# Hip Pain in Athletes

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PAOS

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## Objectives

- Be comfortable working up an athlete with hip pain.
- Recognize hip injuries in athletes.
- Understand the role hip morphology plays in hip pathology.
- Understand the role of arthroscopy in treating the injured athlete.
- Expectations for the athlete with non arthritic hip pain
- Expected rehab course and progress for athletes following hip surgery



#### Team Approach





#### Avoid This





#### Hip Injuries in Athletes

- Can be difficult to diagnose
  - Insidious onset
  - Vague symptoms
- Often lead to frustration
  - Player
  - Medical staff
  - Coaches





#### **Basic Anatomy**







#### When is a groin strain not a groin strain?





## Diagnosis

- Age of the athlete
- Sport
- Location of pain
- Mechanism of injury
- Timing acute vs. chronic





# **Differential Diagnosis**

- Extra-articular
  - Apophyseal fractures
  - Musculotendinous (Rectus, gluteus medius and minimus, adductor)
  - Pubalgia
  - Neurogenic
  - Coxa Saltans
  - "Trochanteric Bursitis"
  - Deep gluteal space
  - Ischiofemoral Impingement

- Intra-articular
- Labral tear
- Chondral damaage
- Loose bodies
- FAI
- Osteonecrosis
- Synovial disease
- Ruptured LT
- Instability
- Adhesive capsulitis
- Dysplasia
- Arthritis



## Less Common Diagnoses

- Osteonecrosis
- Arthritis
- Loose Body
- Trochanteric Bursitis
- Chondrolysis









#### Presentation

- Duration of symptoms
- Location
- Mechanism of injury
- Aggravating activities
- What relieves their symptoms
- Response to prior treatment





## Symptoms

- Groin Pain
- C Sign
- Shoes and socks
- Stairs
- Prolonged sitting
- Rotational movements
- Mechanical symptoms
- Snapping
- Dyspareunia



Watch Now - Use This Rory McIlroy Drill To Improve Now



#### Hiltons Law

- The nerve supplying the muscles extending directly across and acting at a given joint also innervate the joint.
- L2 dermatome
- L3 dermatome





## Physical Exam

- Inspection
- Palpation
- Neurovascular exam
- ROM
- Strength testing
- Dynamic testing





## Log roll test

- Most specific
- Least sensitive





#### Internal and External Rotation







#### FADDIR

- "Impingement test"
- Almost always painful
- Compare to contralateral side





#### Psoas exam/Faber







## Trochanteric region

- Tenderness
- Trendelenberg sign
- Weakness





## Instability







#### Imaging Studies

- Plain radiographs
  - AP Pelvis
  - Lateral of the affected hip
- "What are they going to show?"
  - Fracture
  - Avulsion
  - Dysplasia
  - Impingement





## Imaging Studies

- MRI
- Prefer 3T scan (min 1.5T)
- Hip coil
- Coronal, sagittal, axial and oblique axial cuts
- Do not order MR arthrogram





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#### **Case Studies**





## 21 year old women's basketball player.

- African American
- 4 weeks of right hip pain.
- Hurts all the time
- Aggravated by running, jumping and impact
- Lateral movement and straight plane movement equally painful.





## Femoral neck stress fracture

- Risk factors
  - Ammenorhea
  - History of previous stress fractures
  - Rapid increase in training
  - Vitamin D deficiency

• Treatment

- Closed pinning for tension sided fracture
- Crutches and PWB until asymptomatic.
- Bike or swim to maintain cardiac fitness ASx?
- Progress to upright cardio
  - Alter G
  - Pool treadmill/aqua jogger
  - Elliptical
  - Stairmaster
- Running progression
- Functional progression
- May take 3 months to recover



## 20 year old women's soccer player

- Groin pain for 1 year
- Progressively worse over the last 2-3 months
- Cutting, opening up, kick all aggravate it.
- Now has pain with sitting in class, on the bus etc...
- Extensive treatment with training staff



## Soccer player







## 20 year old women's soccer player



#### Femoroacetabular Impingement

**Cam Impingement** 

**Pincer Impingement** 

**Mixed Impingement** 

20-90% of an active population





## US guided injections





#### Pre-operative planning





#### Mixed FAI









#### Post Op Films






#### Post Op protocol

- WBAT w/crutches
- Quiet for 3 days
- Gentle ROM
- Circumduction
- Gluts
- AVOID SLR





