



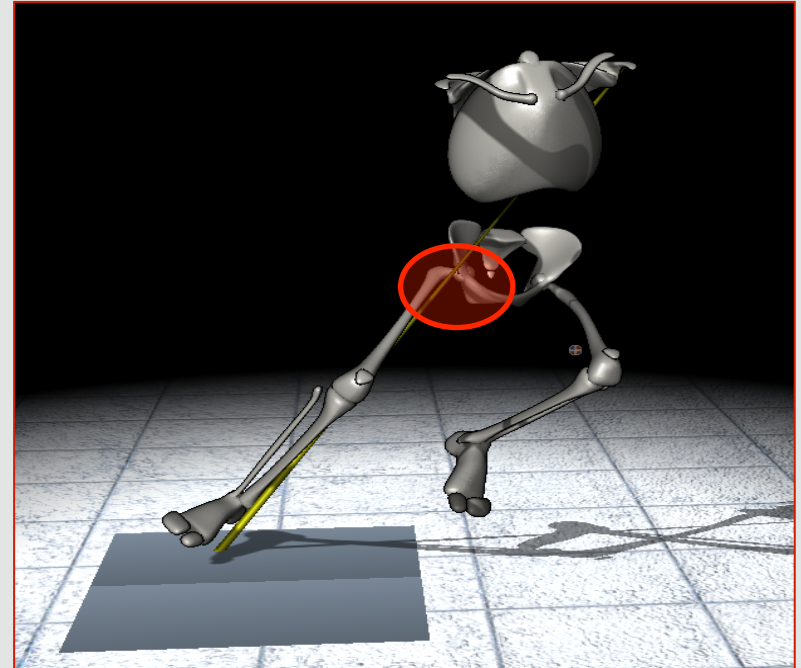
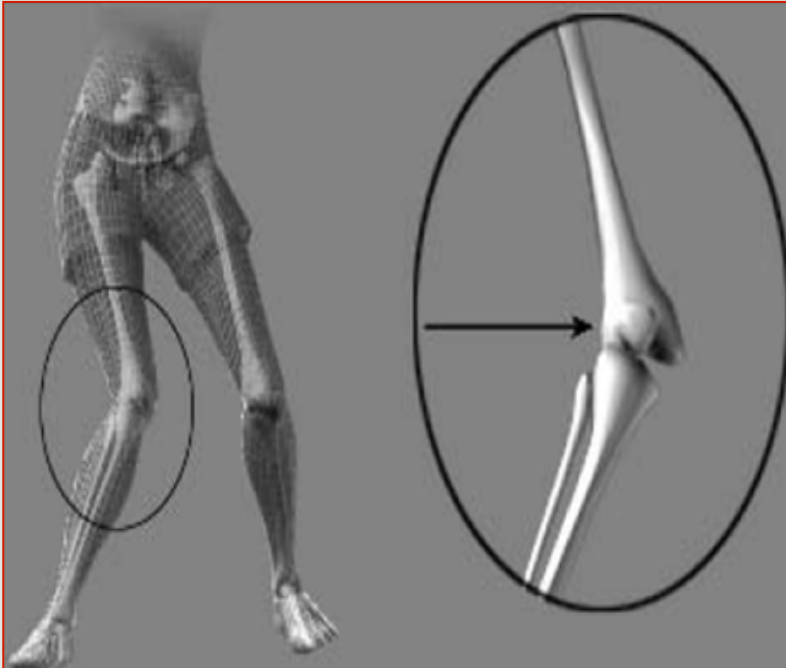
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# The Use of 3D Motion Capture in ACLR and Athletic Groin Pain Rehabilitation

Brendan Marshall PhD



# Overview



- Background
- SSC testing battery

- Research findings
- Rehabilitation

# ACL Injury Epidemiology



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<1%

of total injuries in football (Ekstrand J., 2014)

1

ACL injury every 2 seasons in a pro football squad

6.5

months before team training in pro football

6-27%

risk of re-injury or contralateral injury

(Shelbourne et al., 2014; Paterno et al. 2010)

75%

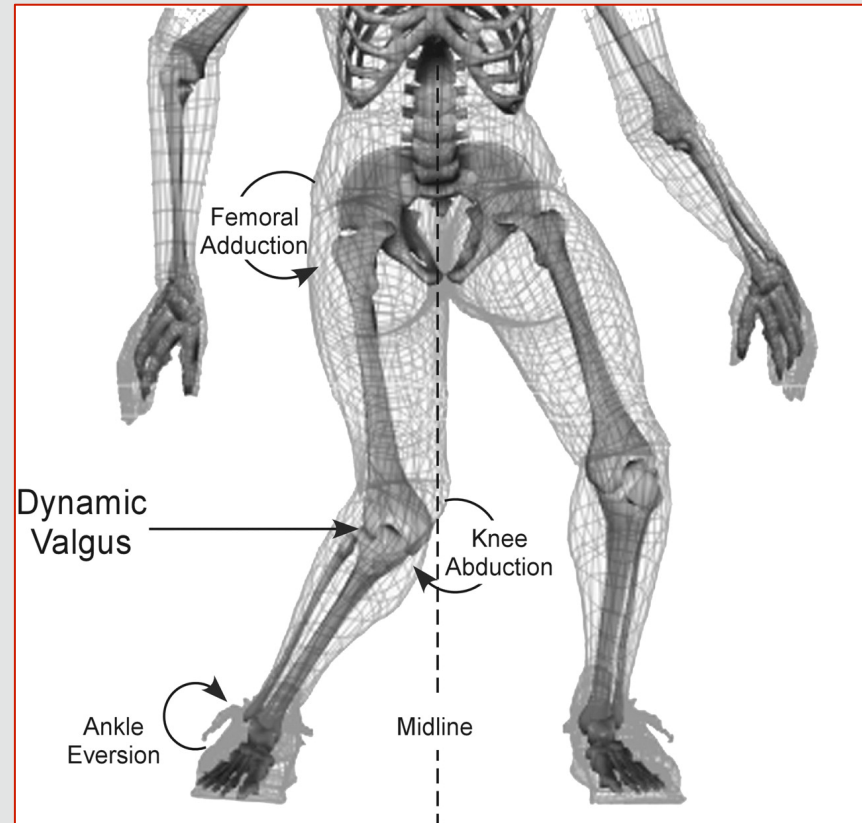
non contact (Agel et al. 2005)

# ACL injury mechanism

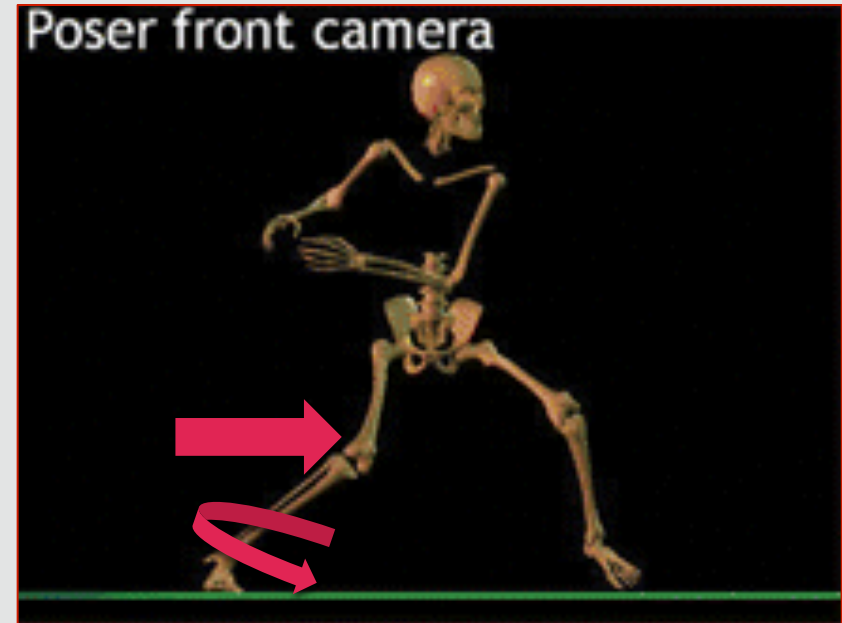
Of all non contact ACLs:

**70%** change of direction cutting  
(Cochrane et al. 2006)

**24%** landing  
(Walden 2014)



# Biomechanical Risk Factors



- ACL injury ~40 ms after initial contact
- Knee flexion
- Knee valgus
- Tibial internal rotation

# Biomechanical Risk Factors



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Drop Jump

Knee abduction moment during landing predicts ACL injury risk in female athletes (Myer 2005)

205 athletes pre-screened and tracked

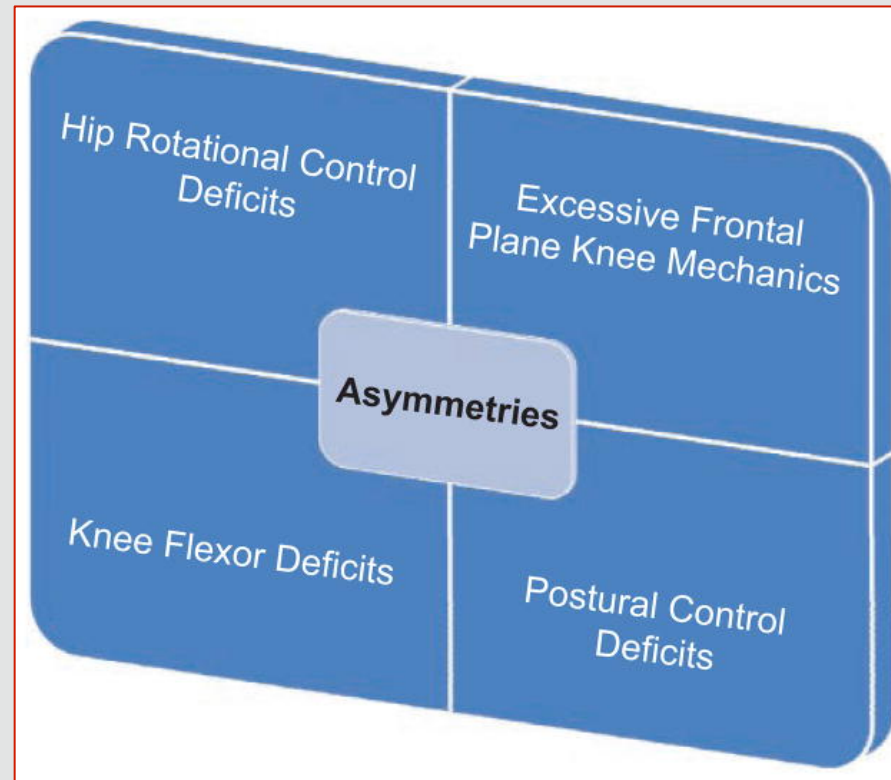
9 had ACL rupture, they had:

2.5 times greater knee valgus moment

20% higher ground reaction force

# ACL Testing Battery

A contralateral ACL injury is strongly related to modifiable postsurgical risk factors (Hewett et al. 2013)



# SSC 3D Motion Capture



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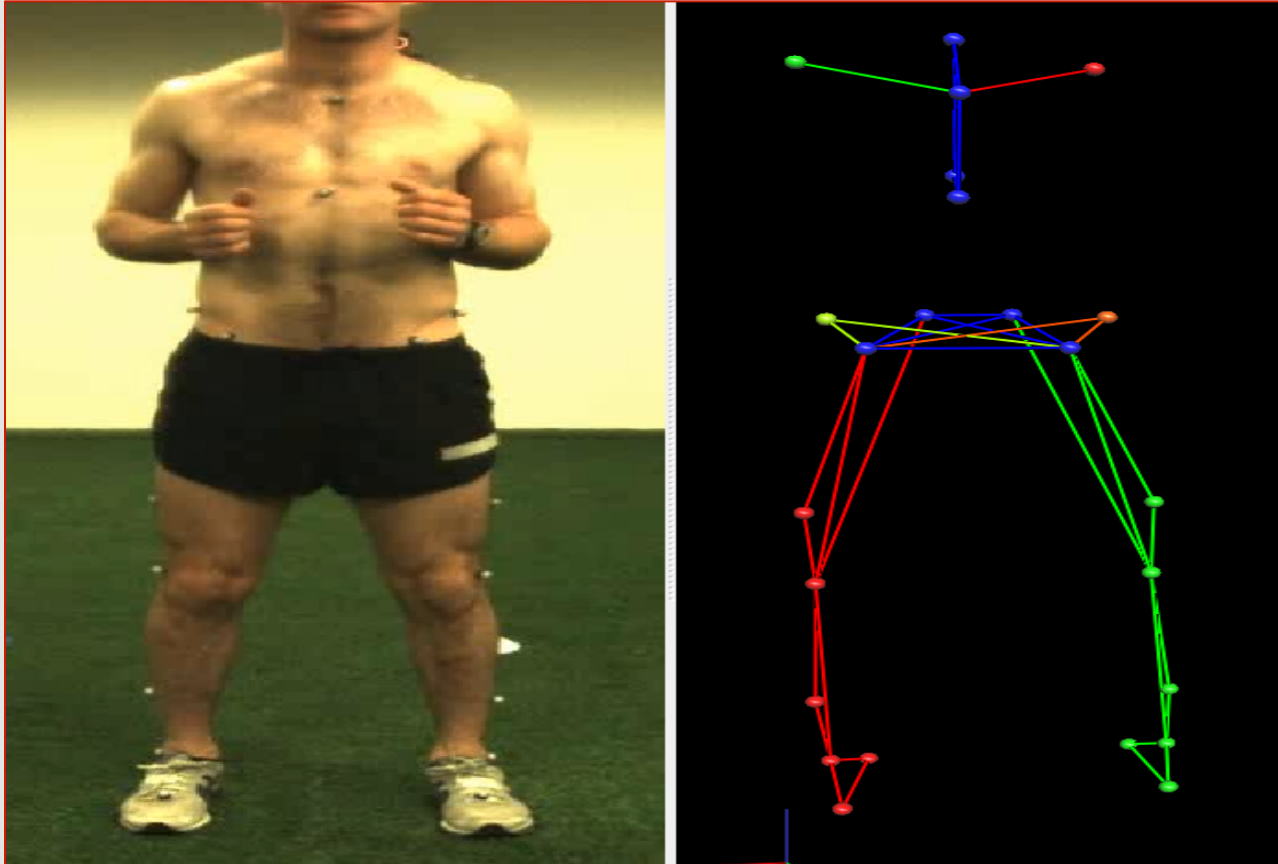




# 3D Marker Set



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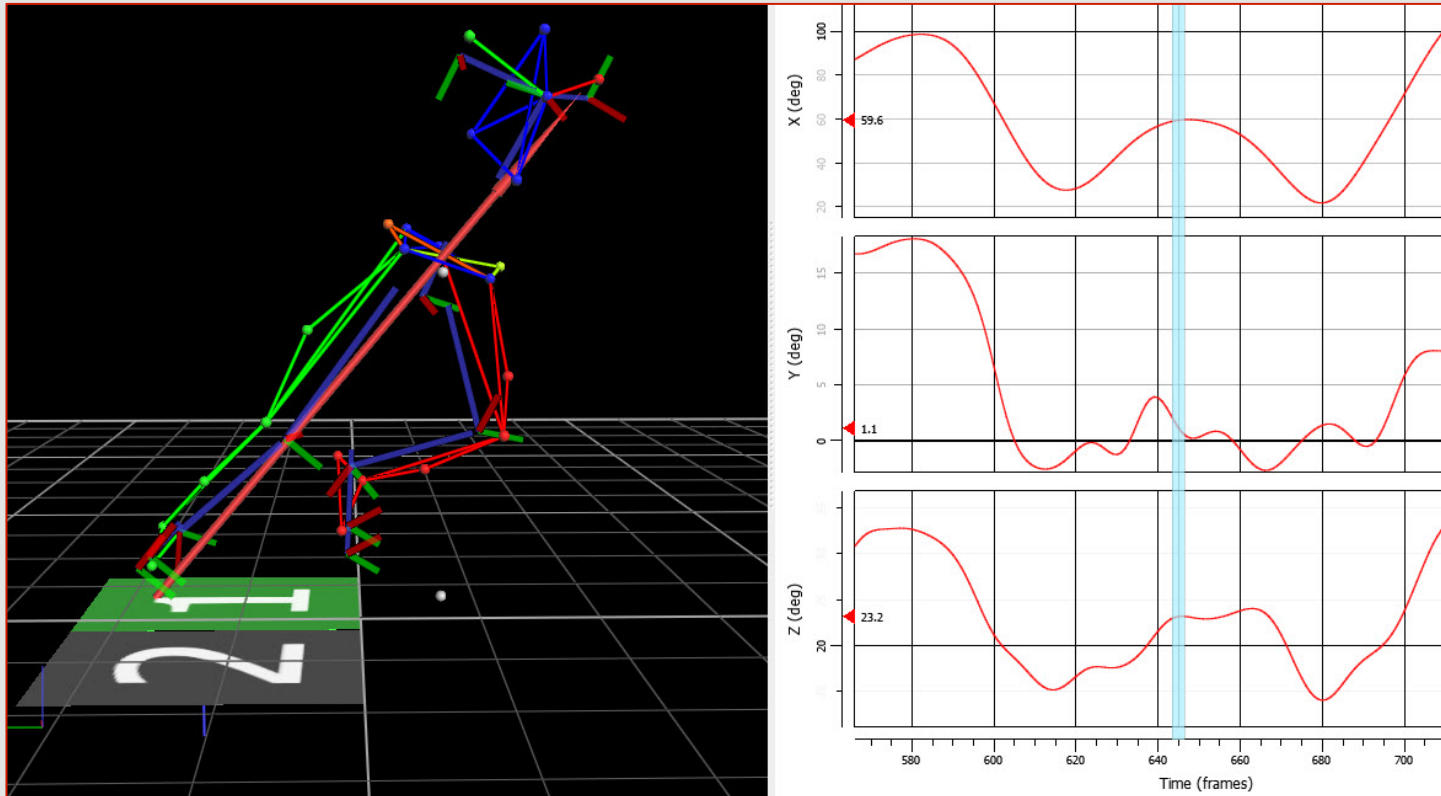


