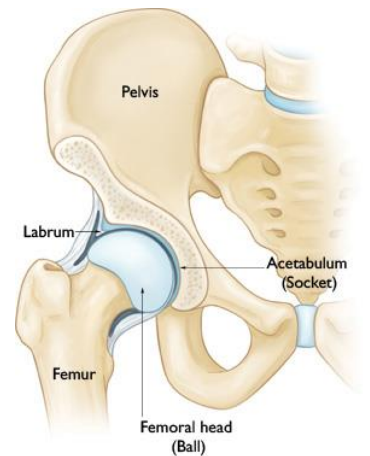


Femoroacetabular Impingement: Ever Heard of It?

By: Saurin Gandhi October 31, 2015

Introduction

Hip pain can be debilitating and frustrating. There are many different causes of hip pain as it is a dynamic ball-in-socket (the head of the femur is the ball and the acetabulum is the socket) joint that is active in large body movements. Femoroacetabular impingement occurs when the head of the femur cannot fully move within the socket. Repetitive friction and abnormal contact due to irregular movement and/or bone spurs can lead to labrum disruptions and eventually arthritis. This condition usually develops in athletes who develop groin pain after minor trauma although it can be seen in teens to middle-aged adults.



Anatomy

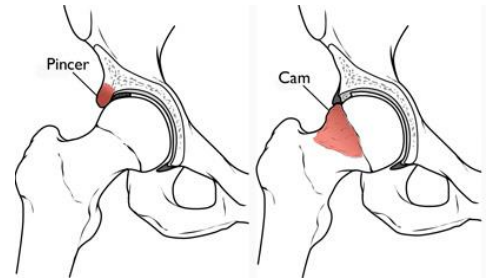
- The hip, as described before as a ball-in-socket, is surrounded by ligaments that form a capsule around the joint. Surrounding the joint is cartilage and a fibrocartilaginous rim called the labrum, securing the hip joint and allowing for decreased friction between adjacent surfaces.

Signs and Symptoms

- Usually gradual, the first sign is intermittent pain in the anterior hip/lateral hip or groin area that can get worse with prolonged sitting, twisting, turning, squatting, or exercise. Pain can vary from dull to sharp and is exacerbated by movements that simulate going uphill.

Types of Femoroacetabular Impingement

- CAM:** In this type, the head of the femur is not round making it unable to smoothly rotate within the socket of the acetabulum. A bump forms on the femoral head that grinds on the acetabular cartilage.
- Pincer:** In this type, extra bone extends over the acetabular rim and can crush the labrum.
- Combined:** Both CAM and Pincer types are present.



What Next?

- A physician should be consulted who will perform a hip exam and determine whether there is impingement. X-rays and/or CT scan will reveal abnormal bone and MRI can evaluate the ligaments surrounding.
- Activities that cause symptoms should be avoided, should begin PT, and should take NSAIDs to reduce pain/inflammation.
- If joint damage and pain is not relieved by non-surgical treatment, surgery may be the most beneficial.
- Surgery may reduce the symptoms and is currently the best treatment for painful femoroacetabular impingement.

Closing Remarks:

Hip pain is difficult to assess and the cause largely is determined by the age group that the patient is in. In femoroacetabular impingement, there is abnormal friction created due to a bony abnormality and can cause gradual pain and discomfort. Although hard to diagnose clinically, radiography helps to determine weak vs. strong bones and any gross abnormalities. Surgery remains the best treatment for the painful version of this condition, especially when non-invasive ways fail.

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