#### Progression

- Bike almost immediately
- 4 weeks Elliptical
- 6 weeks stairmaster/alter G
- 8 weeks running progression
- 12 weeks Functional progession
- 4-6 months RTP





# 20 year old sprinter/long jumper

- C/o left groin pain for 6 months.
- Extensive treatment with training staff
- Unable to long jump, "saving his hip for sprints"
- Feels like his hip is holding hip back
- 2<sup>nd</sup> team All American





# Sub-spine Impingement



# Apophyseal Injuries

#### Table 1. Timing of ossification and fusion of pelvic apophyses

Apophysis	Age at appearance, y	Age at closure, y
lliac crest	13-15	21-25
Anterior superior iliac spine	13-15	21-25
Anterior inferior iliac spine	13-15	16-18
Ischial tuberosity	13-15	20-25
Lesser trochanter	9-13	15-17

#### Table 2. Muscular attachment onto pelvic apophyses

Apophysis	Muscle	Muscle action
Anterior inferior iliac spine	Rectus femoris (straight head)	Hip flexion, knee extension
Anterior superior iliac spine	Sartorius and tensor fascia lata	Hip flexion, knee flexion
lliac crest	External oblique and abdominal obliques	Trunk rotation
Ischial tuberosity	Hamstrings	Knee flexion, hip extension
Lesser trochanter	liopsoas	Hip flexion
Pubic symphysis	Adductor group	Hip adduction



# Mechanism of Injury

- Forceful eccentric contraction.
- Acute onset "pop"
- Males 90%
  - 80% athletes





#### AllS avulsion

- Acute onset
- Weakness in hip flexion
- Tender to palpation anterior





#### Treatment

- Initial period of rest 1-2 weeks
  - Allows physis to stabilize
- Compression shorts
- Maintain cardiovascular fitness
- Begin functional progression
  - Nontender
  - No pain with resisted flexion
- Return to play 4-6 weeks



#### Treatment





# Extra-articular Injuries





# 24 yo professional soccer player

- Felt "Pop" in his groin
- Difficulty walking/bearing weight.
- Acute swelling and burning is his groin





#### Treatment

- Traditional treatment is non operative
- RICE
- Gradual return to sports
- ~ 6 weeks
- Emerging trend of direct repair more info to come





# 18 year old kicker

- Felt a pull in his quad during a kick
- Immediate pain
- "bulge" in his mid thigh





#### Rectus Intermedius rupture





#### Treatment

- US guided steroid injection
- Graston
- Kicking progression
- Rare operative treatment





# 20 year old college wrestler

- Groin pain x several months
- Has always been stiff
- Difficulty with twisting and lateral movement
- Minimal soreness with hip exam bilaterally





# Physical Exam

- Pain with resisted situp
- Pain with resisted adduction
- TTP pubic symphysis





#### Sports Hernia

- Core muscle injury
- Core program
- Pubic symphysis injection
- Consider operative repair
- Often coexists with FAI
  - May need to address both.





# 19 soccer goalie with lateral hip swelling

- Fluctuant mass over lateral hip
- Keeps landing on his hip
- Unable to play





# Morel Lavallee lesion

- Internal degloving injury
- Compression
- Avoid re-injury
- Custom pad
- Rare surgery





# 21 yo collegiate tennis player

- Acute onset of hip pain lunging for a ball
- Hip pain with all ROM
- MRI loose bodies and posterior capsule injury





# Hip Instability





#### Hip Dislocation





# Post Op



- Protected weight bearing
- Posterior hip precautions
- MRI to assess for AVN
- RTP 6 months

#### Scope 1 year later for mechanical symptoms



# Post op





19 yo collegiate soccer player with painful snapping

- You can hear it from across the room
- Typically occurs going from a flexed to extended position.
- Painful
- FABER to Extension/IR





#### Psoas Impingement





#### Psoas tenolysis





# 19 year old gymnast with catching and locking in her hip





#### Ligamentum Teres tear

- Arises from the center of the femoral head and inserts on the inferior aspect of the acetabulum and the TAL
- Tears as a result of a hyperabduction injury
- Often causes mechanical symptoms
- Types 1-3



#### Pearls for hip pain in athletes

- Listen to your patient, he will tell you everything you need to know.
  - Sir William Osler
- Be concerned when a "strain" is not acting like a strain.
- Don't confuse abnormal morphology with pathology.
- Expect the unexpected.



# Thank you