# 3D Motion Capture



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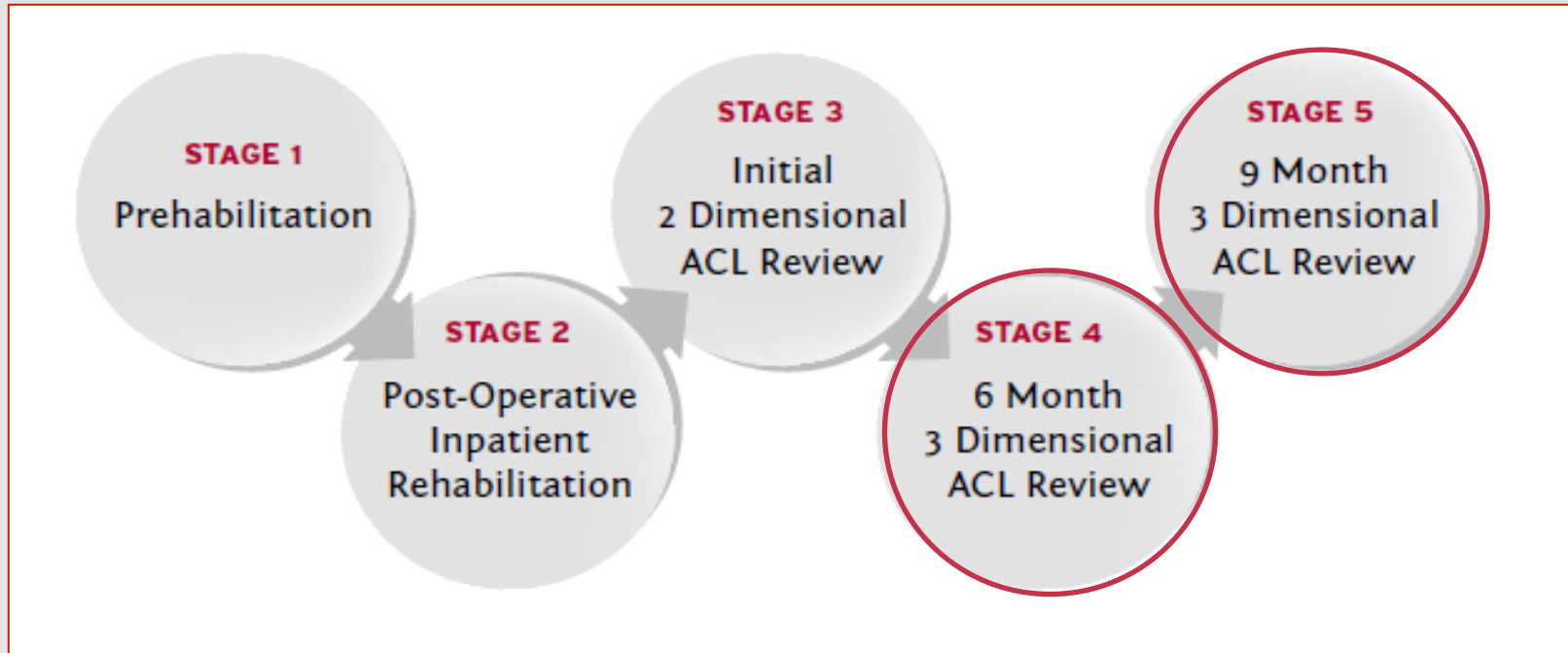
Capturing and evaluating the kinematics (angles) and kinetics (forces) of movement



# ACL Rehab Pathway



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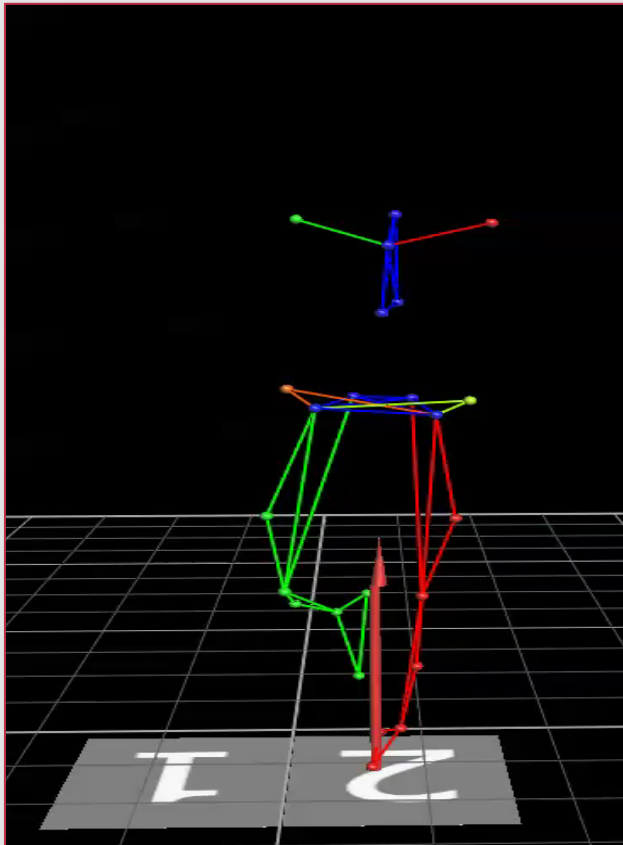


- **3D Testing**
- Isokinetic testing
- Physio review
- Surgeon review

# ACL Testing Battery



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Vertical jump

Jump ability is an important contributor to performance in field sports

(Torres-Unda et al., 2013; Gabbet et al., 2011)

Excellent insight into power output

$r = 0.82$  (Marshall and Moran. 2015)

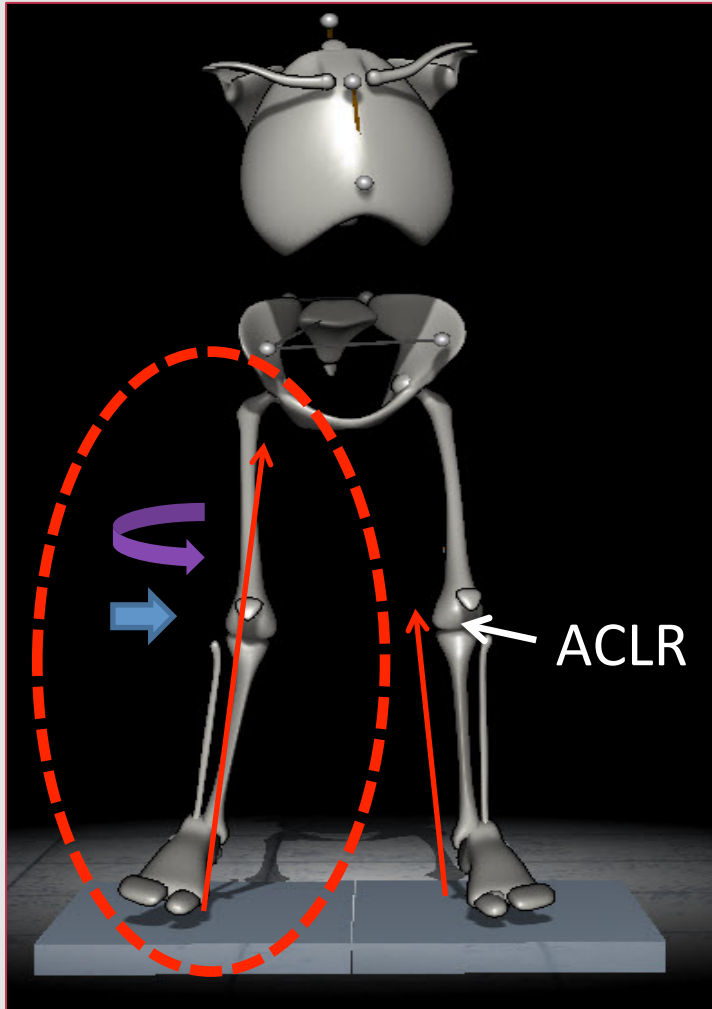
Relationship with jump height

Ankle power:  $r = 0.32$

Knee power:  $r = 0.33$

Hip power:  $r = 0.61$

# Landing – Contralateral injury risk



n = 30, 6 month post ACLR

60% landed with contralateral limb first  
17% involved limb first

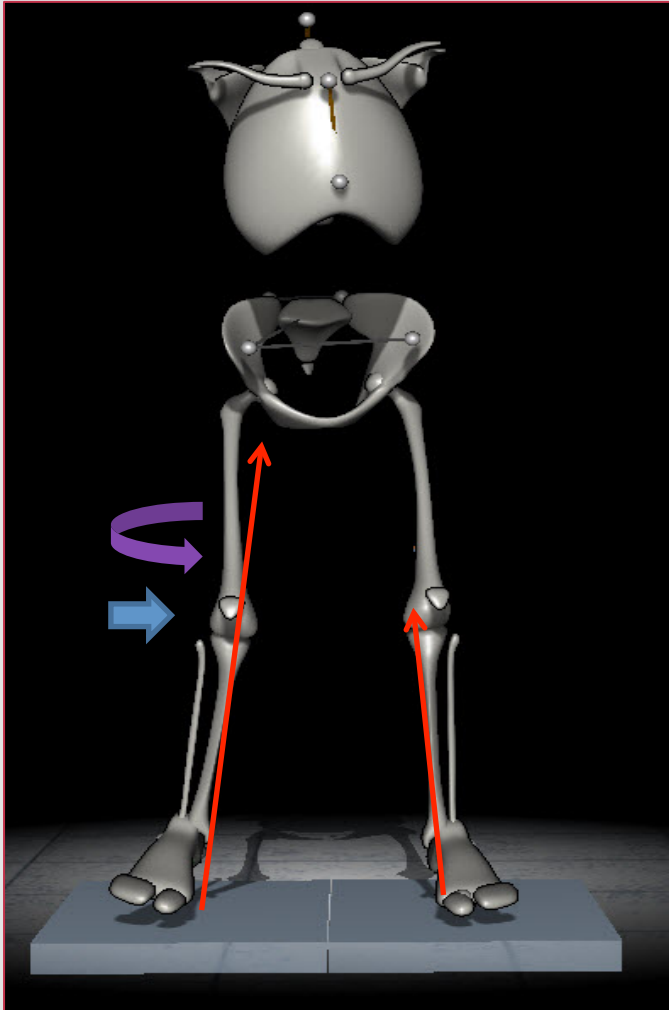
- ↑ Ground Reaction Force 20%
- ↑ Knee valgus angle 90%
- ↑ Knee valgus moment 54%
- ↑ Knee internal rotation 31%

p < 0.05

# Landing – Contralateral injury risk



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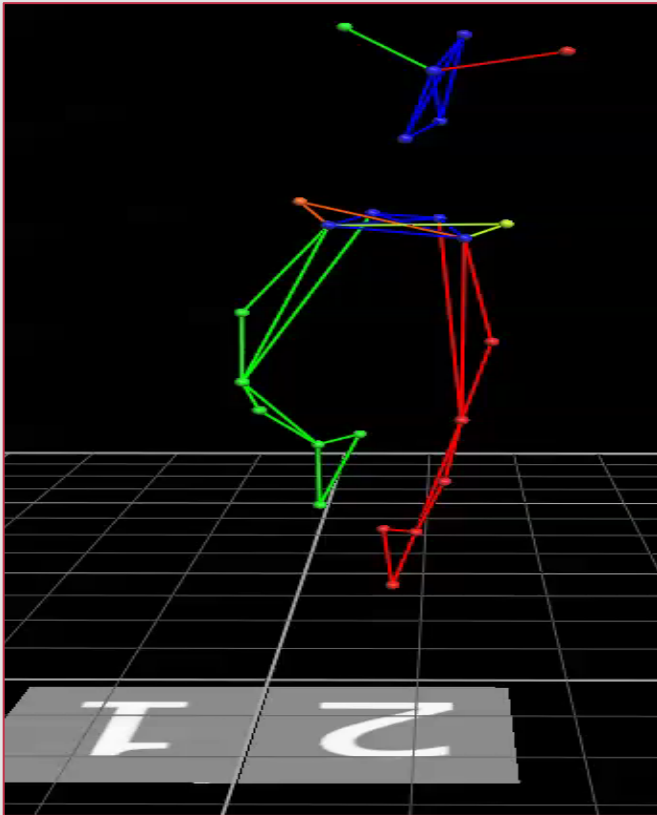


Adapted strategy to 'protect' the operated side, increasing the risk of contralateral injury

Implication:

Don't neglect the contralateral side when rehabilitating

# ACL Testing Battery



Drop landing

Single-legged landings are a common mechanism of ACL injury (Kimura et al., 2012)

Landing technique influences:

ACL loading

Anterior knee pain

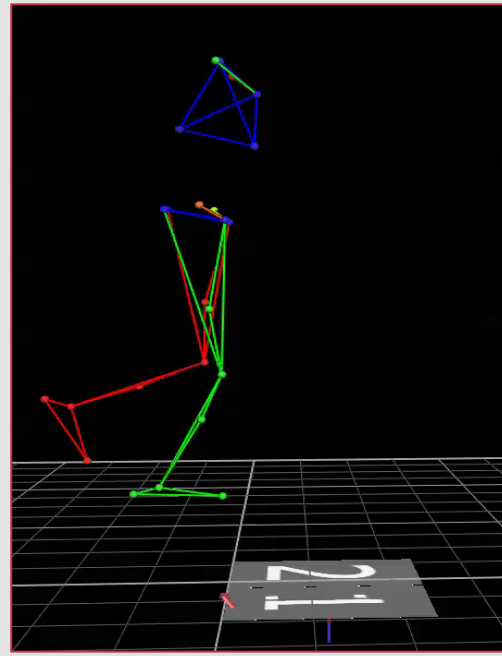
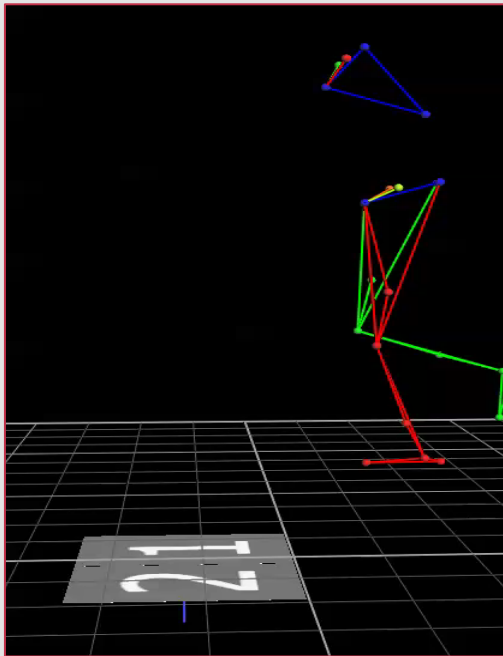
# Landing Technique and ACL Loading



