

Arthroscopic Treatment of Hip Injuries

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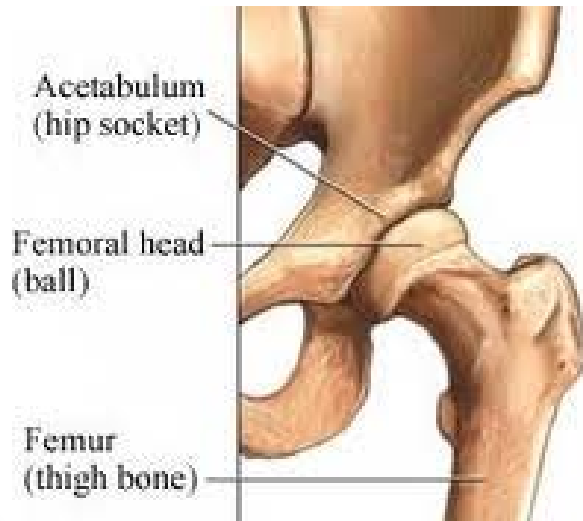
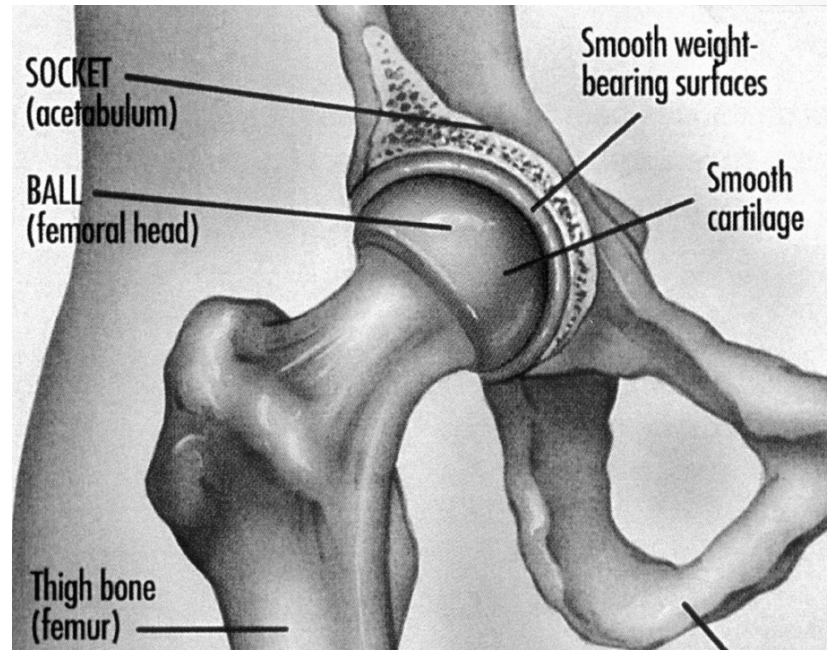


Disclosures

- None

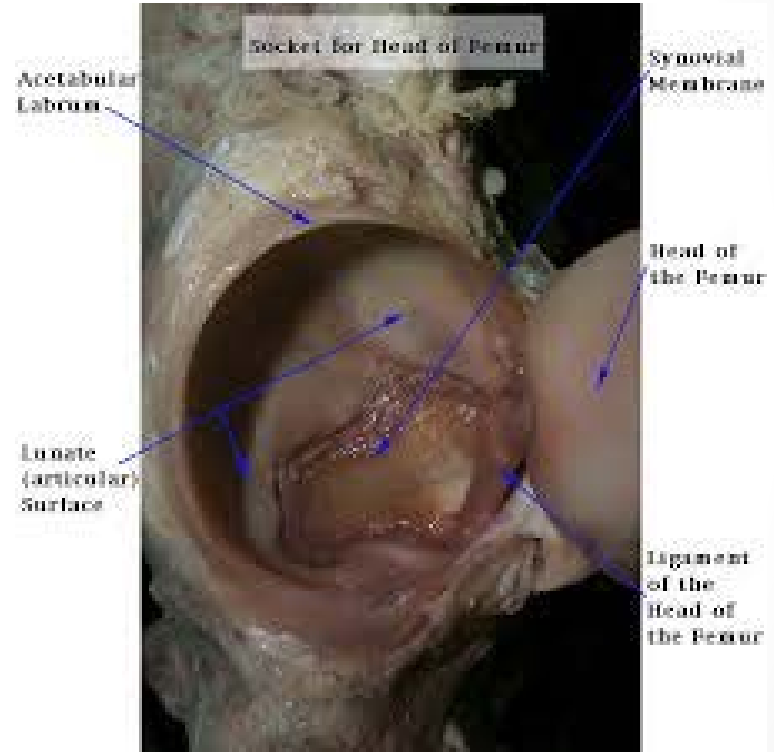
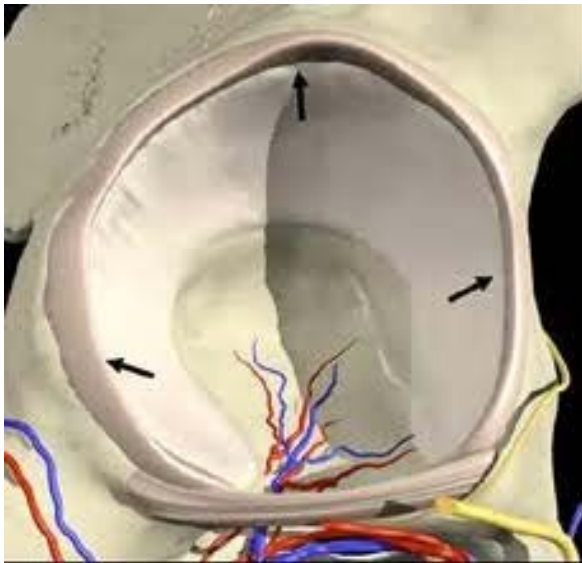
Anatomy

