

Femoroacetabular Impingement: It sees you; do you see it?

Dana Lycans, MD

Marshall University Dept of Orthopaedic Surgery

Sports Medicine Institute

2211 3rd Ave Huntington, WV 25703

Office - (304) 691-1880

Cell – (304) 544-6370

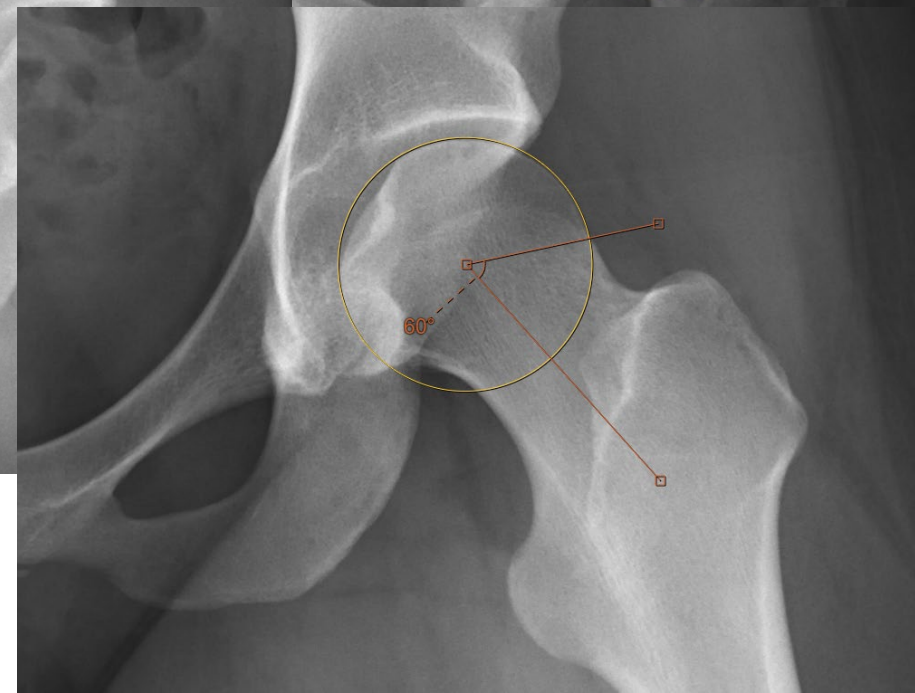
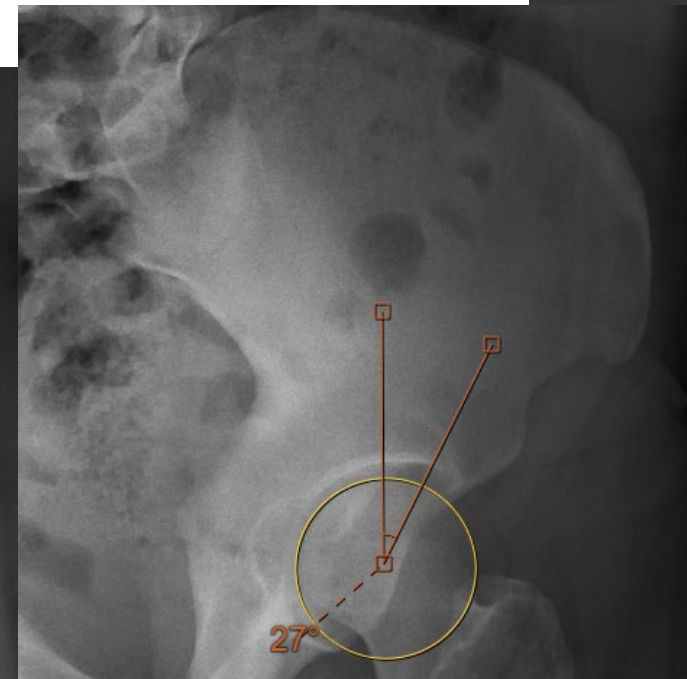
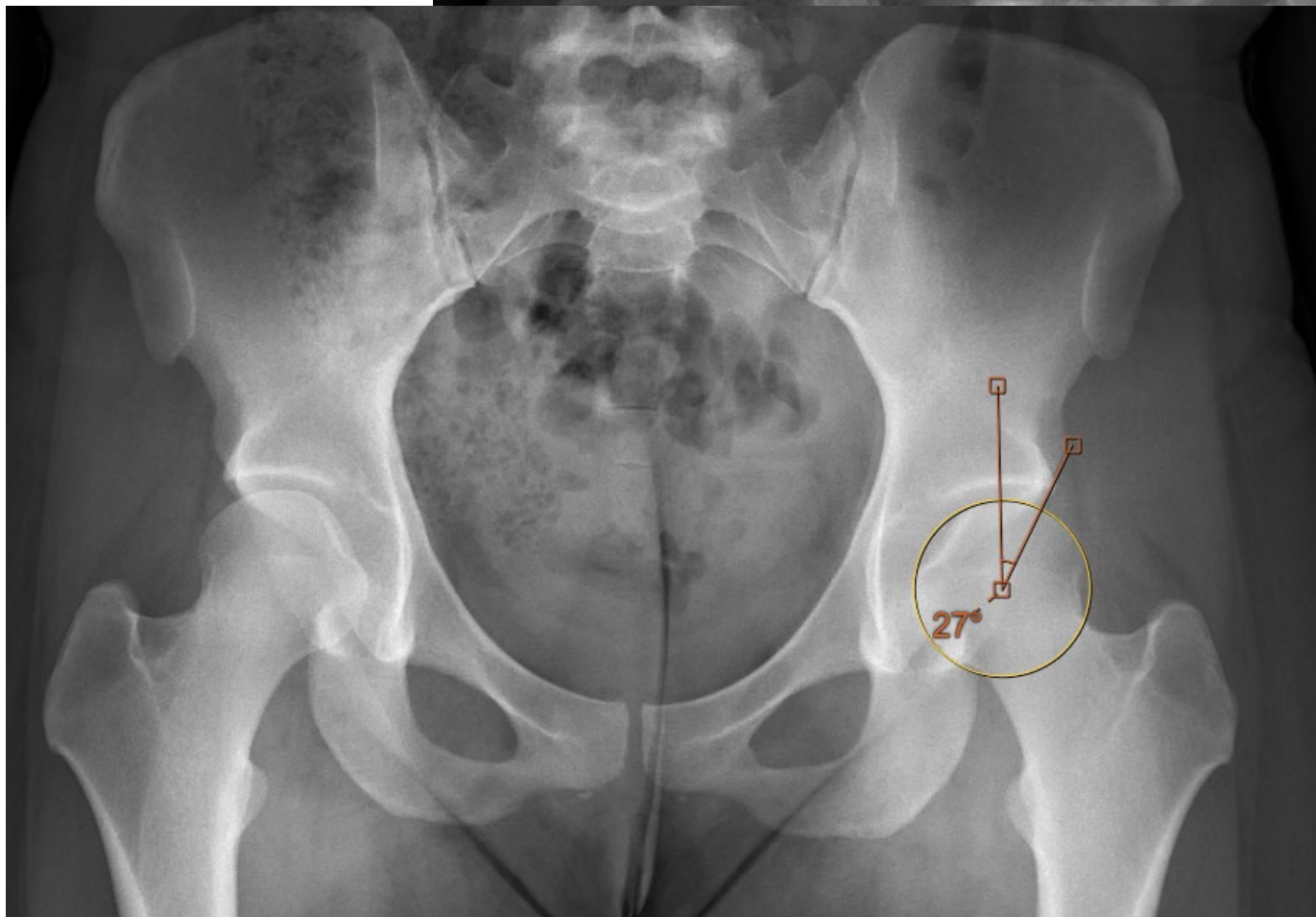
17 yo Female