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Laughlin et al. 2011 Journal of Biomechanics

Participants were asked to perform 'stiff' and 'soft' landings



Soft landings:



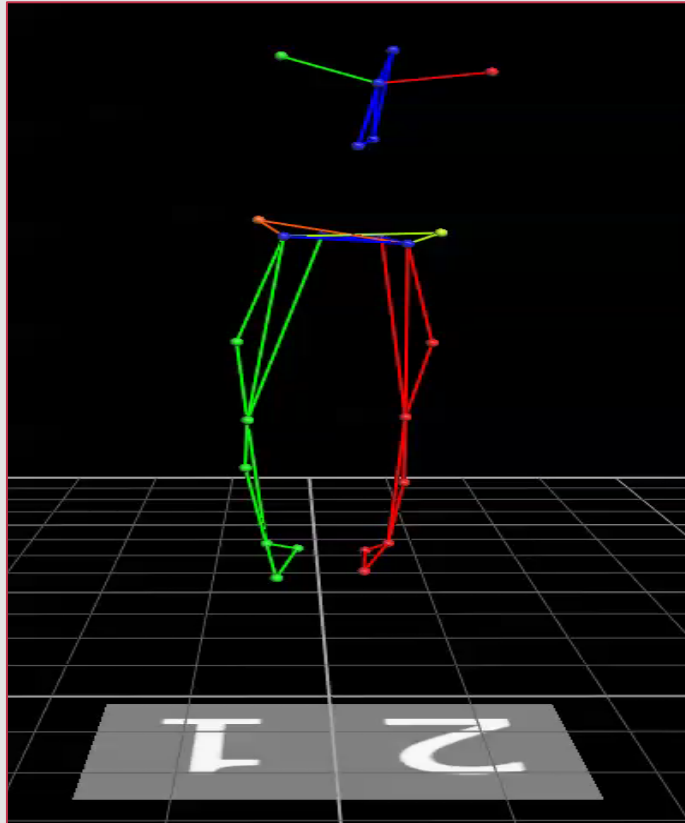
ACL force (11%)



# ACL Testing Battery



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Drop Jump

Knee abduction moment during landing predicts ACL injury risk in female athletes (Myer 2005)

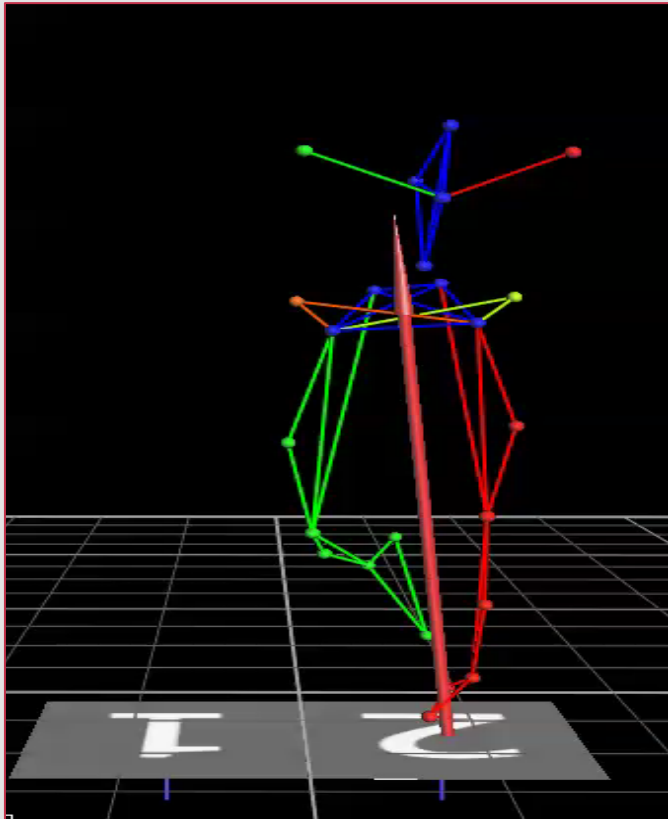
Single and double leg version

Useful as a performance measure

# ACL Testing Battery



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Hurdle Hop

Multi-planar landing activity particularly stressing frontal plane control (Hickey et al. 2009)

Trunk control

Poor neuromuscular control of the trunk a predictor of ACL injury (Zazulak et al. 2007)

Excessive lateral trunk flexion increases knee internal valgus moments during single-leg landing (Kimura et al. 2014)

# ACL Testing Battery



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Maximal Hop

A challenging test with a clear performance outcome

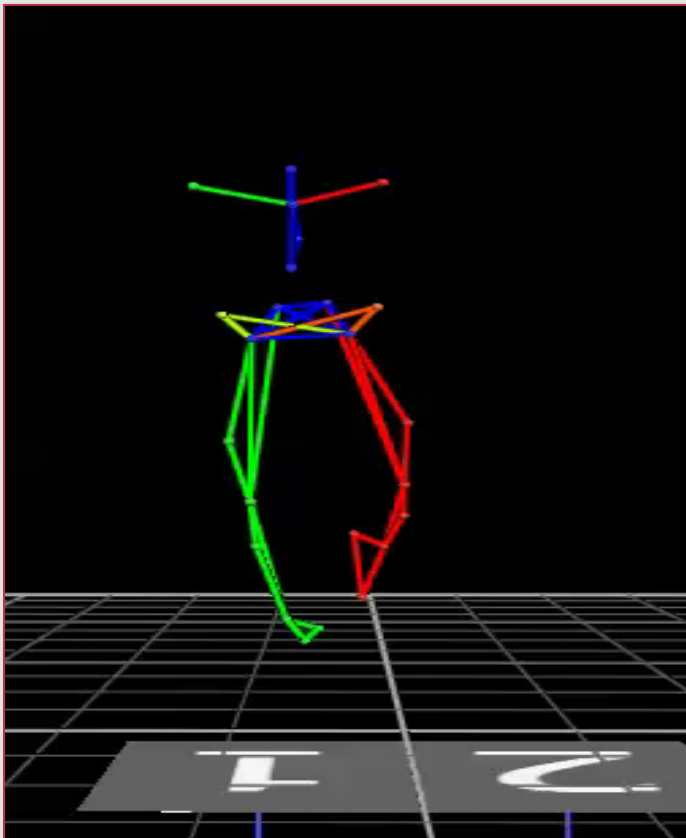
However, quality of movement control is often overlooked

(Paterno et al 2010)

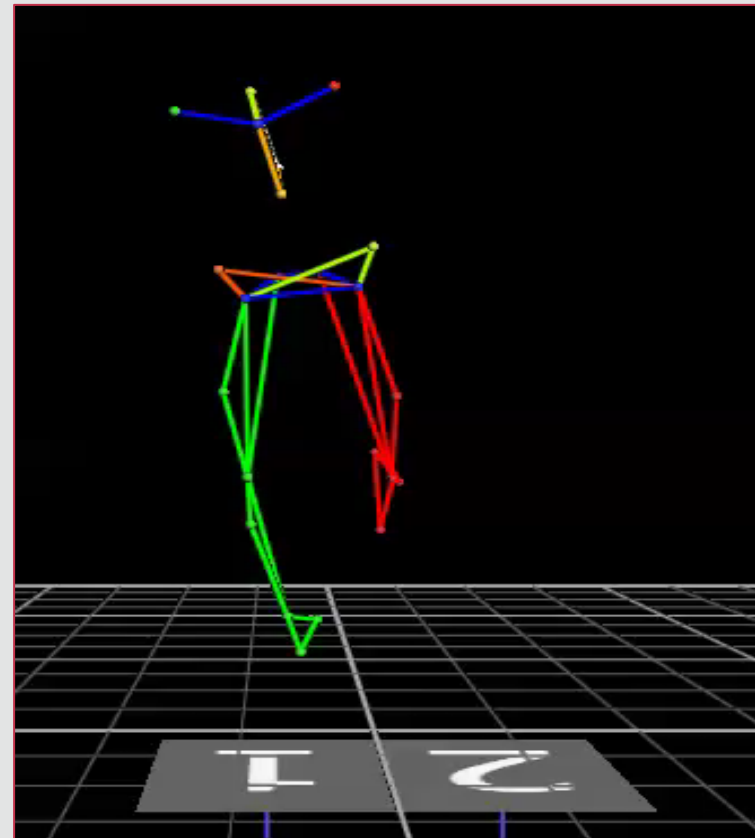
Is movement control distinct from movement performance?

# Hop for Distance Study

- Good control: n = 16



- Poor control: n = 14



# Hop for Distance Study



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No significant ( $P > 0.05$ ) difference in jump distance

<b>Good control (n = 14)</b>	<b>Poor control (n = 16)</b>	<b>Difference</b>
171.3 ± 25.0cm	168.8 ± 23.8cm	2.5cm (P = 0.79)

# Hop for Distance Study



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Power generation and movement control are distinct qualities

## Implication:

Important to assess dynamic movement control as a distinct return to play criteria

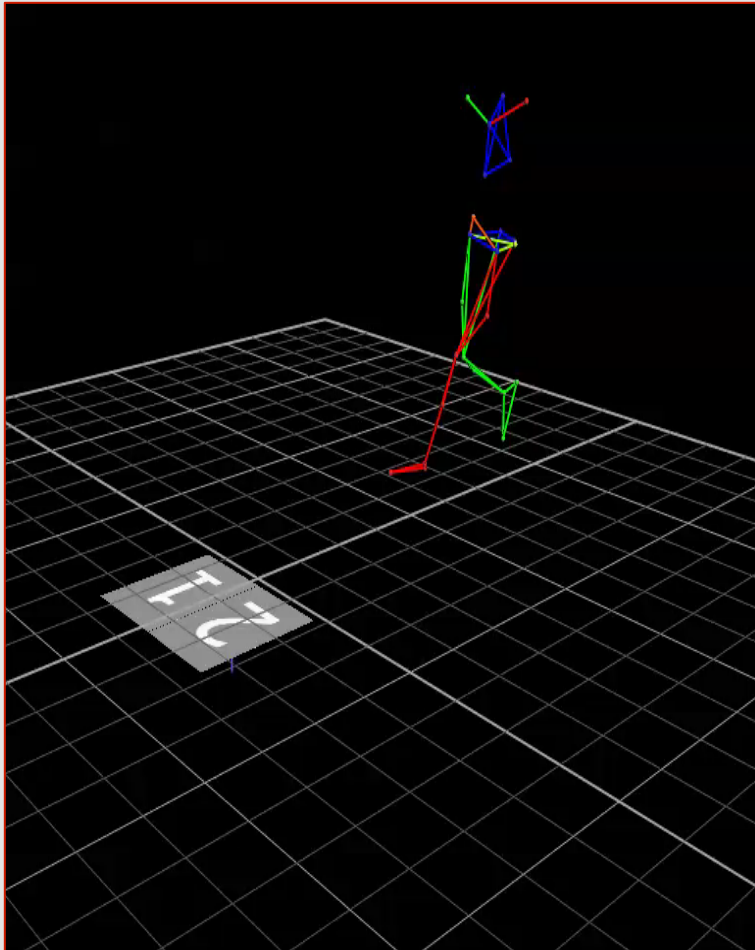
An overreliance on performance outcome may result in a return to play with deficient control and an increased injury risk

(Myer et al 2005, Hewett et al. 2013)

# ACL Testing Battery



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Cut

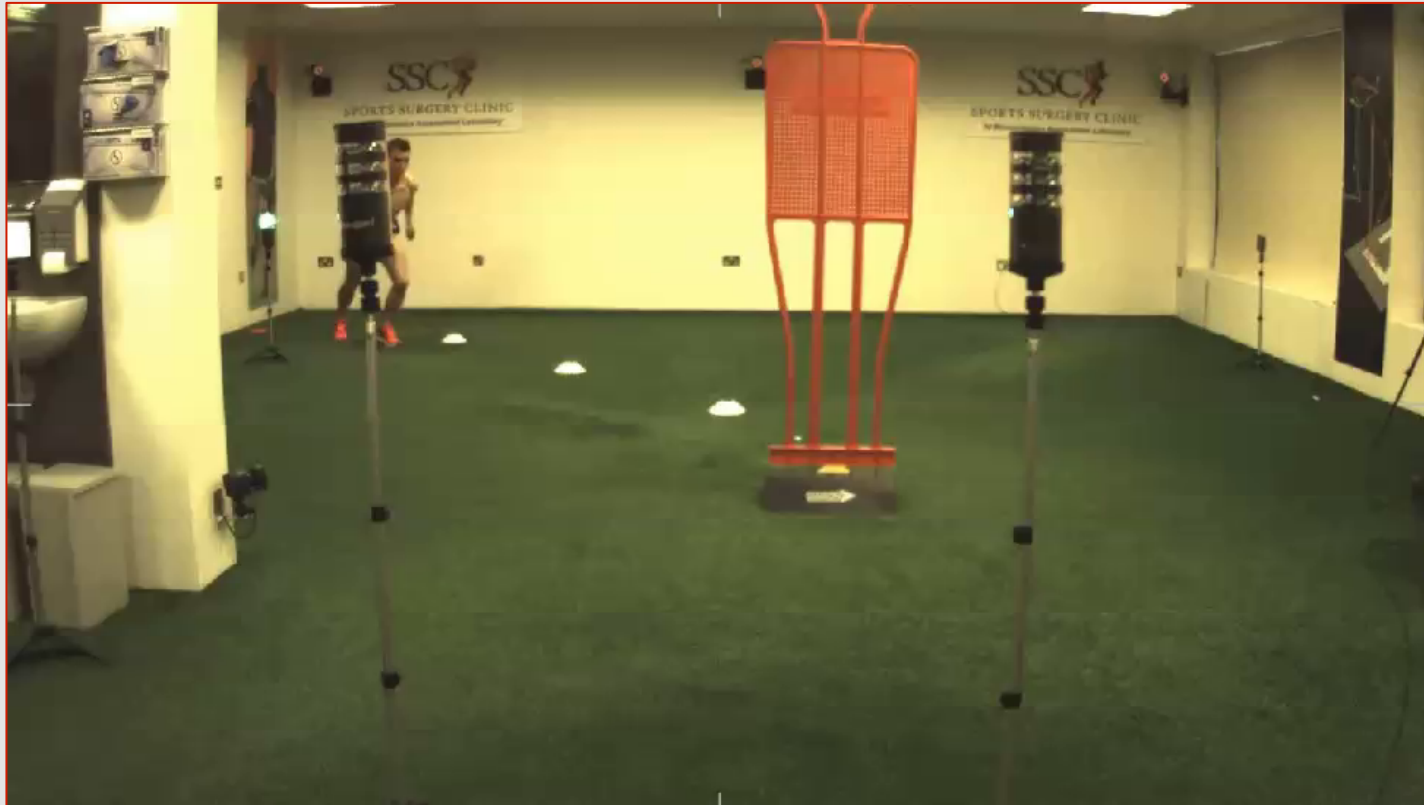
Cutting is a common mechanism of ACL injury (Kristianslund et al. 2013)

Lee et al. (2014) - ACLR patients exhibited greater knee abductor and internal rotator moments

# ACL Testing Battery



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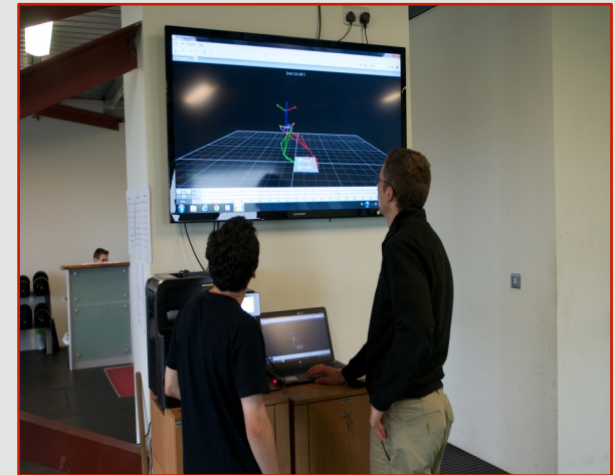
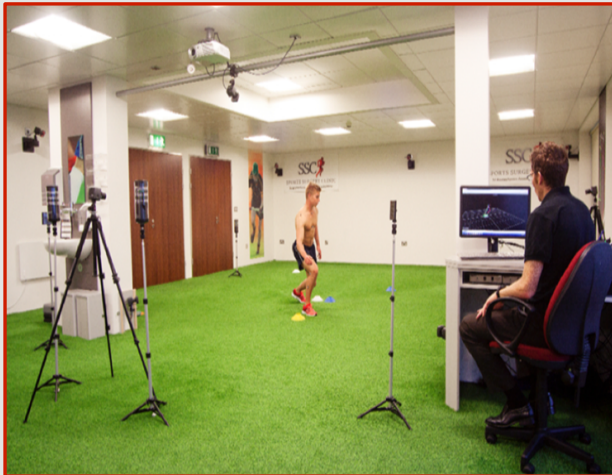
Movement in response to a sudden stimulus may elicit different and more sport specific movement patterns (O'Connor et al. 2009)