- Hip
 - Ball and socket joint
 - Concentric



Anatomy

- Labrum
 - Cartilaginous rim
 - Surrounds acetabulum
 - Creates suction seal of hip joint



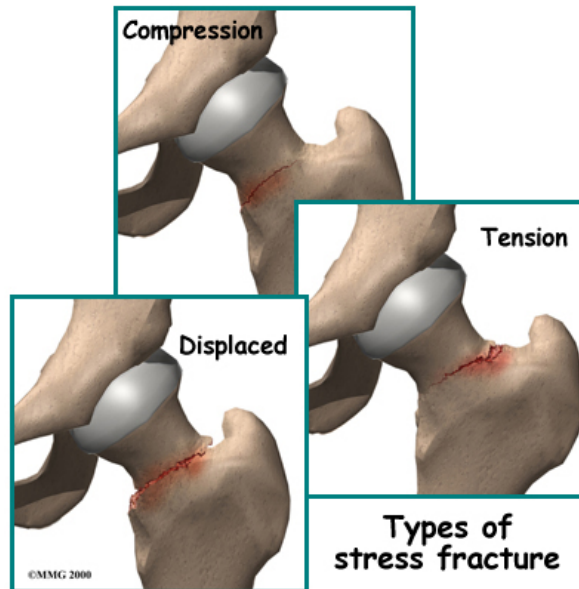
Causes of Hip Pain

- Muscle / Tendon Injuries
 - Adductor Strain
 - Groin Pull
 - Proximal Quadriceps Strain
 - Common in kicking or sprinting sports
 - Proximal Hamstring Strain
 - Water Skiing
 - Avulsion off ischial tuberosity
 - Sports Hernia
 - Recognized more frequently



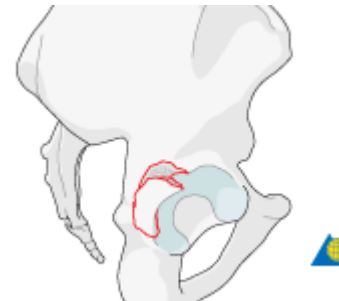
Causes of Hip Pain

- Bone
 - Dislocation
 - Femoral neck stress fractures
 - Common in endurance sports
 - Femoroacetabular Impingement
 - FAI



