23/09/2018

‘International Hip Pain Research Network (IHiPRN)’

November 17th-18th 2018, Zürich, Schulthess Klinik, Switzerland

WORKING DEFINITION OF HIP PAIN

Non-red flag pain originating from the hip joint in physically active young and middle-aged adults.

PARTICIPANTS

1. Joanne Kemp AUS; Physiotherapist (PhD); La Trobe Sport and Exercise Medicine Research Centre, La Trobe University, Melbourne, Vic, Australia
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3. Kay Crossley AUS; BAppSc (Physio), PhD; La Trobe Sport and Exercise Medicine Research Centre, La Trobe University, Melbourne, Vic, Australia
4. Mario Bizzini SWI; Physiotherapist (Sports & Orthopaedics), PhD (research); Schulthess Clinic Human Performance Lab, Zurich, Switzerland.
5. Adam Weir NED; Sports Physician, MBBS;
6. Karim M Khan CAN MD, PhD (sports medicine research); University of British Columbia, Vancouver, Canada; Departments of Family Practice & School of Kinesiology
7. Mick Drew AUS; University of Canberra Research into Sport and Exercise (UCRISE), University of Canberra, Canberra Australia
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9. Michael P. Reiman USA, Physiotherapist (PhD) (Sports and Orthopaedics); Duke University, Durham, North Carolina, USA; Department of Orthopedic Surgery
10. Rintje Agricola NED; MD, PhD (Orthopaedic Surgery); Department of Orthopaedic Surgery Erasmus University Medical Center, Rotterdam, the Netherlands
11. Kristian Thorborg DEN, Physiotherapist, PhD (Orthopedic and Sports Physical Therapy), Sports Orthopedic Research Center – Copenhagen (SORC-C), Department of Orthopedic Surgery, Copenhagen University Hospital, Amager-Hvidovre, Denmark
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23. Michael Leunig SWI; MD (Orthopedics); Department of Orthopaedics, Schulthess Klinik, Zurich, Switzerland.
24. Nicolas Mathieu SWI; Physiotherapy, HES-SO Valais, University of Applied Sciences Western Switzerland, Leukerbad, Valais, Switzerland.
25. Boris Gojanovic SWI; MD (Sport and Exercise Medicine); Sports Medicine, SportAdo consultation, University Hospital of Lausanne (CHUV) Multidisciplinary Unit of Adolescent Health, Lausanne, Switzerland.
26. Mo Gimpel UK; Performance Science, Southampton Football Club, Southampton, Hampshire, UK.
27. Marcie Harris Hayes USA; Physiotherapist and Clinical Investigator; a) Physical Therapy, Washington University School of Medicine in St. Louis, St. Louis Missouri b) Orthopaedic Surgery, Washington University School of Medicine in St. Louis, St. Louis, Missouri.
28. Eva Ageberg SWE; Physiotherapist, PhD, Professor (Sport and Exercise Medicine), Head of research group; Sport Sciences; Department of Health Sciences, Lund University
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30. Sue Mayes AUS; Physiotherapist; La Trobe Sport and Exercise Medicine Research Centre, La Trobe University, Melbourne, Vic, Australia
31. Nancy Bloom (USA); Physiotherapist; a) Physical Therapy, Washington University School of Medicine in St. Louis, St. Louis Missouri b) Orthopaedic Surgery, Washington University School of Medicine in St. Louis, St. Louis, Missouri.
32. Stephanie Di Stasi (USA); Physiotherapist (PhD); Division of Physical Therapy, The Ohio State University, Columbus, Ohio, USA
33. Damian Griffin (UK); Orthopaedic Surgeon; Warwick Orthopaedics, University of Warwick, Coventry, UK b) Warwick Medical School, University of Warwick, Coventry, UK.
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36. Matt Freke (AUS); Physiotherapist; La Trobe Sport and Exercise Medicine Research Centre, La Trobe University, Melbourne, Vic, Australia
37. Laura Diamond (AUS); PhD (Research Scientis-Biomechanics); a) Griffith Centre of Biomedical and Rehabilitation Engineering (GCORE), Menzies Health Institute Queensland, Griffith University, b) School of Allied Health Sciences | Gold Coast Queensland 4222 Australia
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40. Kristian Marstrand Warholm (NOR); MD (Orthopaedic Surgery); Division of Orthopedic Surgery, Oslo University Hospital, Oslo, Norway
41. Tobias Worner (SWE), Physiotherapist (Sports and Orthopedics); Department of Health Sciences, Lund University, Lund, Sweden
42. Pim van Klij (NED); MD (Sports Medicine resident), PhD student (Orthopaedic surgery); Department of Orthopaedic Surgery Erasmus University Medical Center, Rotterdam, the Netherlands
43. Daniel Friedman (CAN); MBBS (Research methods); Monash School of Medicine, Melbourne, Victoria, Australia
Ara Kassarjian (ESP); MD, FRCPC (Radiology); Elite Sports Imaging, SL, Madrid, Spain