# 6 and 9 Month Testing



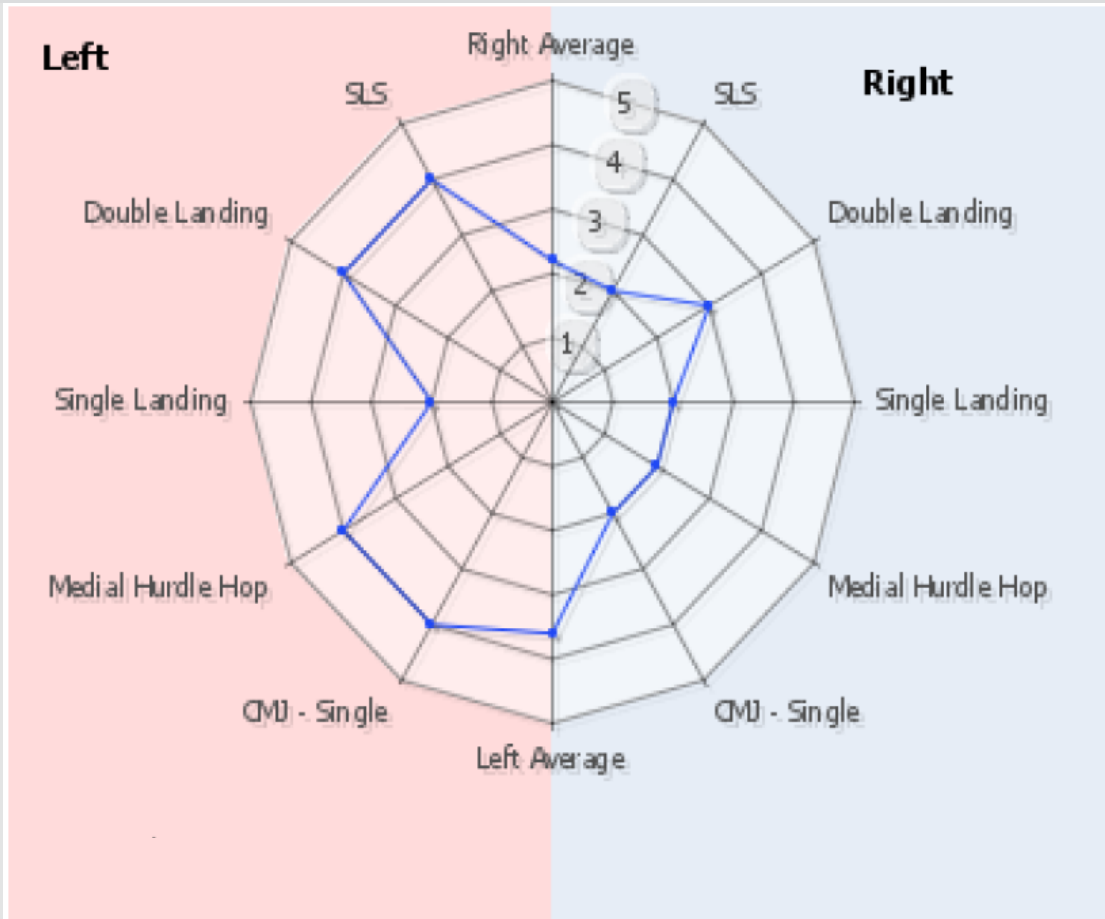
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# 6 and 9 Month Testing



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Power	CMJ (Height) (CM)			
	Double	Left	Right	LSI
3 Months	0	16	8	52

Strength	Isokinetic - Quad (Nm)				
	Left	% BW	Right	% BW	LSI
3 Months	201	218	87	95	43

ROM	Extension (Degrees)		
	Left	Right	Difference
3 Months	15	8	-7

# ACLR Rehabilitation

ACLR Periodisation

Year	ACLR Periodisation																																											
Block	Block 1				Block 2				Block 3				Block 4				Block 5				Block 6				Block 7				Block 8				Block 9											
Weeks	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36								
Phase Theme	Movement								Strength								Strength - Power - Mechanics												Power & Specific Conditioning															
Overview	Range - Movement - Neuromuscular Control								Movement - Hypertrophy - Upper Limb								Hypertrophy - Linear Mechanics				Strength - Linear Progression - Conditioning				Strength Progression - Power - Multi Direction - Conditioning Progression				Strength & Power Progress - Multi Progression - Conditioning Progression				Power - Multi & Linear - High Intensity Conditioning				Sport Specific Training & Conditioning							
Periodisation Overview	Linear																																											
Periodisation Strength	Reverse Linear																																											
Description	Relative Ret Model: Build Volume Through Sets																																											
Volume	3x6	2x6	2x6	3x8	3x8	3x8	3x6	4x6	5x6	3x20	3x12	3x20	4x20	3x8	3x20	3x12	3x20	3x8	3x6	3x6	3x6	4x6	4x5	5x5	5x5	3x5	3x8	3x20	3x12	3x20	3x8	3x6	4x6	4x6	3x5	4x5	3x5	3x5						
Intensity	L	L	L	L	L	L	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M				
Lifts Per Week	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5				
Strength Phase	Movement				Movement				Anatomical Adaptation Upper Limb Horizontal				Strength Foundation Upper Limb Vertical				Development				Accumulation				Introduction				Power				Power											
Strength Testing									Movement Competencies & Anatomical Adapt								Movement Competencies & Hypertrophy				SRM (WK 20)				SRM & Power Tests (WK 24)				SRM (WK 28)				Power Tests (WK 32)				Power Tests (WK 36)							
Strength Themes	Strength Themes																																											
Range of Motion	H				H				M				L				M				L				M				L				M				L							
Neuromuscular Control	H				H				M				H				M				H				M				H				M				H							
Hypertrophy									H								M				H				M				H				M				H							
Strength									L								M				H				M				H				M				H							
Power									L								M				H				M				H				M				H							
Running Mechanics	Running Mechanics																																											
Linear	M				M				M				M				M				M				M				M				M				M				M			
Multi-Direction	M				M				M				M				M				M				M				M				M				M				M			
Conditioning Testing									L								M				H				M				H				M				H							
Conditioning	Conditioning																																											
Skills	M																																											
Running	M																																											
Bike	M																																											
Strength/Power & Bike	3				3				3-1				3-1				3-2				3-2				3-2				3				3				3							
Run Mechanics & Conditioning	2																																											
Notes	Movement Competency Established - Pain Free Range of Motion				Jump Land Added - Movement Competency, Single Leg Control & Hip Strategy				Bike Program Added - Jump Land Moving from Double Leg to Single Leg				Linear Drills Added - Hypertrophy Strength - Bike Conditioning Increases Power Competencies Build				Drills & Technique Focusing on Track - Light Skills - Strength Development <15% L v R Differences				Run Conditioning - Multi-Direction Added - Strength Accumulate <5% L v R Differences				Bilateral Strength Excellent 0% L v R Differences - Loaded Speed Strength - Interval Conditioning				High Intensity Running - Power Strength Emphasis - Multi-Direction Development				Mix of Strength & Power - Sports Specific Conditioning & Training -											

3 Months Review (20)

6 Months Review (20)

9 Months Review (20)

# ACLR Rehabilitation



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## Training Blocks 1-3

Strength Testing			Movement Competancies & Anatomical Adapt
Strength Themes	Strength Themes		
Range of Motion	H	H	M
Neuromuscular Control	H	H	M
Hypertrophy			M
Strength			
Power		L Jump-Land / Reactive	L Jump-Land / Reactive

Sample training exercises:

balance (eyes closed), goblet squat (high box), below knee dead lift

# ACLR Rehabilitation



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## Training Blocks 4-6

Strength Testing	Movement Competancies & Hypertrophy	8RM (WK 20)	5RM & Power Tests (WK 24)
Strength Themes	Strength Themes		
Range of Motion	L		
Neuromuscular Control	M	L	L
Hypertrophy	H	M	
Strength		H	H
Power	L Jump-Land / Reactive	L Jump-Land / Reactive	M Reactive & Speed Strength Transition

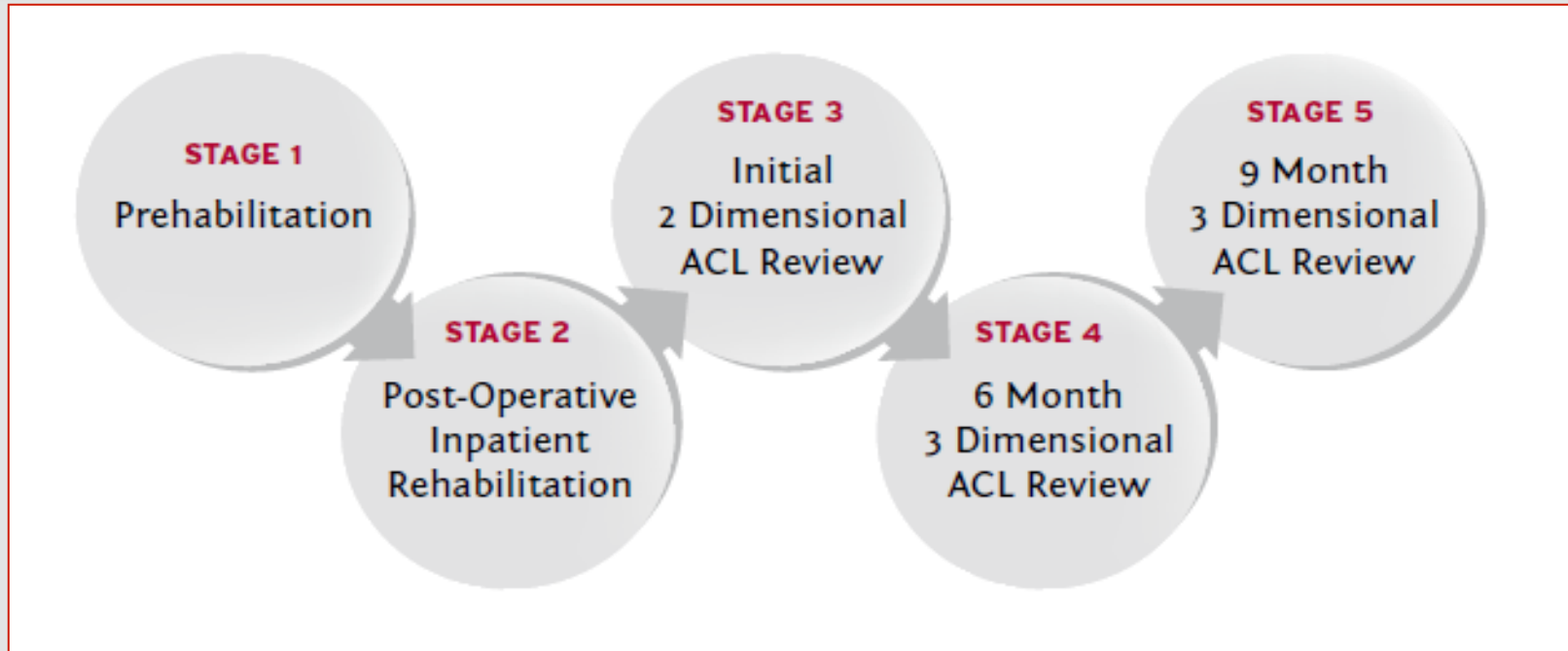
Sample training exercises:

Leg press, front squat, box jump (hold), single leg rebound jumps

# ACL Rehab Pathway



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Efficient return to chosen sport

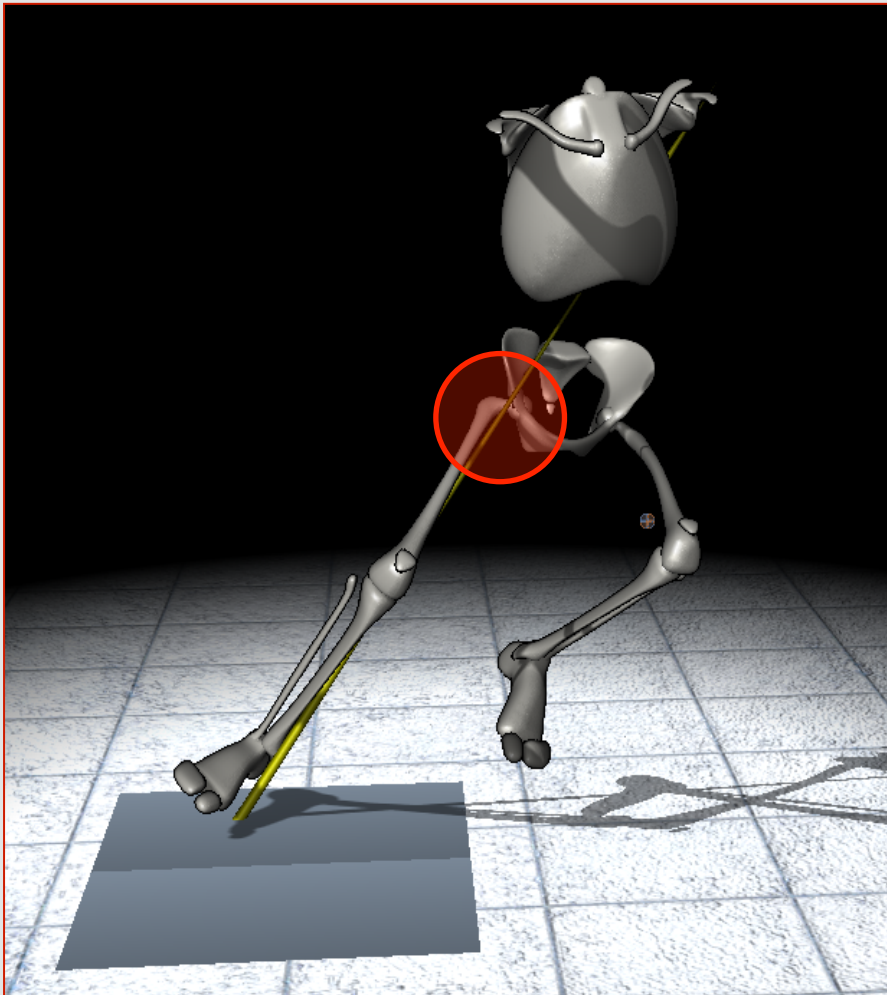
Symptom free return to performance

Reduce the risk of re-injury

# 3D Motion Capture and Groin Pain Rehabilitation



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## Overview

- Background
- SSC testing battery
- Research findings

# Epidemiology



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10%

of all attendees at sports medicine practises (Ryan et al., 2014)

24%

of academy gaelic footballers (Glasgow ., 2011)

8-18%

of all football injuries (Hölmich, 1998)

445 days

average duration of symptoms before attending  
SSC groin clinic

Behind only fracture and joint reconstruction in lost playing time

(Brooks 2005)



# Biomechanical factors



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disturbed stabilisation of the hip and pelvis

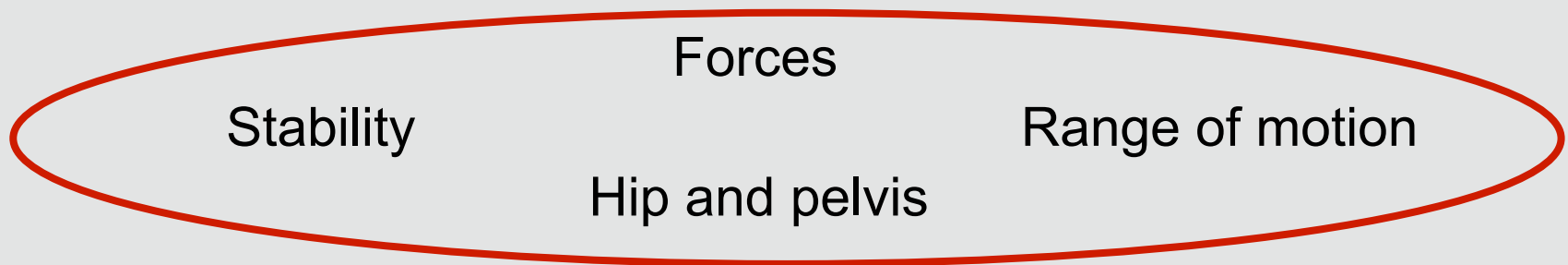
(Holmich 1999; Cowan 2004)

abnormal distribution of forces in the region  
complex aetiology

(Pizzari 2008; Rabe 2010)

restricted hip range of motion

(Verrall 2005a; Verrall 2007a)