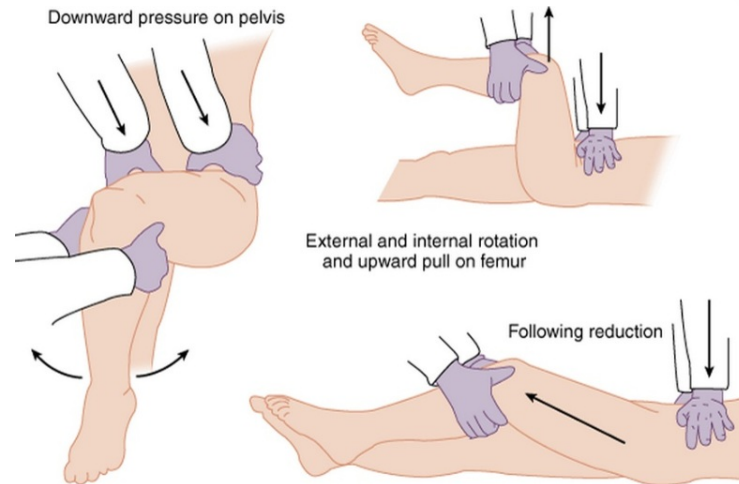
Dislocation

- Location
 - Anterior
 - Less common
 - Posterior
 - Most common in MVC
 - Rare in sports
 - Fall onto flexed knee
- Associated Fracture
 - Acetabular wall
 - Determines stability
 - Labral injury
 - Cartilage injury



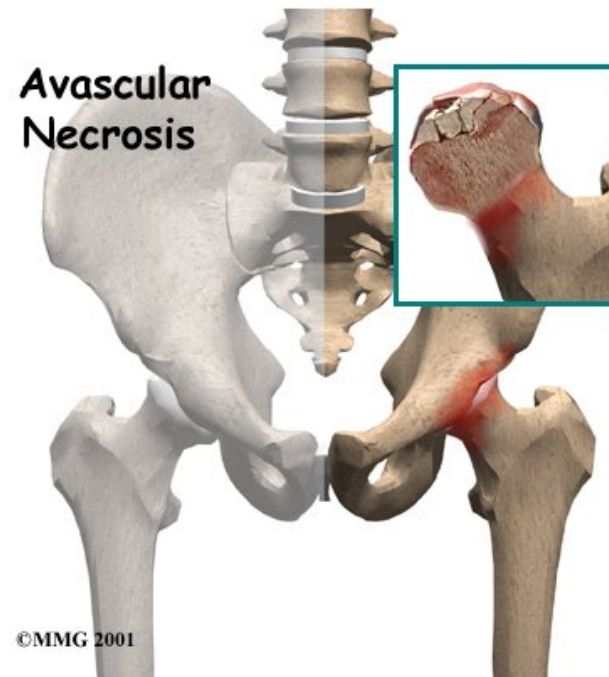
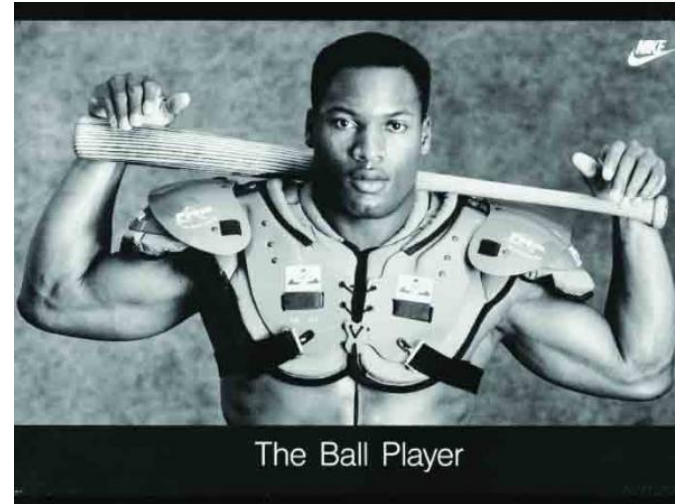
Dislocation

- Diagnosis
 - X-ray
 - CT Scan
- Treatment
 - Emergent reduction
 - Closed vs. Open
 - Arthroscopic
 - Loose bodies within the joint once reduced