- HPI:
 - Groin pain x 6 months
 - No known injury
 - + C-Sign
 - Occasionally clicking/catching with hip flexion
 - Failed 8 weeks PT, HEP, NSAIDs, activity modification
- PMH/PSH/FHx/SHx: Noncontributory

Physical Exam

- +FADIR
- +FABER
- +Stinchfield (resisted straight leg raise)
- +Log roll
- Pertinent Negatives
 - No tenderness to palpation over hip flexors, abductors, trochanter, SI joint
 - Negative pubalgia resisted hemicrunch
 - No pain with resisted external rotation
- ROM: 130 flexion (pain with deep flexion), 50 abduction, 30 adduction, 50 ER, 40 IR (pain with internal rotation)

X-rays



Differential

- Intra-articular

- Arthritis
- FAI
 - Labral tear
- OCD
- AVN
- Fracture (stress or traumatic)
- Loose body

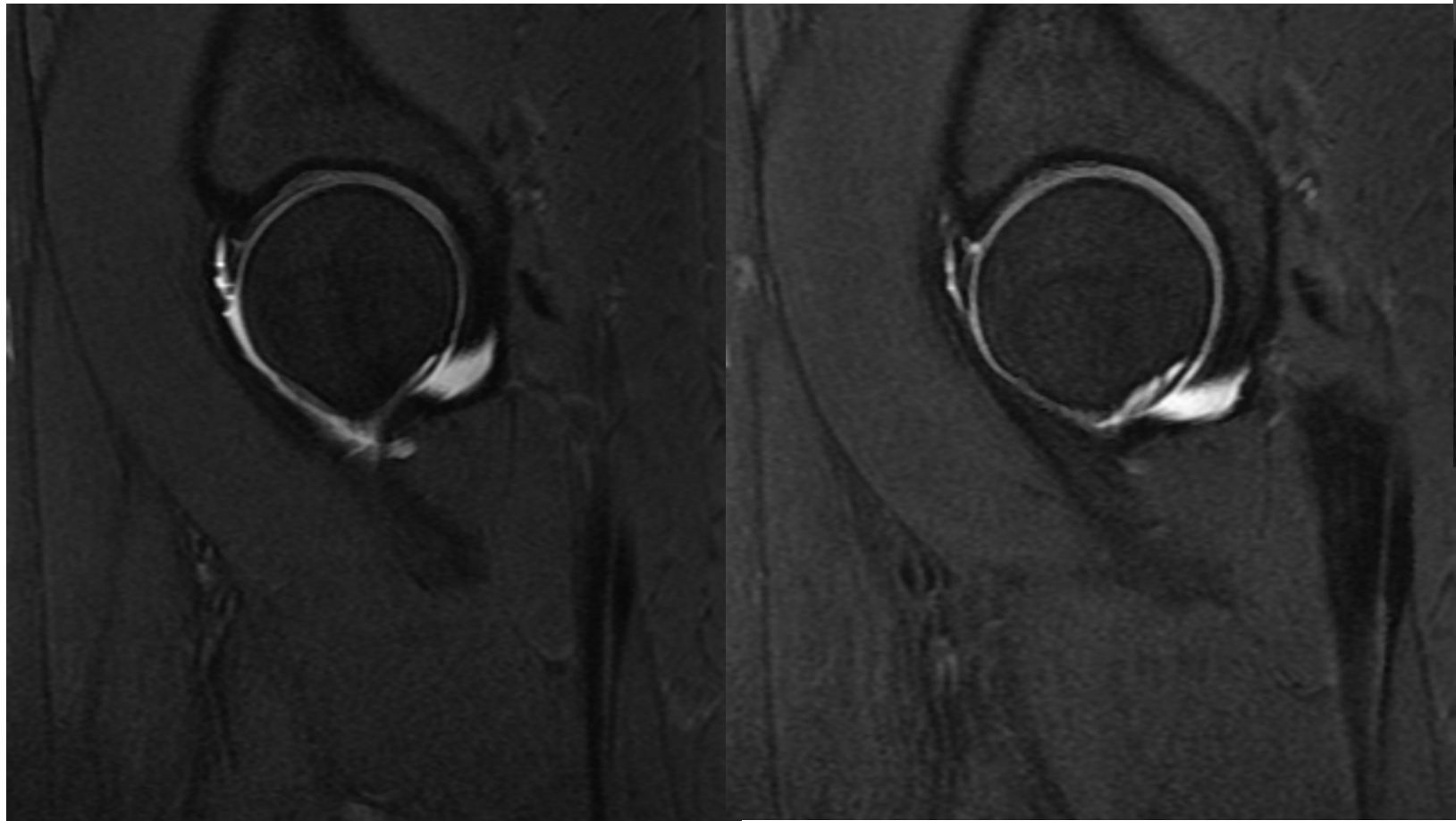
- Extra-articular

- Trochanteric bursitis
 - Beware this can be secondary/compensatory
- Deep gluteal syndrome (piriformis)
- Lumbar radiculopathy
- Hip flexor strain
- Abductor strain/tear
- Coxa Saltans (snapping hip)

Next steps

- Diagnostic injection
 - 5cc ropivacaine with 1 cc/10 mg dexamethasone
 - Positive response for a week, but then pain returned
- Imaging
 - MRI
 - Arthrogram preferred to evaluate for labral pathology
 - 3T magnet also acceptable and may show equal sensitivity