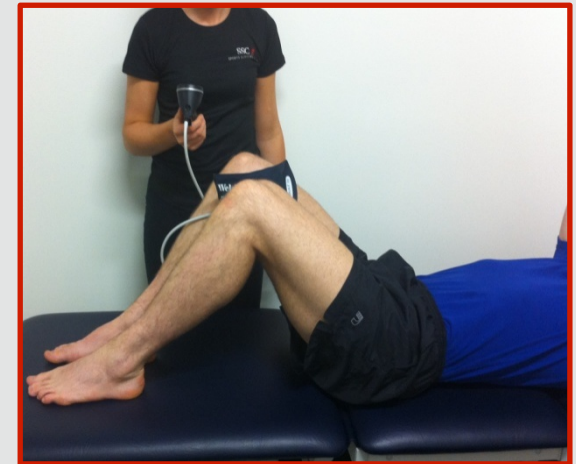
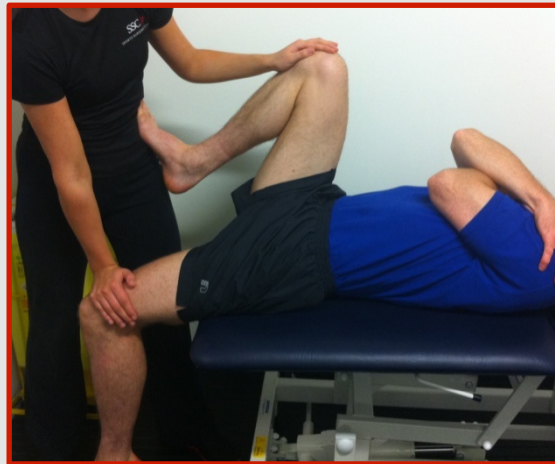
# Cutting

## Rapid change-of-direction/cutting associated with groin injury

(Holmich et al. 2014)



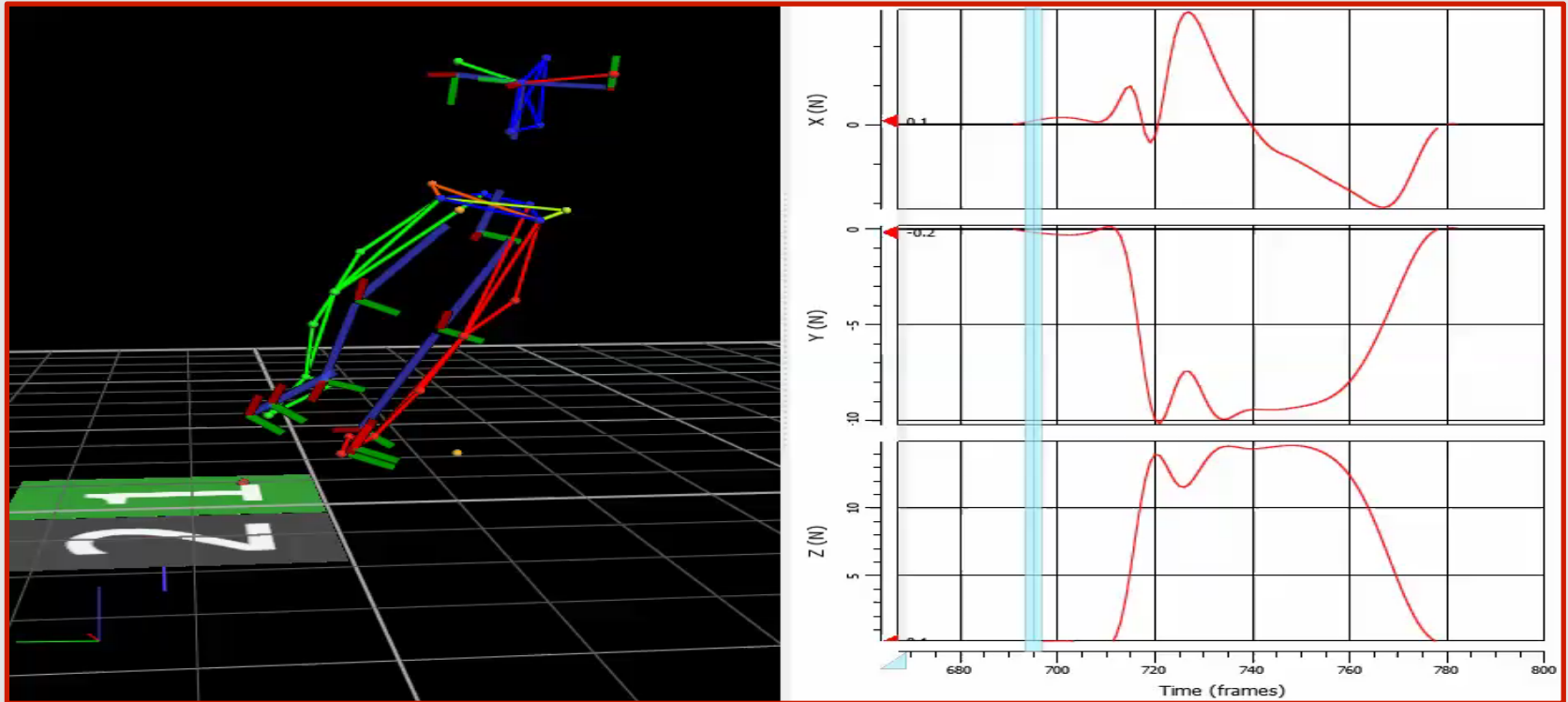
## Traditional groin pain assesment:



**Lack of Specificity**

# Biomechanical factors associated with time to complete a change of direction cutting maneuver.

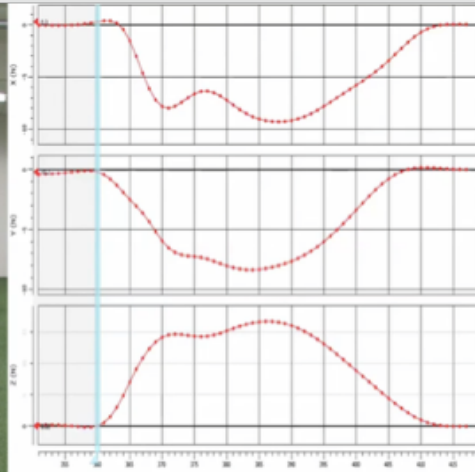
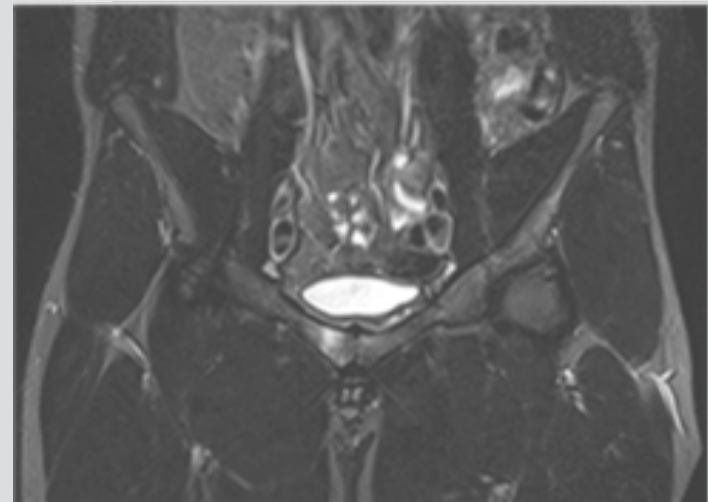
Marshall BM<sup>1</sup>, Franklyn-Miller AD, King EA, Moran KA, Strike SC, Falvey EC.



# SSC – Groin Clinic



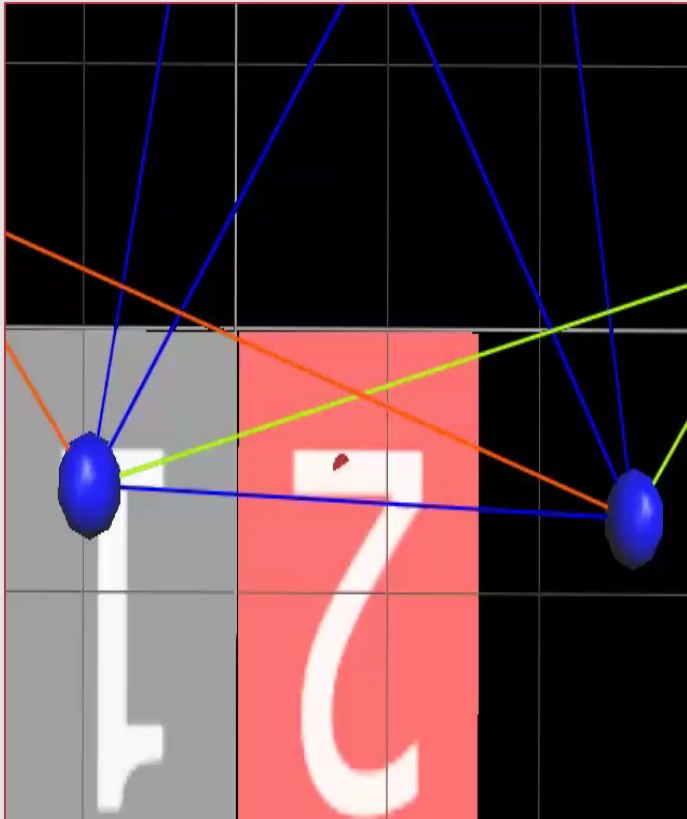
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# Groin Testing Battery



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Examination of function in a predominantly sagittal plane movement

Lumbopelvic control

Drop landing

# Example Rehab Exercise



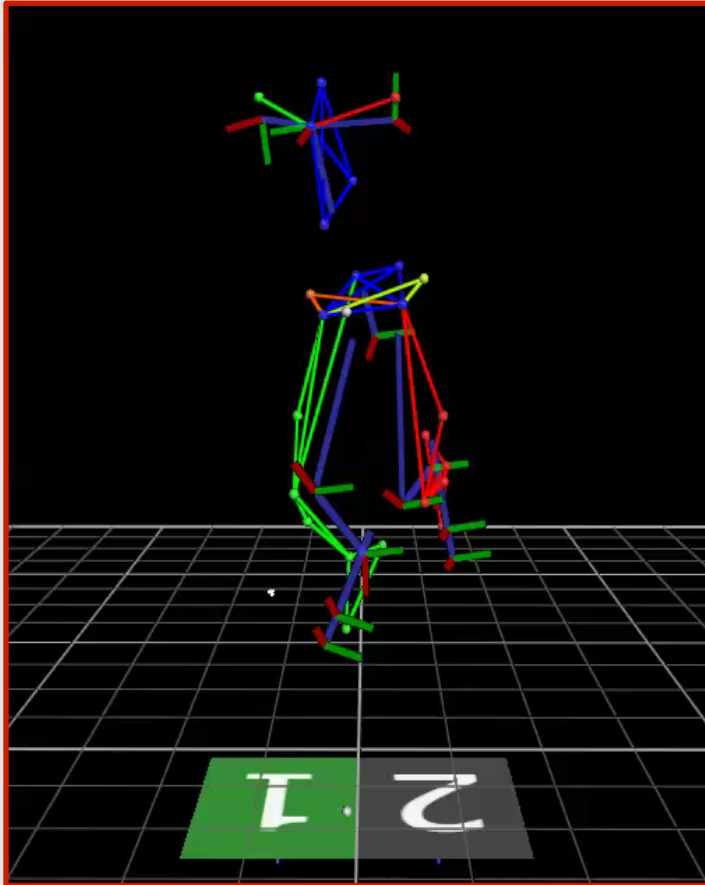
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# Groin Testing Battery



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Hurdle Hop

Multi-planar landing activity particularly stressing frontal plane function (Hickey et al. 2009)

More excessive lateral trunk flexion influences frontal plane moments at more distal joints (Kimura et al. 2014)



# Example Rehab Exercise



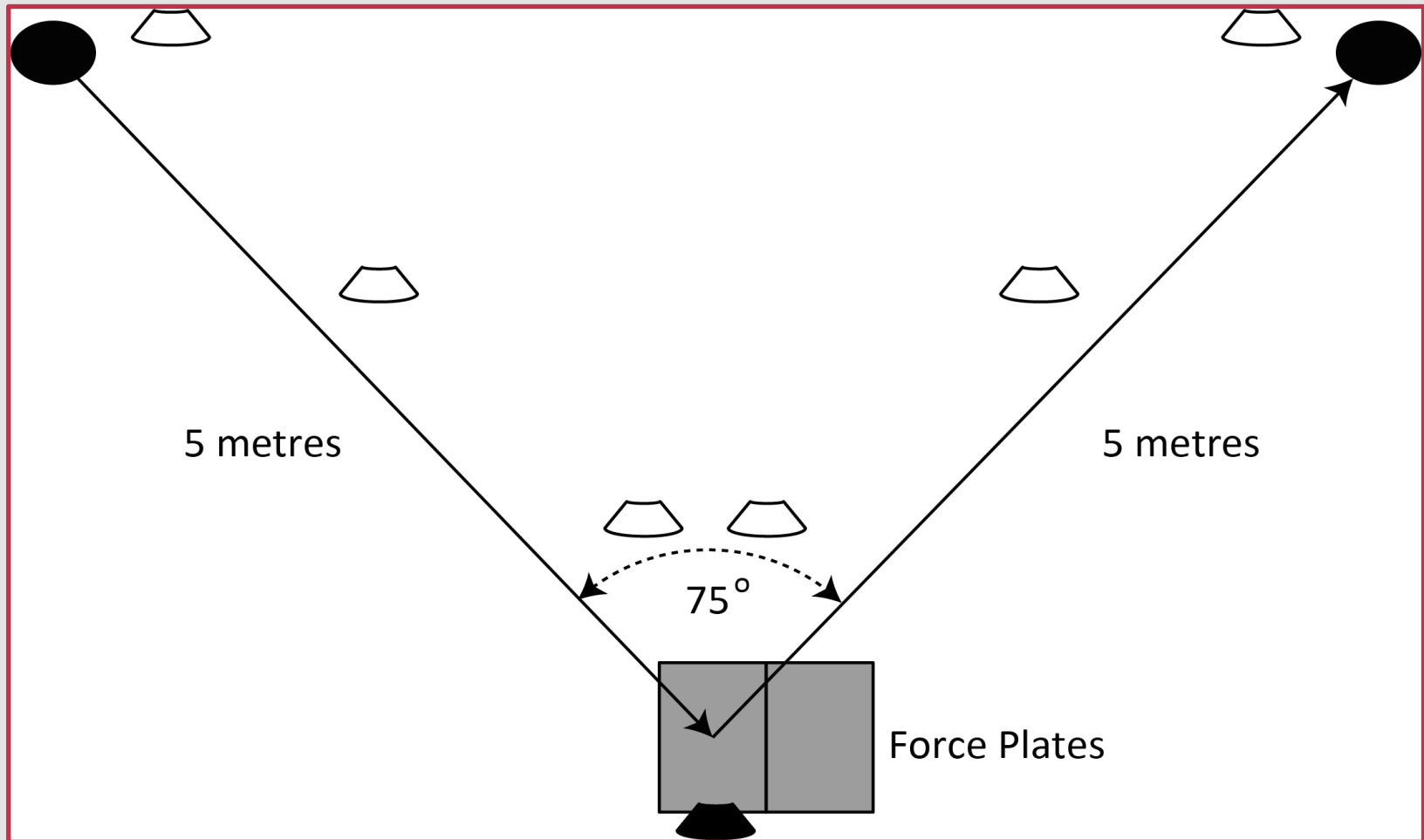
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# Groin Testing Battery - Cut



