

Femoroacetabular Impingement

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ANATOMY

Hip Anatomy

- Lots of similarities with the Shoulder
 - Ball and Socket
 - Labrum
- Decreased ROM but significantly Greater Stability
- Bony Architecture more of a role than the muscles



Causes of Hip / Groin Pain

Osteoarthritis

Period Pain ?Cyst ?Ovary

?Kidney Infection ?Stone

?Artery

?Psoas

Also Remember Age - Adolescents

- ?SUFE
- ?Apophyseal Injury

FAI

What is it?



“Group of symptoms and signs secondary to abnormal contact between Acetabulum and Femoral Head / Neck Junction”

What is it?

It can occur

**Normal Joint with Repetitive
Stresses and Extreme Movements**

**Physiological Movements within
slightly abnormal joint**

Significance?

Leads to Pain and Functional limitation

**Damage to the labrum and cartilage
leads to ?Osteoarthritis**

DIAGNOSIS

History

Athlete with Groin / Hip Pain

Almost ANY “Young” Individual with Hip / Groin Pain
(25-50) with no Osteoarthritis

Previous History of Hip problems - ?SUFE, ?Perthes, ?
Fracture

Report of a “Normal Xray”

History

Pain normally Anterior but can be lateral and posterior

?Deep Gnawing pain

? Linked to training

?linked to sitting for long periods

Examination

LOOK –

Gait - ?antalgic

?Scars Swelling

Deformity



Examination

FEEL –
ASIS

Pubic Tubercle

Femoral Artery

Greater Trochanter

Ischial Tuberosity

Lymph Nodes

Examination

FEEL –

?Hernia

?Aneurysm

?Muscular

?Abdominal

Examination

MOVE –

Limited IR in flexion at 90 degrees

IMPINGEMENT TEST (more than 99% sensitive)

Examination

MOVE –

FABER TEST (more than 95% sensitive)

Examination

MOVE

ACTIVE

PASSIVE

RESISTED

NEUROVASCULAR STATUS ETC



INVESTIGATIONS

INVESTIGATIONS

XRAY – 2 VIEWS

MRI SCAN

ARTHOGRAMS

INVESTIGATIONS

XRAY – 2 VIEWS

INVESTIGATIONS

MRI or MRI Arthrograms



TREATMENT

TREATMENT

ACTIVITY MODIFICATION

REST AND NSAIDs

PHYSIOTHERAPY – STRETCHING – ROM

not normally work and can make things worse

TREATMENT

GUIDED INJECTIONS (XRAY – ULTRASOUND)

SURGERY - ARTHROSCOPIC - OPEN

THANK YOU