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# Hip Cases

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## History and Physical

- 30F with atraumatic right hip pain for 1.5 years
- Pain in groin and worse with walking and hiking
- Tried PT, NSAIDs, massage
- No radicular pain into foot, no numbness or tingling

Exam

	ROM	Flexion	Extension	ER	IR
Right		130	10	35	15
Left		130	10	40	20

- Normal gait
- Hip is non TTP
- +FADIR, +Scour
- Negative log roll, FABER, Ober's test

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## Disclosures

- None

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## Multiple Choice Question


- What is the most likely diagnosis?
- A) Femoral neck stress fracture
- B) Femoroacetabular impingement/labral tear
- C) Hip flexor strain
- D) Trochanteric bursitis

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## Case 1

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## Imaging

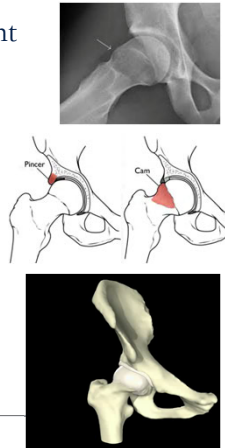


Alpha angle 66°  
(cam lesion > 55°)

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## Femoroacetabular Impingement

- Abnormal bony anatomy forms during development
- Ages 15-45
- High prevalence in athletes
- Can cause intra-articular injury to labrum and cartilage → hip arthritis
- Hip labrum is a protective ring of fibrocartilage
  - Contributes to hip stability and suction seal



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## Surgical Treatment of FAI

- Operative: Hip arthroscopy, labral repair, acetabular/femoral osteochondroplasty, +/- capsule closure



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## Femoroacetabular Impingement

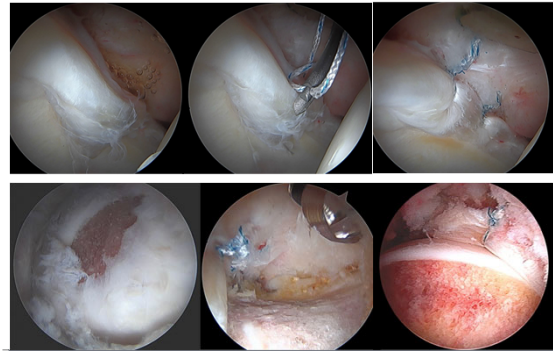
- History: groin pain, C-sign, worse with sitting and activity
- Exam decreased hip IR, + FADIR, +Scour
- X-rays (AP pelvis, Dunn lateral hip)
- MRI vs MR arthrogram
- Nonoperative
  - NSAIDs
  - PT for core/gluteal strengthening
  - Corticosteroid injection



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## Surgical Treatment of FAI



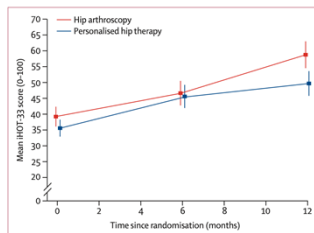
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## Hip arthroscopy versus best conservative care for the treatment of femoroacetabular impingement syndrome (UK FASHIoN): a multicentre randomised controlled trial

Damian R Griffin, Edward J Dickenson, Peter D H Wall, Felix Achana, Jenny L Donovan, James Griffin, Rachel Hobson, Charles E Hutchinson, Marcus Jepsen, Nick R Parsons, Stavros Petrou, Albo Realpe, Joanna Smith, Nadine E Foster, on behalf of the UK FASHIoN Study Group\*

- Multicenter RCT, 348 patients
- Hip arthroscopy vs PT
- Crossover PT → surgery 7.9%
- Both groups improved
  - Surgery group improved more



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## Case 2

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## History and Physical

55F with right hip pain. She was waterskiing and was trying to get up on skis from a sitting position and felt immediate pain in thigh. She noticed bruising in posterior thigh. No prior hip pain.

### Exam

- Antalgic gait
- TTP ischium
- Ecchymosis over posterior thigh
- Negative FADIR, Scour, FABER, logroll
- Strength: flexion 5/5, abduction 5/5, adduction 5/5, knee flexion prone 4/5, hip extension 4/5

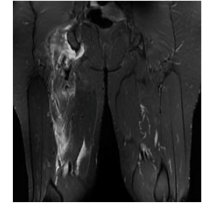
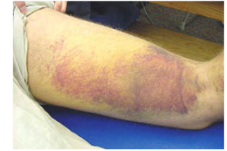
	ROM	Flexion	Extension	ER	IR
Right	100	0	15	30	
Left	120	10	20	40	

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## Proximal Hamstring Rupture

- Often acute, partial tears can be chronic
- Awkward fall, +bruising
- Buttock pain, pain with sitting
- +TTP ischium, weakness with knee flexion & hip extension
- XR r/o avulsion, MRI femur/hamstring
- Nonop: NSAIDs, PT
- Operative: proximal hamstring repair
- Sitting pain 1 year either way



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## Imaging



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## Outcomes after Proximal Hamstring Repair



- Meta-analysis of 24 studies (795 repairs) showed acute repairs with high patient satisfaction, strength, Lower Extremity Functional Scale score (Bodendorfer et al, AJSM 2018)
  - But difficult to compare to non op (low n)
  - Complication rate 23%
- Acute repairs seem to do better than chronic (Cohen et al, AJSM 2012, Bodendorfer et al, AJSM 2018)
- Quality of studies overall low

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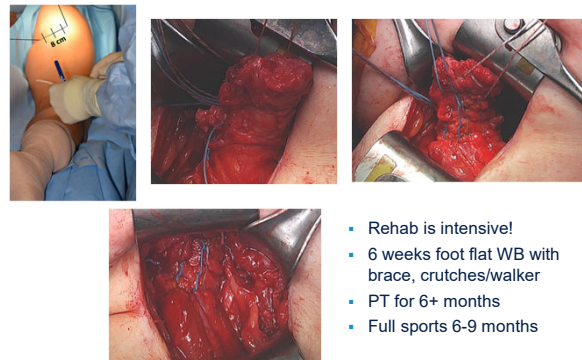
## Multiple Choice Question

- What is the next step in management?
- A) Physical Therapy
- B) NSAIDs
- C) RICE
- D) MRI

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## Proximal Hamstring Repair



- Rehab is intensive!
- 6 weeks foot flat WB with brace, crutches/walker
- PT for 6+ months
- Full sports 6-9 months

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