4 THEMES FOR CONSENSUS
1. Standardised measurement of physical capacity in hip-related pain (including clinical measures, biomechanics, EMG, physical activity, functional performance and return to sport)
2. Physical therapy management of hip-related pain (including types of interventions and outcomes achieved).
3. Classification of hip pain
4. Patient-reported outcome measures for hip pain – recommendations (hip–related measures, and others including pain / coping / fear / utility measures)

STRUCTURE OF WORKING GROUPS MOVING FORWARD**
Senior advisors: working across working groups
1. Kay Crossley
2. Karim Khan

Working Group 1: Standardised measurement of physical capacity in hip-related pain (including clinical measures, biomechanics, EMG, physical activity, functional performance and return to sport)
1. Cara Lewis – group leader
2. Andrea Mosler – group leader
3. Mick Drew
4. Kristian Thorborg
5. Adam Semciw
6. Nicola Casartelli
7. Michael Leunig
8. Chad Cook
9. Stephanie Di Stasi
10. Matt King
11. Peter Lawrenson
12. Eva Ageberg
13. Michael Hunt
14. Matt Freke
15. Laura Diamond
16. Denise Jones
17. Tobias Worner

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Working Group 2: Physical therapy management of hip-related pain (including types of interventions and outcomes achieved).

1. Joanne Kemp – group leader
2. Mario Bizzini – group leader
3. Andrea Mosler
4. Harvard Moksnes
5. Andreas Serner
6. May Arna Risberg
7. Nicolas Mathieu
8. Boris Gojanovic
9. Marcie Harris Hayes
10. Mo Gimpel
11. Sue Mayes
12. Kay Crossley
13. Nancy Bloom
14. Michael Hunt
15. Mark Scholes
16. Lasse Ishøi

Working Group 3: Classification, definition and diagnostic criteria of hip-related pain in young and middle-aged active adults.

Themes to explore for consensus include use of (i) imaging; and (ii) diagnostic tests

1. Mike Reiman – group leader
2. Rintje Agricola – group leader
3. Adam Weir
4. Josh Heerey (Imaging)
5. Ara Kassarjian (Imaging)
6. Paul Dijkstra (Diagnostic tests)
7. Per Hölmich (Diagnostic tests)
8. Eva Ageberg (Diagnostic tests)
9. Sion Glyn Jones (Imaging)
10. Andrea Mosler (Diagnostic tests)
11. Pim Van Klij (Imaging)
12. Sue Mayes
13. Kristian Marstrand Warholm

Working Group 4: Patient-reported outcome measures for hip pain – recommendations (hip–related measures, and others including pain / coping / fear / utility / questionnaire measures of physical activity)

1. Franco Impellizzeri – group leader
2. Kristian Thorborg
3. Joanne Kemp
4. Mike Reiman
5. Kay Crossley
6. Marcie Harris Hayes
7. Mark Scholes
8. Denise Jones
9. Damian Griffin
**Note: while working groups will work separately prior to consensus meeting, at consensus meeting, all participants will be involved in consensus of all items. Some participants will be in two working groups to ensure expertise is spread across groups**

**GOALS MOVING FORWARD**

Confirm themes and working groups

Each working group leader to identify key contributors to identify

i. What has been done
ii. Where are the gaps
iii. What should we consider moving forward
iv. Recommendations
v. If required, each group may undertake a systematic review of the theme area

Completion of knowledge summary statement approved by working group by May 2018, to be included in pre-meeting consensus process

June 2018 – expert consensus process to begin prior to meeting where all participants receive summary of evidence/suggested statement from working groups

- Method of consensus
  - Working groups present the evidence and come up with a suggested statement
  - Statement is presented and discussed at the consensus meeting
  - Statement can then be modified based on feedback at the meeting
  - A vote is held to say “how confident the consensus group is in the statement/components of the statement”
  - All consensus happens within the meeting, as the discussion is critical
  - People can choose not to vote if they feel they do not have enough expertise in the area.

Another part of process should be research priority setting

- Use 1000 minds process
  - Most likely will happen after consensus meeting
- Plan – Andrea Mosler to lead
  - do broad 1000 minds to general public via twitter, other social media, at Bern meeting, get patients as well and then summarise into the top 20 findings
  - at meeting, consensus group take the results from the 1000 minds, and prioritise the top 3 priorities for each section
  - can either be included in consensus paper, or as separate paper, and can be included in each section – eg: a box like the RTP paper

Consensus paper to be completed immediately following retreat
Zurich Program – updated program

Saturday 17th November
8.00 – 10.00 – travel from Bern
10.00 start
10.00 - 10.30 – introduction and welcome
10.30 - 11.30 – break into small groups for pre-consensus meeting (coffee while we work 😊)
11.30 – 1.30 – topic 1
1.30 – 2.15 – lunch
2.15 – 4.00 – topic 2
4.00 – 4.15 – coffee break
4.15 – 5.45 – topic 4

Sunday 18th November
8.30 – 11.00 – topic 3
11.00 - 11.30 – coffee
11.30 – 1.00 – research priority setting
1.00 – 2.00 – lunch, summary and finish