

Femoroacetabular Impingement

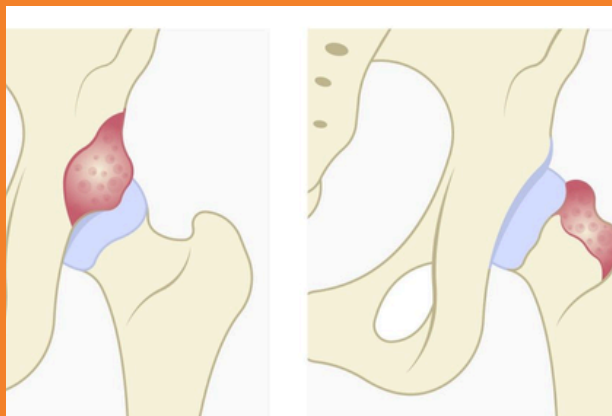
A femoroacetabular impingement (FAI) or Hip Impingement, is a condition whereby an extra bone grows along one or both sides of the bones that form your hip joint; head of femur (top of thighbone) and acetabulum (pelvis). This causes abnormal contact between them which leads to the hip joint not fitting together properly. This causes the bones to rub together and reduce mobility. Over time, this can result in damage to the tissues lining the joint (labrum) and surrounding cartilage, leading to either tears or arthritis.

There are three types of FAI:

1. Pincer: An extra bone grows from the acetabulum (pelvis) and covers the femoral head (thigh bone).
2. Cam: A bony bump forms on the top of the head of the femur making it not perfectly round.
3. Combined: Both the pincer and cam types are present.

People with this condition may have been born with it or they developed it through repetitive activities whereby the legs are mobilised beyond their normal range of motion. This is often seen in athletes (e.g. footballers, dancers, golfers, soccer and tennis players).

Please note, having structural changes through the hip alone may not cause an impingement. The pain occurs from the result of friction between the thigh bone and pelvis from repetitive movement. This is why athletes with this condition, that use their hips repeatedly, often experience pain than those who don't.



PINCER

CAM

Symptoms of this condition are typically mild at first and worsen over time. These symptoms include:

- Stiffness in the thigh, hip or groin.
- Reduce hip mobility.
- Pain in the groin after hip flexion (sitting for long periods of time or running).
- Pain that occurs in the hip, groin or lower back after long periods of rest.
- Sharp or stabbing pain while turning, twisting and squatting.

Some people with this condition may never experience any problems and lead a very active lifestyle. However, when these symptoms do develop, it can be an indicator that there may be damage to the cartilage or labrum and the condition is likely to progress further.

Diagnosis may be made through medical history, physical examination or imaging such as an x-ray, MRI or CT.

Treatment of FAI varies according to the severity of the damage. Firstly, nonsurgical treatments are first recommended.

These may include:

- Activity modification - limit or avoid activities that produce pain.
- Physical therapy - hands on treatment and exercise prescription to mobilise, strengthen and stabilise the hip.
- Anti inflammatory such as nurofen or voltaren.
- Corticosteroid injections.

This type of treatment won't resolve or heal the underlying cause of FAI, however, they will help relieve the symptoms and potentially slow the progression of the condition.

The next treatment option is surgery. This addresses the cause of FAI or any structural complications that may have arisen. However, this is mostly suggested if the nonsurgical treatments did not help or it was left untreated and has caused severe osteoarthritis.

If this condition is caught early enough and treated, many people with hip impingements can go on to live long and active lifestyles without hip pain.

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