

Do you have FAI?

Pre operative x-ray demonstrating late a cam deformity of the femoral neck that can hit the socket and damage the hip.



Post operative x-ray demonstrating arthroscopic reshaping of the cam deformity to restore normal range of motion.



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Femoroacetabular Impingement



Understanding Femoroacetabular Impingement in the Young Athlete

Groin pain in adolescents and young adults who play sports may be an early sign of Femoroacetabular Impingement (FAI). This is a condition in which the bones of the hip are abnormally shaped. Because they do not fit together properly, the hip bones rub or impinge against each other during hip motion causing damage to the joint.

- Left untreated, FAI can result in premature degeneration of the hip joint (osteoarthritis) and the patient may require hip replacement very early in their life.
- Because participation in sports activity places a large amount of stress on the hip joint, adolescents and young adults with FAI who play sports are more likely to present with symptoms earlier than those whom do not participate.



CAM Deformity— A femoral neck deformity can hit the socket and cause damage to the joint.

Symptoms

- Pain in the groin after prolonged sitting or walking
- Pain in the groin with deep flexion or rotation of the hip during activity
- Pain along the side of the thigh or the buttocks
- Popping or clicking in the front of the hip

FAI can be suspected after a thorough physical exam and history. Radiographs, computed tomography, and MRI can accurately identify areas of potential femoroacetabular impingement, cartilage damage, and labral tears.



Pincer Deformity— A deformity of the socket can also cause damage to the hip joint with motion.

Treatment Options

The most appropriate treatment for a young athlete with FAI depends on family and patient desires, level of competition, functional disability, and symptoms. Each child is different, and your physician will suggest the best treatment option for the child. These include:

Non-Surgical

Treatment for FAI includes non-surgical options such as activity modification (avoiding deep hip flexion positions), physical therapy, injections and anti-inflammatory medications.

Medication

Taking anti-inflammatory medicine or NSAIDS (non-steroidal anti-inflammatory drugs) such as Motrin, Advil, Naproxen or Aleve as directed by your doctor may be helpful.

Surgery

For those patients that have symptoms recalcitrant to conservative measures, hip arthroscopy or a surgical dislocation of the hip may be recommended to repair damaged structures and reshape areas of impingement to help relieve pain, restore natural range of motion, and prevent arthritis.