($n = 66$). Participants were required to carry out functional tests including a 10-m sprint, a modified agility T-test, a maximal deep squat test, a single leg drop jump (reactive strength index) and hip flexibility was assessed by measuring maximal hip flexion, hip abduction and hip internal rotation (at 90° hip flexion). Patients were also asked to report any presence of anterior groin pain throughout the testing.

Results: The FAI group was significantly slower during the 10-m sprint (3%, $p = 0.002$) and agility T-test (8%, $p < 0.001$); flexion, abduction and internal rotation of the symptomatic hip was reduced compared to controls ($p < 0.001$). No significant differences between groups were identified for squat depth or reactive strength index. Patients also reported high levels of anterior groin pain during the 10m Sprint, modified agility T-test and while squatting.

Conclusion: Irrespective of issues with activity-related pain and stiffness, many patients with confirmed FAI continue their sports participation up to and following diagnosis. This study highlights the functional limitations in speed, agility and flexibility that are likely to be present in this group of patients at the time of diagnosis.

Paper #21

DIFFERENCES IN ATHLETIC PERFORMANCE BETWEEN SPORTSMEN WITH SYMPTOMATIC FEMOROACETABULAR IMPINGEMENT AND HEALTHY CONTROLS

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FDA Status: Not Applicable

Summary: Sportsmen with FAI will show significant reductions in speed and agility as well as overall hip flexibility compared to controls.

Background: Femoroacetabular impingement (FAI) is a commonly recognised condition in young athletes characterised by activity related hip pain and stiffness, and if left untreated can progress to osteoarthritis of the hip. Previous literature has examined limitations in athletes using self-reported questionnaires which may not be sufficient for this population. There is a paucity of research which examines the functional performance deficits in young athletes with this condition.

Methods: A cohort of pre-operative, competitive sportsmen, with symptomatic FAI ($n = 59$), were compared to a group of age, gender and activity-level matched controls