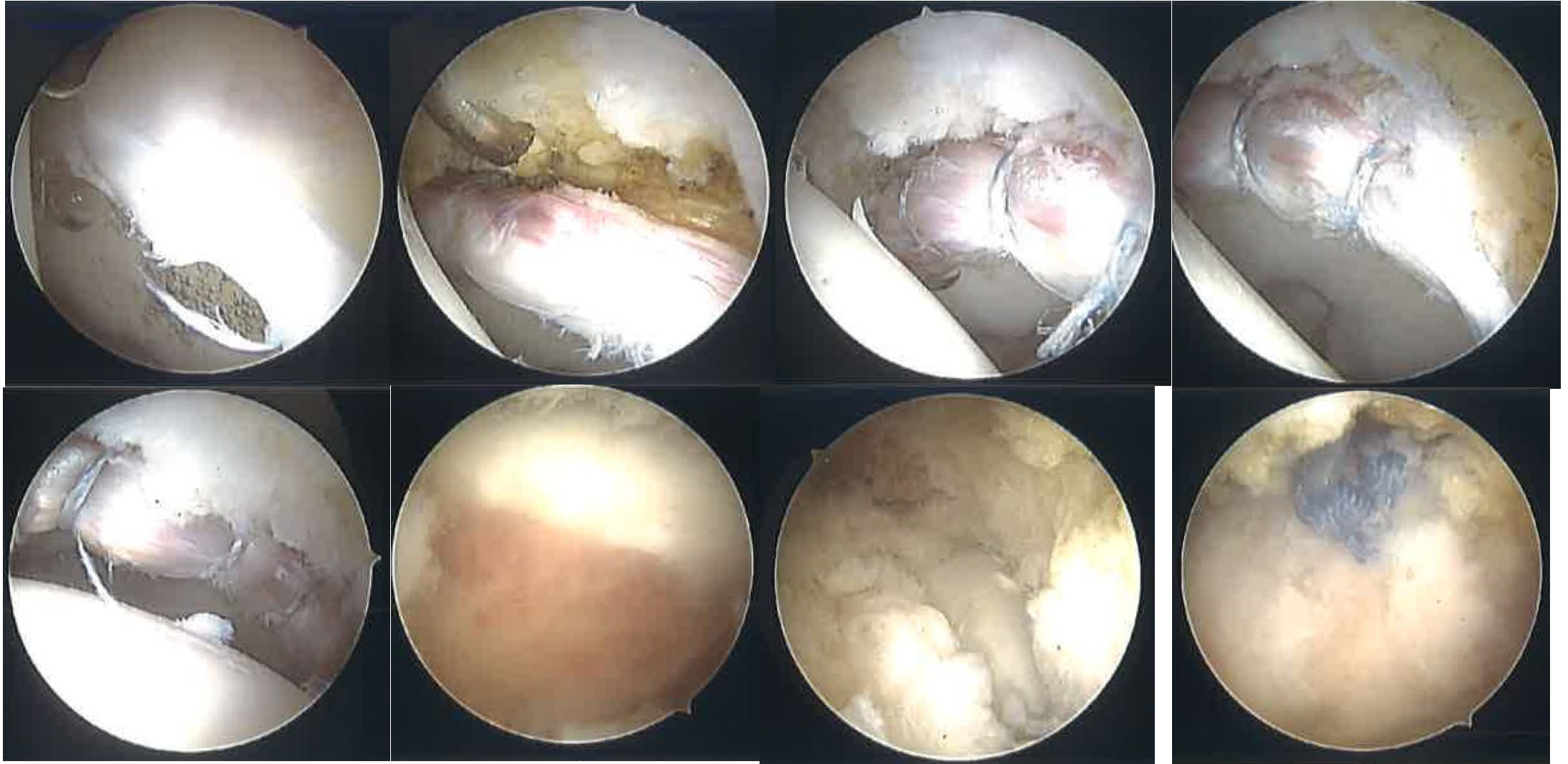
MRI



Surgery

- Patient underwent hip arthroscopy with labral repair using 3 knotless anchors
- Cam lesion resected with a burr
- Capsule closed

Pictures



Post Operative Course

- Labral Repair Post-Op Protocol
 - TTWB x 2 weeks, then WBAT
 - Abduction brace x 3 weeks
 - Initiate gentle ROM immediately
- Percocet for pain control for few days
- Meloxicam 15 mg daily x 8 weeks for HO prophylaxis

Post Operative Course

- 3 months post op –
 - patient doing very well, no complaints of pain,
 - initiated light jogging on alter-G treadmill/underwater treadmill
- 4-6 months post op –
 - introduce more intense running/agility
 - start sport specific training

Outcomes/RTP after Hip Arthroscopy

- Bird 2011 – 200 consecutive athletes with 1 year follow up
 - Mhhs 72→96
 - 95% pro and 85% college athletes returned to previous level
- Philippon 2007 – 45 professional athletes with 1.6 y f/u
 - 93% resume sport down to 78% during f/u period
- Nho – 47 hs, college, pro athletes minimum 1 y f/u
 - 79% rtp
- Stubbs 2018 – 227 procedures – 85% rtp
 - Nhl highest rate and nfl linement had lowest

Summary

- Hip pain in a nonarthritic hip has many causes, both extra-articular and intra-articular
 - First step is to figure out where the pain originates
- FAI is a very common entity with subtle x-ray findings
 - High clinical suspicion warranted for a younger patient without arthritic findings and groin pain/C-sign
- FAI if left untreated can lead to arthritic changes later in life, so when suspicious, refer for arthroscopy evaluation
- When treated by experienced surgeon, excellent outcomes can be expected

Thank you!

Dana Lycans, MD

Marshall University Dept of Orthopaedic Surgery

Sports Medicine Institute

2211 3rd Ave Huntington, WV 25703

Office - (304) 691-1880

Cell – (304) 544-6370

Email – Lycans@marshall.edu