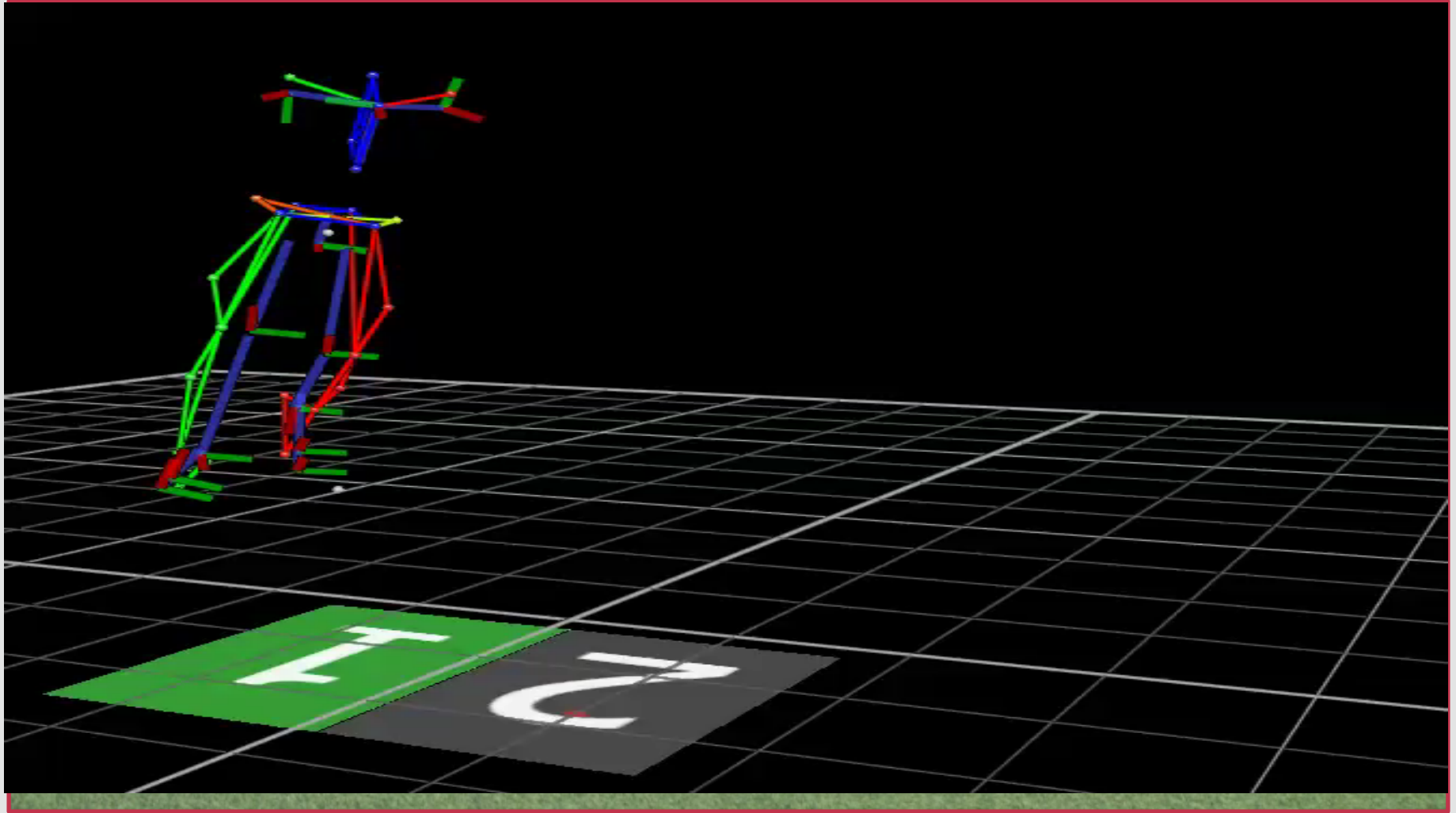
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# Groin Testing Battery - Cutting



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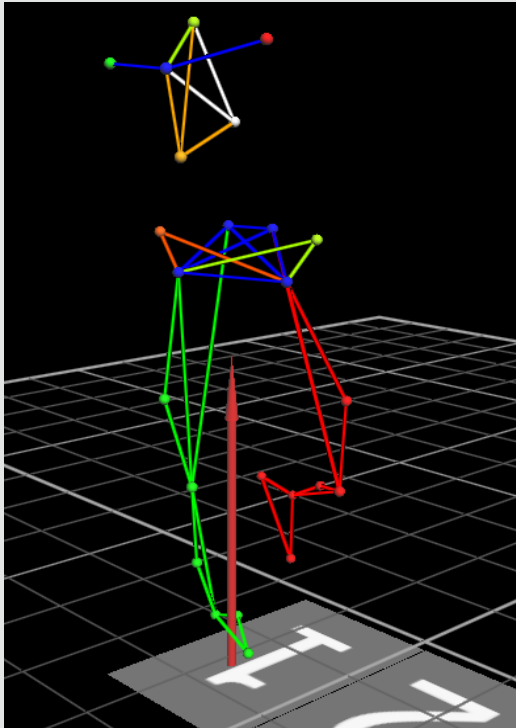


# Toward a Biomechanical Diagnosis



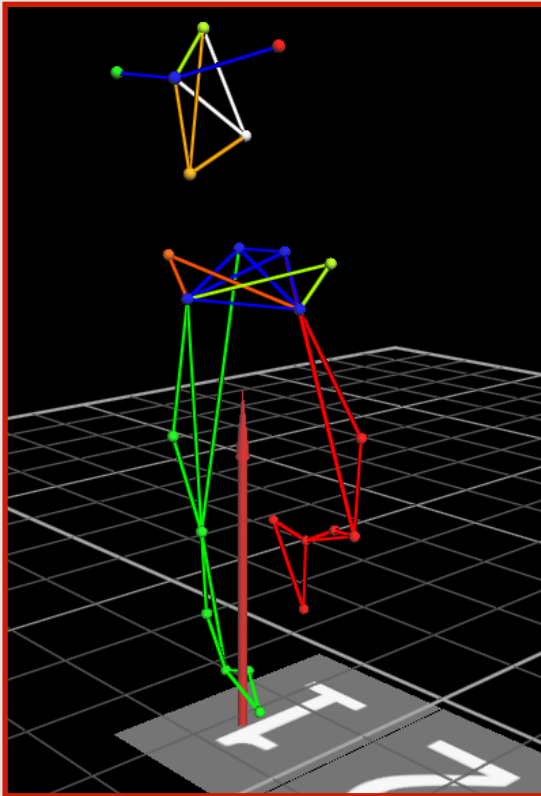
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## Cluster 1 (40%)



Trunk external rotation  
Hip internal rotation  
Hip flexion

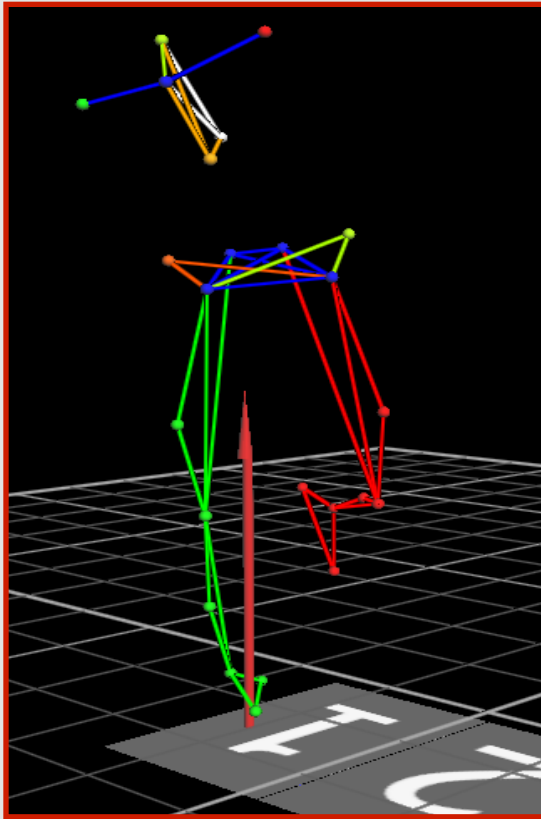
## Cluster 1



Hip internal rotation, hip flexion

- associated with an increase in pubic symphyseal motion (Birmingham et al 2012)
- associated with femeroacetabular impingement particularly in the presence of abnormal hip morphology

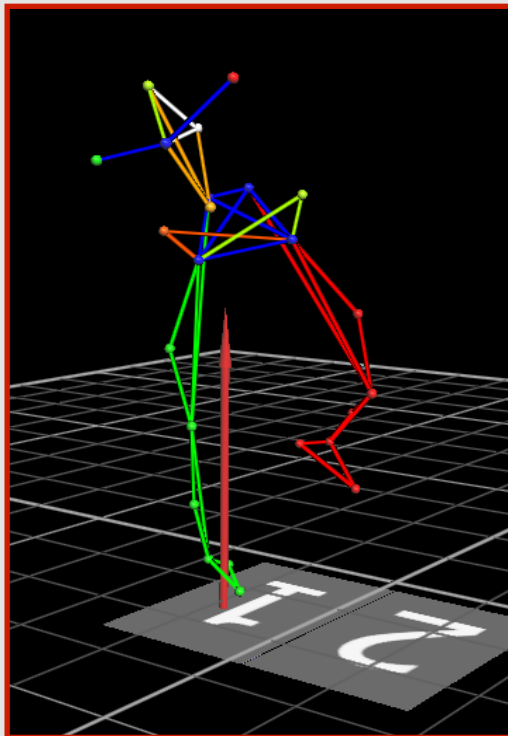
## Cluster 2



↑ Hip abduction and trunk side flexion

- Dynamic hip abduction controlled by eccentric action of the adductors

## Cluster 3

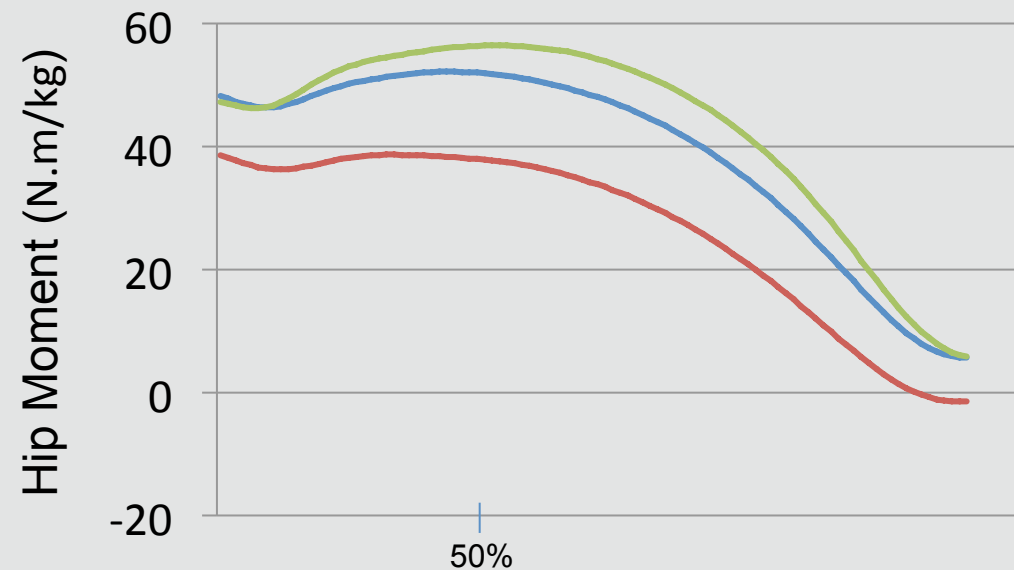


Trunk flexion, as well as



Hip abduction and trunk side flexion

Due to a reduced posterior chain utilisation/  
capacity?



# Toward a Biomechanical Diagnosis



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- 3 distinct movement patterns identified – biomechanical diagnoses
- 3D assessment provides additional information to tailor rehabilitation



# Groin Testing Battery - Indecision



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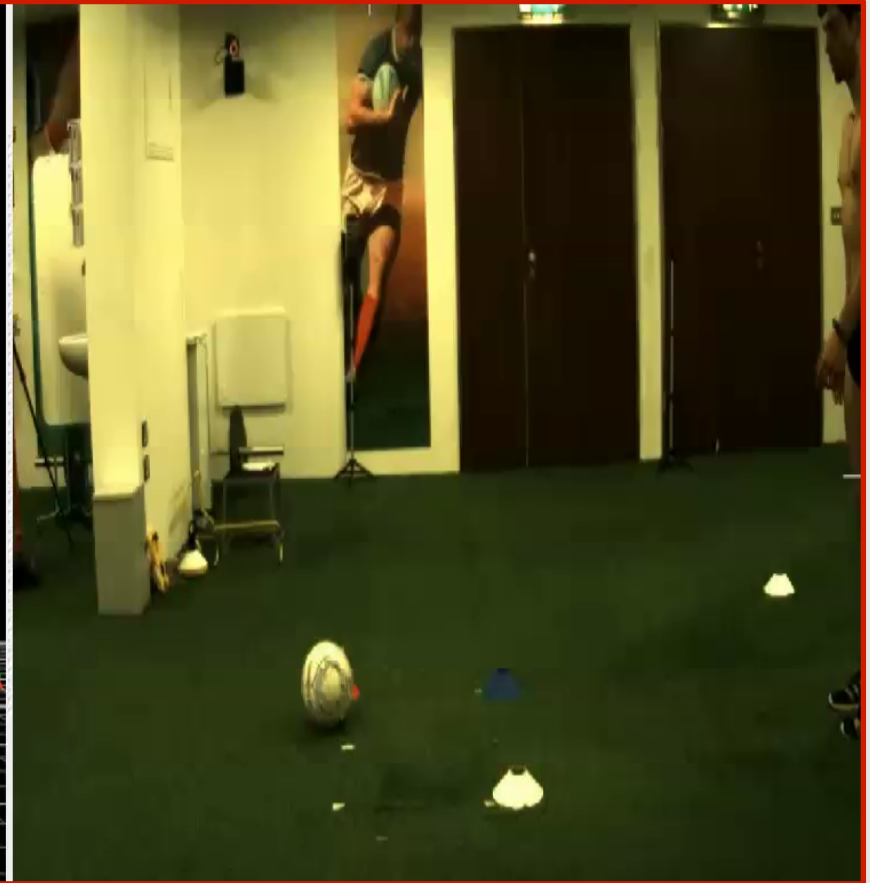
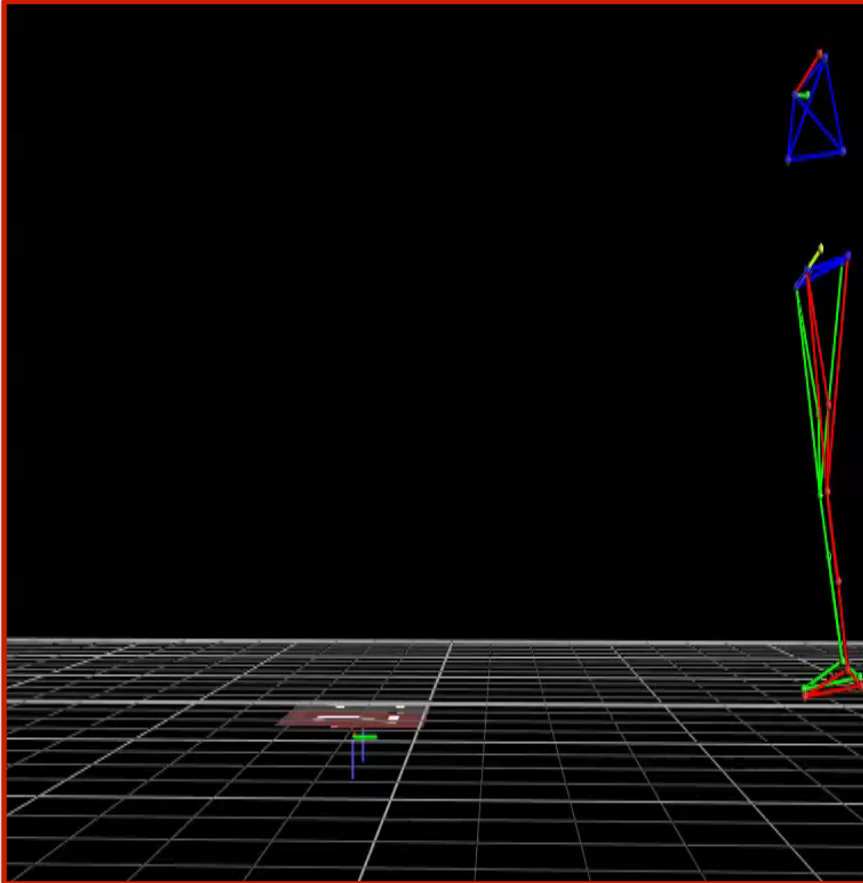


