



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