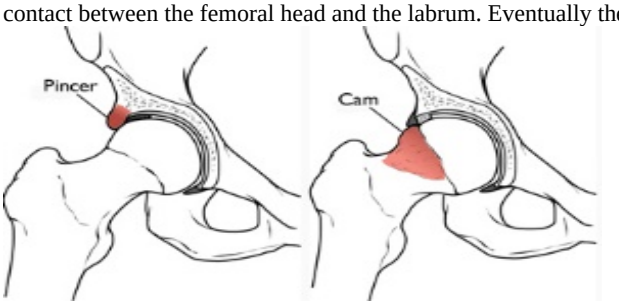
FAQs About Hip Impingement/Labral Tears

The hip is ball and socket joint which provides both movement and stability as individuals go about their daily activities. It is made up the femoral head (the ball shaped top upper segment of the femur) and the acetabulum (the concave socket of the pelvic bone.) Normally, the femoral head is held tightly in the socket with strong ligaments and a fibrous ring or labrum. Both bones are covered with a thin layer of cartilage which cushions the joint, allowing smooth, pain free movement.

What Is Hip Impingement?
Femoral Acetabular Impingement (FAI), or hip impingement, can be the result of subtle abnormalities in the hip and may lead to osteoarthritis in younger patients. FAI is the abnormal friction or contact between the femoral head and the acetabular margin. This can tear labrum and the underlying cartilage. If untreated, this can lead to early hip cartilage loss or arthritis.

There are two different kinds of impingement that can develop in the hip. The first, Cam impingement, occurs when a larger or abnormally shaped femoral head or neck is impinges onto the acetabulum. Cam impingement is the more common form of FAI. Pincer impingement, on the other hand, results from an abnormal shape of the acetabulum or cup. This results in increased contact between the femoral head and the labrum. Eventually the labrum can tear, which is when symptoms typically begin.



How do I know if I have FAI?
Initially, patients may notice an intermittent pain in the front of their hip or groin area. The pain may worsen after excessive use of the hip, whether through physical exercise or an extended period of sitting. Other symptoms may include:

- Pain after athletics or exercise
- Difficulty walking up hills
- A consistent dull ache with or without a catching or popping sensation

How does Dr Bents diagnose FAI?
He will begin with a history and physical examination of the hip which often reveals its limited range of motion. X-ray and MRI tests are also important stages in diagnosing hip impingement. An X-ray can reveal the bony abnormalities of the acetabular rim or the femoral head and neck. In most cases an MRI or MR arthrogram will be used to reveal soft tissue injuries such a labral tears or tendon disorders.

How is FAI treated?
In some mild cases, stretching, physical therapy or chiropractic manipulation my relieve symptoms. Typically, however, surgical treatment is required to address symptoms. FAI may be treated with hip arthroscopy in most cases. With hip arthroscopy, the damaged labrum may be repaired or trimmed. Additionally, the bony malformation from the FAI may be decompressed by removing the bony prominence. This restores the femoral neck clearance and free range of motion for the affected hip. The goal is to reduce the patient's pain and to prevent any further damage to the cartilage from occurring, thus preserving the hip (Hip Preservation).
If there is only mild cartilage loss or distinct cartilage defects, Dr Bents may drill small holes in the bone to promote new cartilage growth. This procedure is called microfracture, or marrow stimulation.
Patients with moderate to advance arthritis with significant cartilage loss are not generally not candidates for hip arthroscopy..

What happens after hip arthroscopy?
You will use crutches for 1-2 weeks in most cases of simple bone shaving. If the labrum is repaired or if you have microfracture, you will be on crutches for 6 weeks. We will prescribe pain pills for after surgery. We also recommend using an anti-inflammatory (ibuprofen, Celebrex, Advil, etc) around the clock for 2-4 weeks to help with pain and to prevent bony regrowth. We also recommend an aspirin a day for 4 weeks to help prevent blood clots. Ice around the incision sites will help with pain. Physical Therapy will begin about 10-14 days after surgery and will help regain motion and strength. You may resume driving once you are off of the pain pills and are off crutches. Most patients can return to sedentary or office jobs in 2-3 weeks but it may take up to 3 months for more vigourous jobs. Return to sports may take up to 6 months.