Movement in response to a sudden stimulus may elicit different and more sport specific movement patterns (O'Connor et al. 2009)

# Groin Testing Battery - Kicking



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# Rehabilitation



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Level 1 – Lumbopelvic Control and Strength

Level 2 – Power and Linear Running

Level 3 – Multidirectional and Sports specific

# Rehabilitation – Dead Lift



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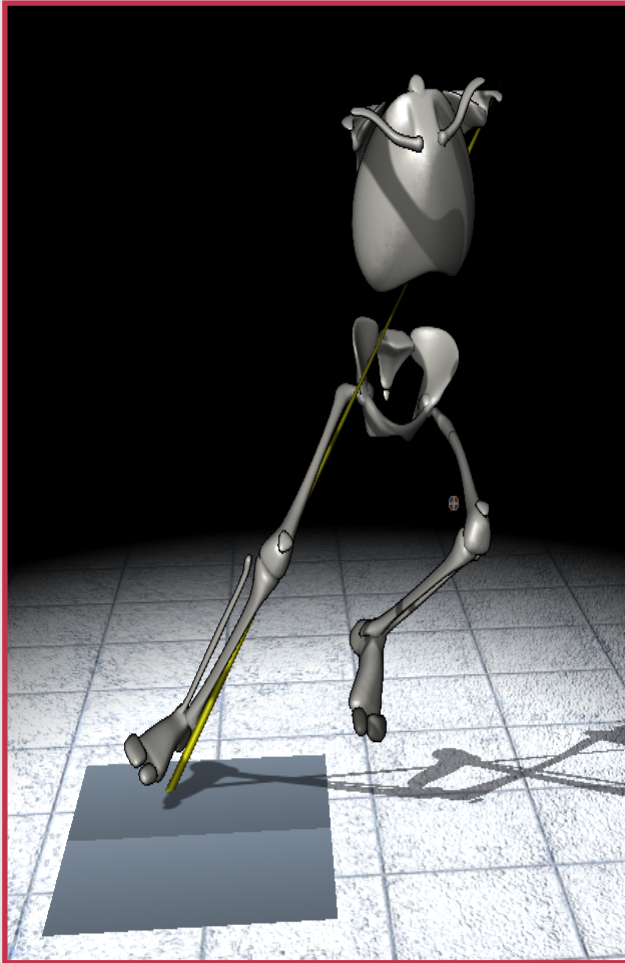
# Rehabilitation



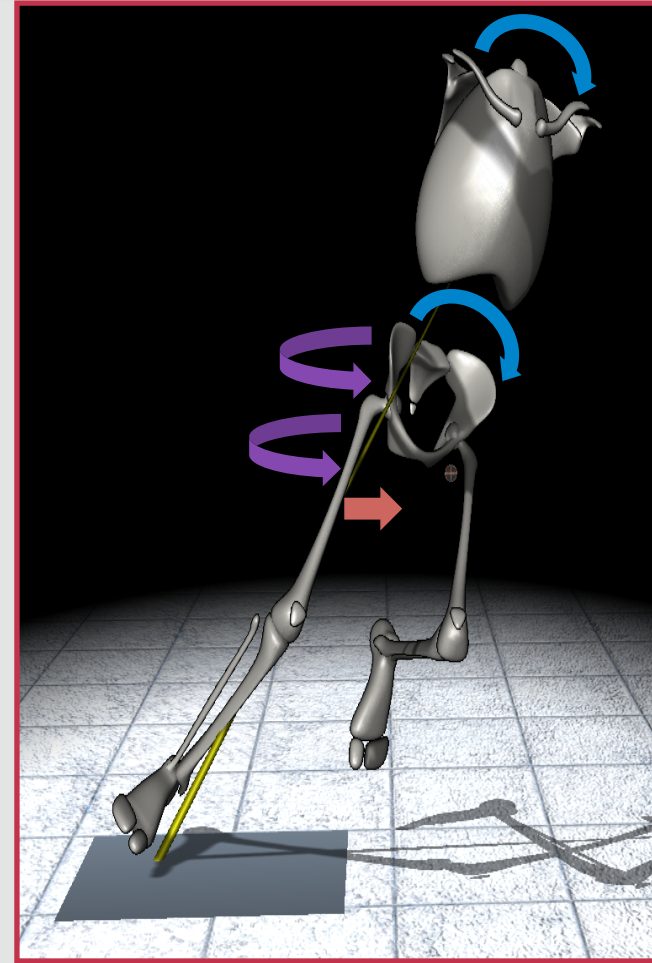
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# Post Rehab Changes



Pre Rehab

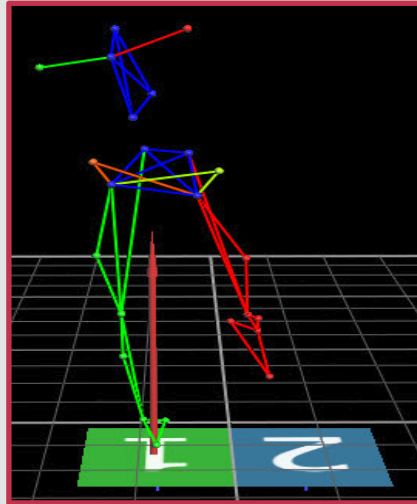


Post Rehab

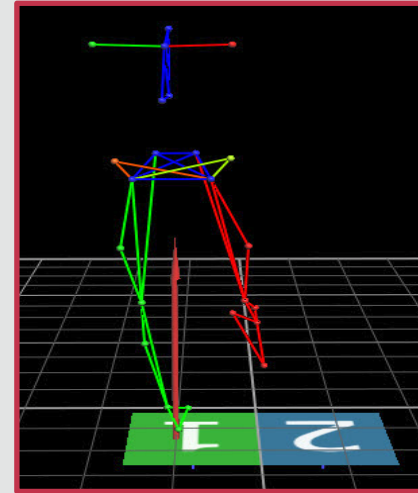
# Frontal Plane Kinematics Post Rehab



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Pre- Rehab



Post- Rehab

	Pre-rehab (Mean ± SD)	Post-rehab (Mean ± SD)	Significance (p-value)
Frontal plane ROM (°)*	58.1 ± 20.7	53.1 ± 15.6	0.03

\* Composite of thorax, pelvis, hip, knee and ankle

# Conclusion



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Poor control of the hip and pelvis, and an abnormal distribution of forces in the region, are associated with AGP (Almeida 2013, Cowan 2004, Holmich 1999)

3D analysis assists diagnosis and rehabilitation

Testing battery selected to ensure:

**Efficient return to chosen sport**

**Enhance performance**

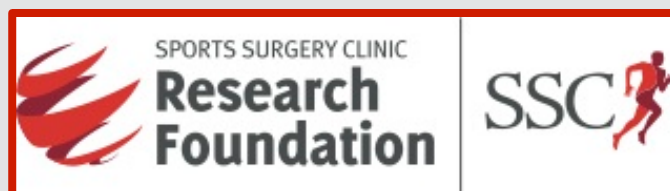
**Reduce the risk of re-injury**



# Acknowledgements



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Dr Éanna Falvey, Dr Andy Franklyn-Miller, Enda King,  
Dr Kieran Moran, Dr Chris Richter, Dr Siobhán Strike, Shane Gore



@benny\_marshall

@SSCSantry

# Isokinetic Strength Testing



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Isokinetic Testing

Athletes have demonstrated muscle strength deficits up to 2 yrs post surgery which is a risk factor for further injury (Aune, et al 2000; Bowerman et al. 2006)

Oberlander (2013) – ACLR patients compensated for knee strength deficiencies by using a more flexed trunk on landing

# Systematic Review – BJSM 2015



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## Key findings:

No clear standardised strength evaluation protocol following ACLR

No consensus on an appropriate RTS strength criteria following ACLR

Proposed protocol :

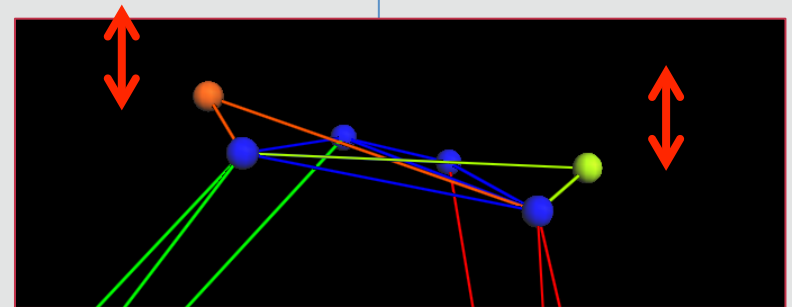
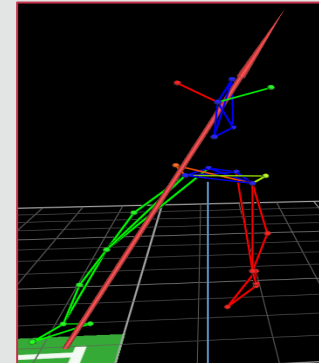
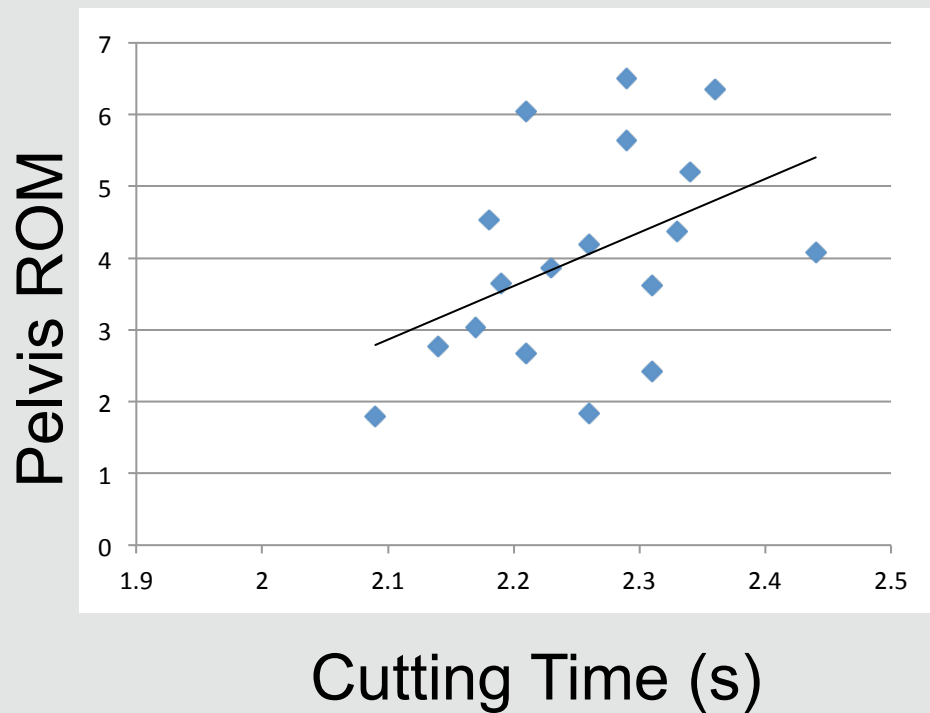
5 reps of concentric knee extension and flexion at 60°/s.

# Marshall, Franklyn-Miller, Moran, Strike, King & Falvey. JSCR, 2014



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## Pelvis frontal plane ROM (Ecc phase)



# ACLR Rehabilitation



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## Training Blocks 7-9

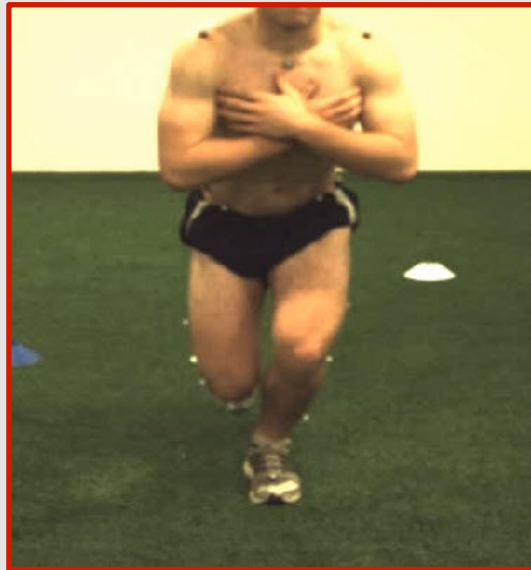
Strength Testing	3RM (WK 28)	Power Tests (WK 32)	Power Tests (WK 36)
Strength Themes	Strength Themes		
Range of Motion			
Neuromuscular Control	L	L	L
Hypertrophy			
Strength	M	M	M
Power	M Reactive + Speed Strength Loaded	H Reactive, Speed Strength Loaded & Transfer	H Reactive, Speed Strength Loaded, Transfer & Sport Specific

Sample training exercises:

Step up, nordics, jump squat, RDL, broad jumps, drop jumps

# Single Leg Squat

The single leg squat (SLS) is a common test used to assess neuromuscular control (Chmielewski et al. 2007)

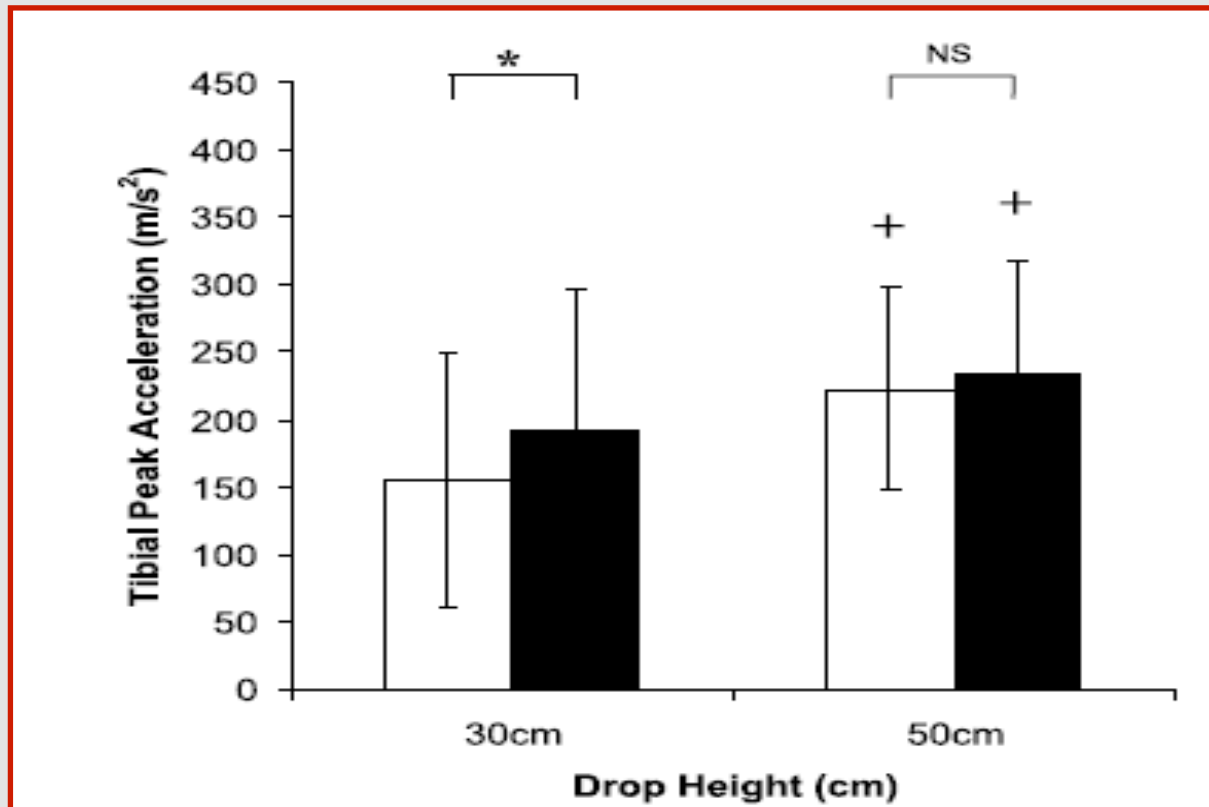


# Effect of Fatigue

Med Sci Sports Exerc. 2006 Oct;38(10):1836-42.

