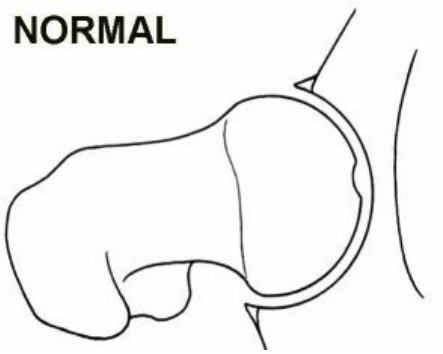
Hip Impingement Syndrome

Hip impingement syndrome is also known as femoro-acetabular impingement or FAI. Essentially this condition results from a pinching of the head or neck of the femur (thigh bone) on the acetabulum (socket) of the hip.

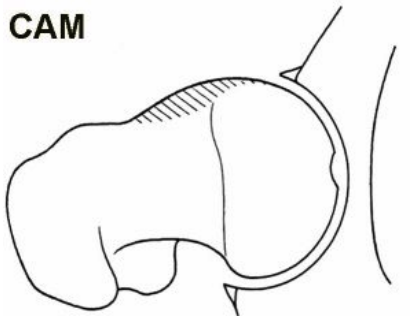
What Is It



There are 3 types of FAI. The first is known as a cam lesion, where there is an extra bony growth on the neck of the femur which comes into contact with the hip socket when the hip is flexed resulting in pain. The second is a pincer lesion, where there is an extra bony growth on the lip of the hip socket, which comes into contact with the head or neck of the femur when the hip is flexed, again leading to pain. The last type is a combination of the previous two deformities. The cause of the condition developing is still poorly understood.

Diagnosis of the injury is generally quite obvious on testing of the hip but tends to be confirmed with either a pain x-ray or MRI scan to reveal the deformity.

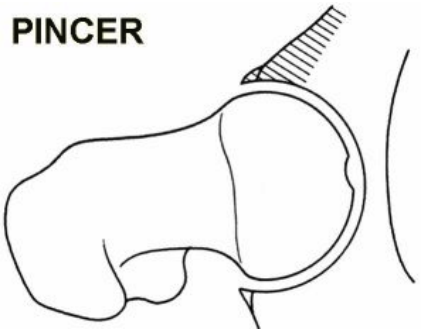
Symptoms



- Pain is generally felt in the groin and into the upper part of the thigh.
- The condition tends to cause pain when the hip is flexed (knee bought up to the chest) or in a deep squat.
- Pain may be felt with running activities, especially those with quick changes of direction, or when the hip rolls in.

E: admin@ibphysio.com.au | T: 02 9976 3540 | F: 02 9976 3290 | Suite 14, Level 2, 22 Darley Road, Manly, NSW 2095 Australia

Management



Management of the condition will generally follow one of 2 paths depending on the severity of the deformity present as well as the age and activity level of the patient. Conservative management of the condition involves modification of activity to avoid things which cause pain, usually combined with the use of anti-inflamatory medication. Physio focuses on stretching and tissue release to restore optimal alignment of the hip as well as identification of weaknesses and poor movement patterns which may have contributed to the development of the condition or are causing pain. Your physio will provide you with advice as well as a program of stretching and strengthening exercises for the hip to ensure optimal biomechanics.

If conservative management fails or in the presence of significant deformity in the younger more active population, surgery may be considered to remove the excess bone and restore normal movement to the hip joint. This will generally be followed by a period of physiotherapy to ensure the stabilising muscles of the hip are functioning optimally.

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