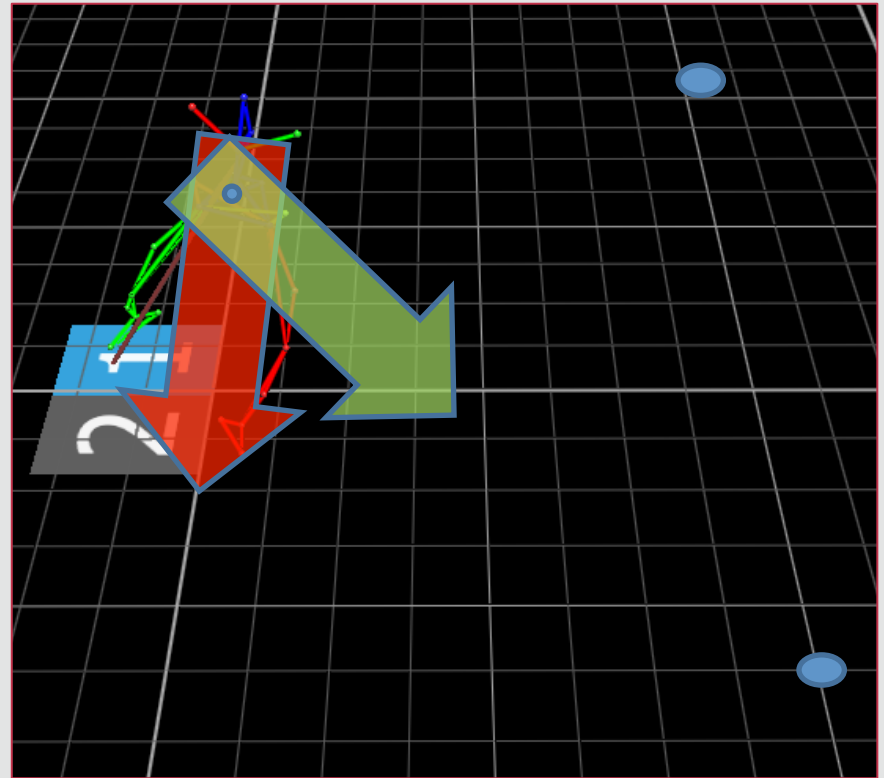
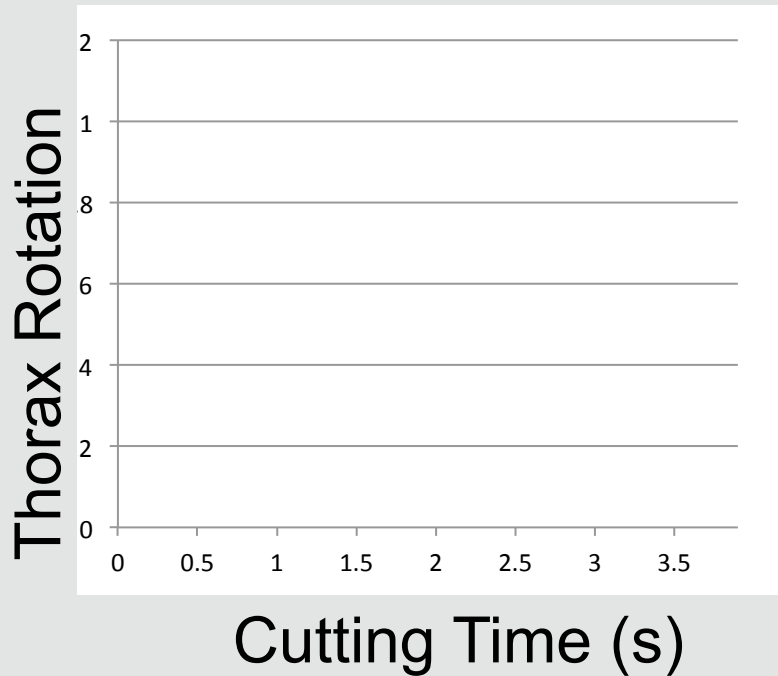
Effect of fatigue on tibial impact accelerations and knee kinematics in drop jumps.

Moran KA<sup>1</sup>, Marshall BM.



# Marshall, Franklyn-Miller, Moran, Strike, King & Falvey. JSCR, 2014

## Peak thorax rotation





# Rehabilitation – Linear Running



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# Rehabilitation



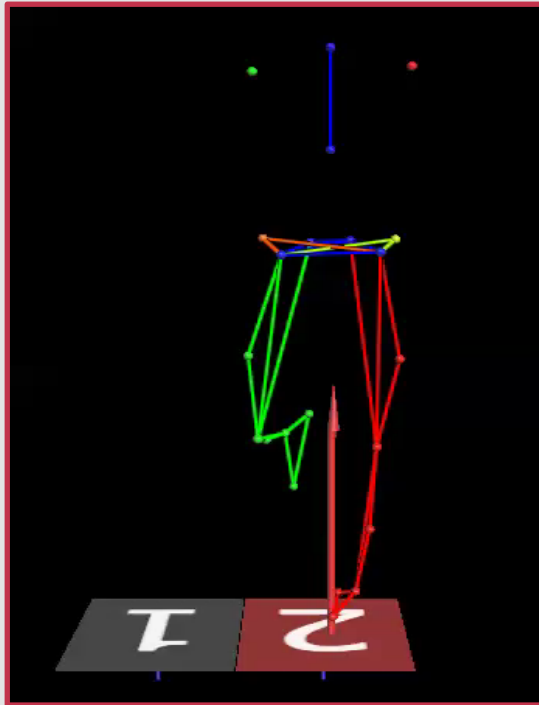
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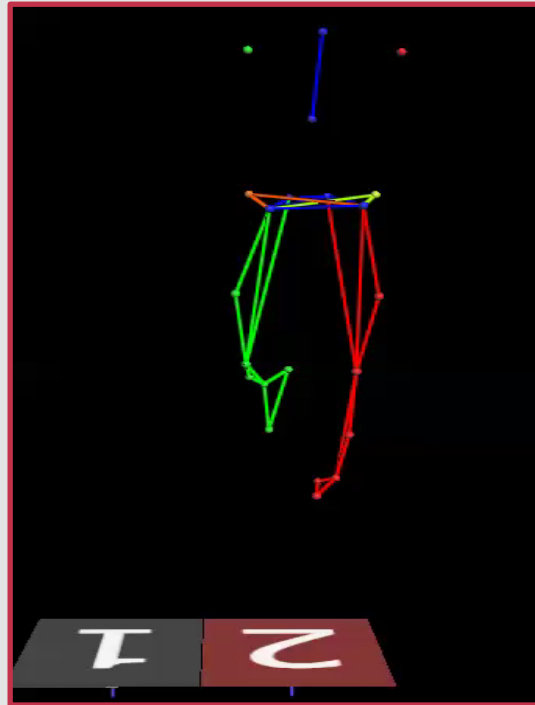
# Marshall et al. 2015 JSR



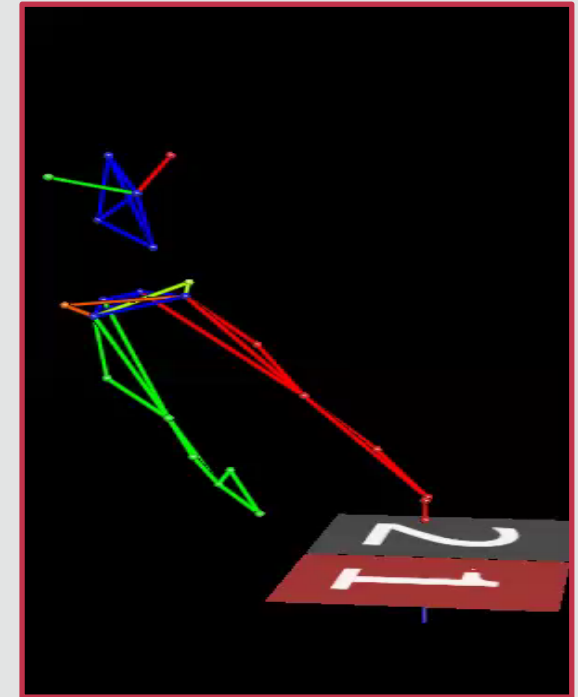
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SLS



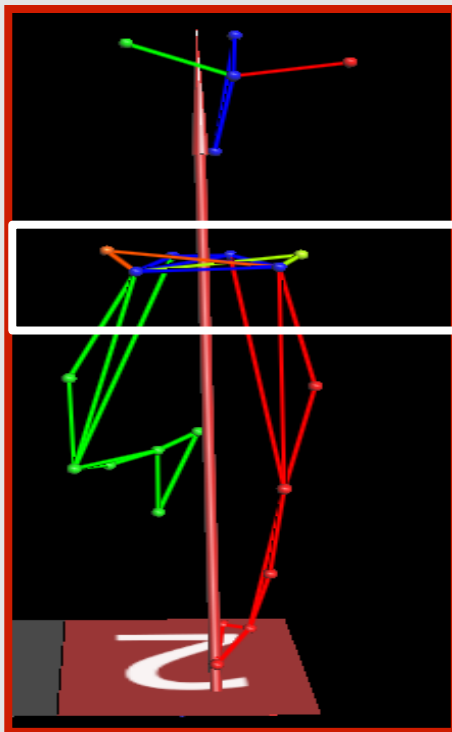
Landing



Cutting

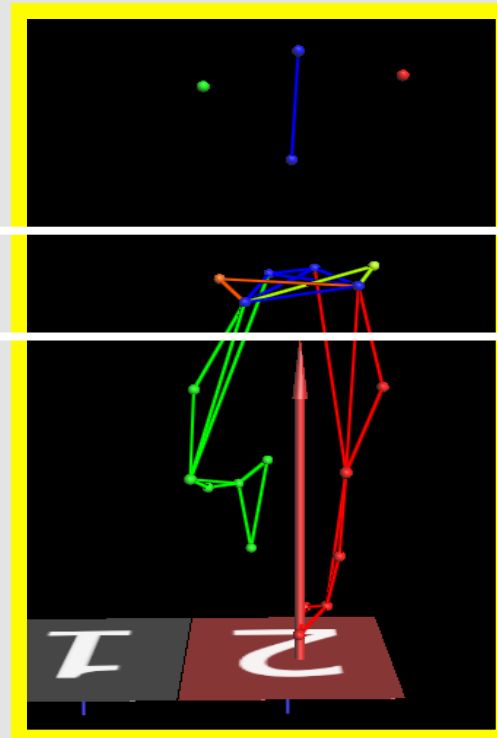
Can a SLS provide an insight into movement control and loading in more dynamic sporting tasks?

# Marshall et al. 2015 JSR



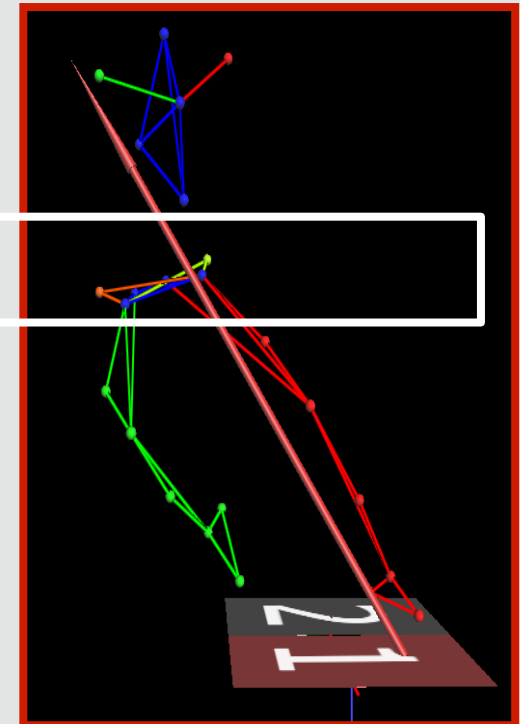
Land

X



SLS

X



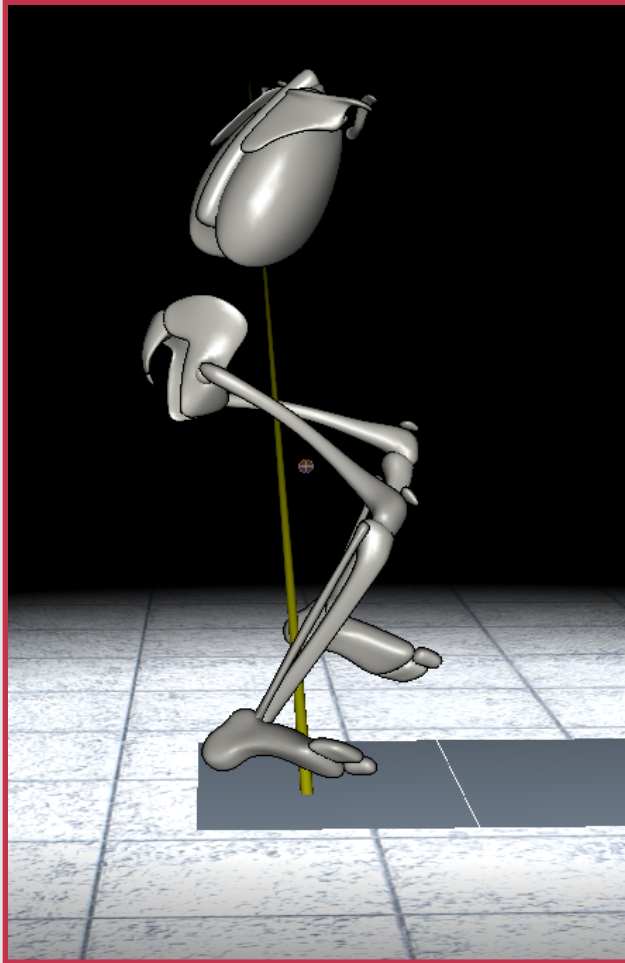
Cut

**No significant correlations** between the SLS and Land or Cut for:  
pelvis or hip angles or moments of force

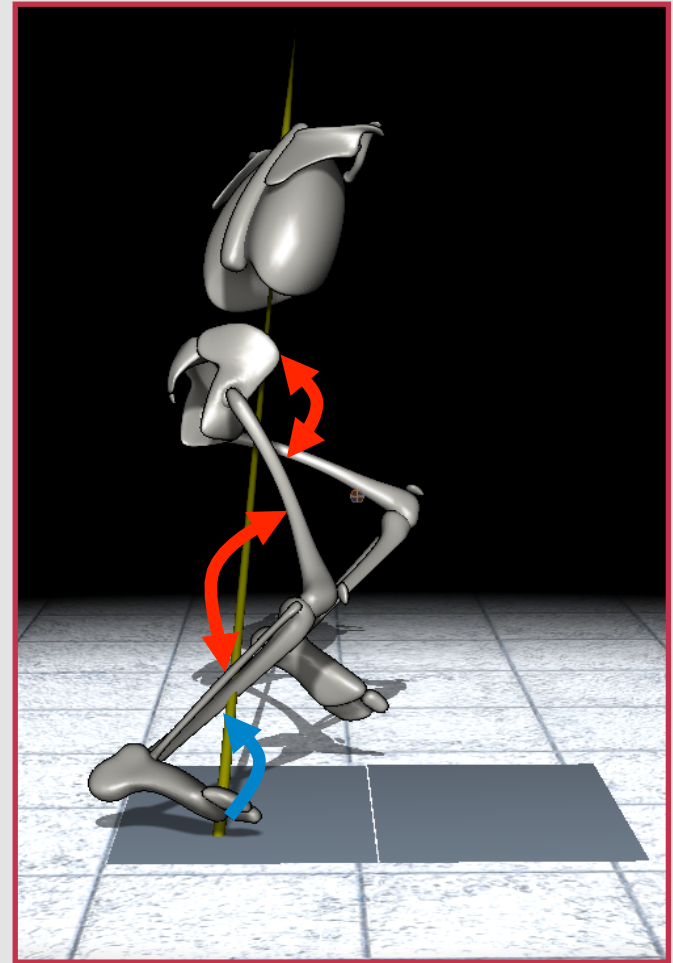
# Post Rehab Changes



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Pre Rehab



Post Rehab