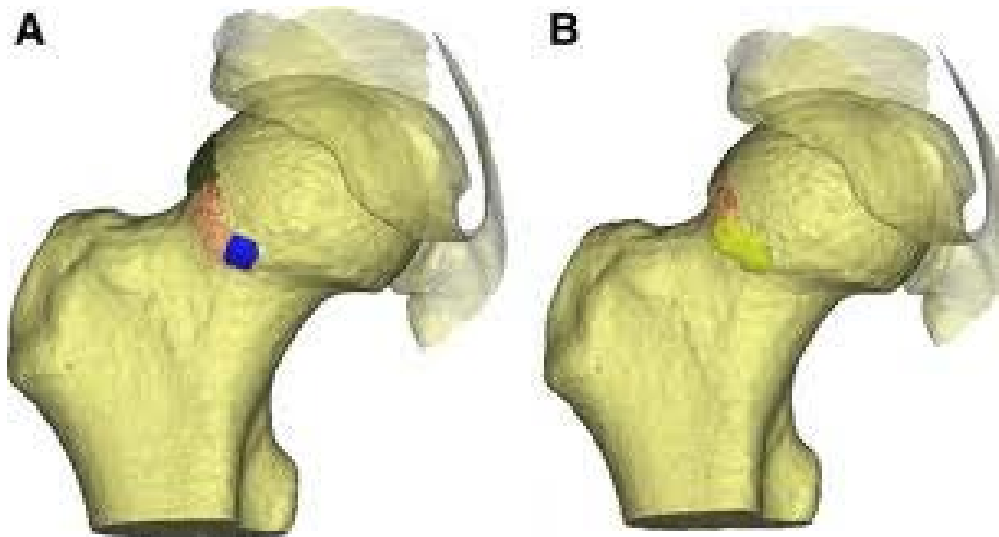
Dislocation

- Long Term Considerations
 - Avascular Necrosis
 - Development of Arthritis
 - Recurrence of Instability



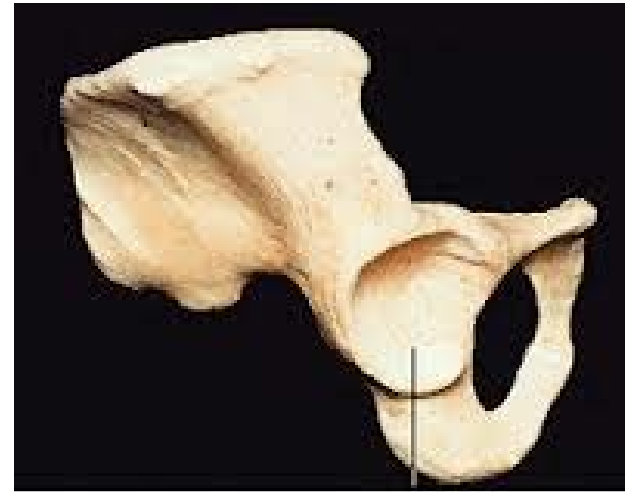
Anatomy

- Proximal Femur
 - Head / neck junction developmental variation
 - Abnormal contour or offset of femoral head and neck

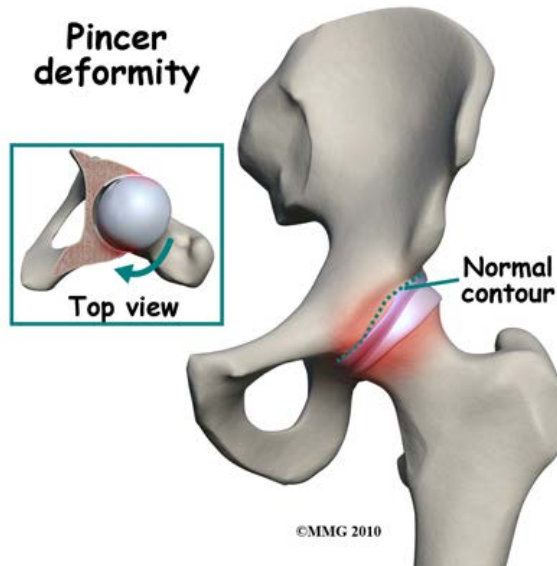


Anatomy

- Acetabulum
 - Socket of hip
 - Variable depth and tilt or version



Acetabulum



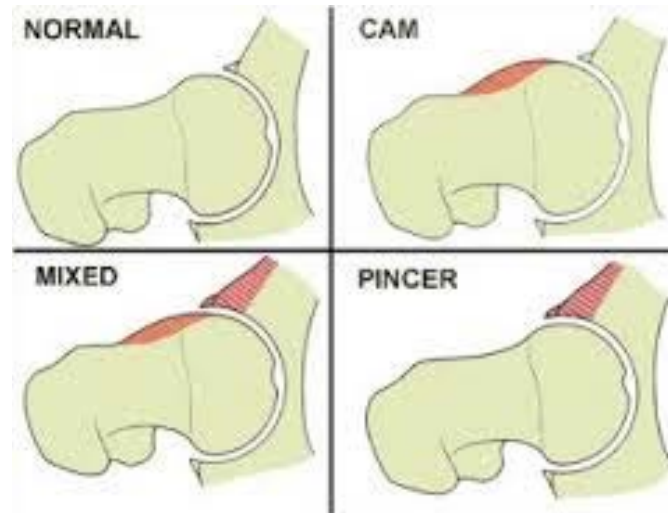
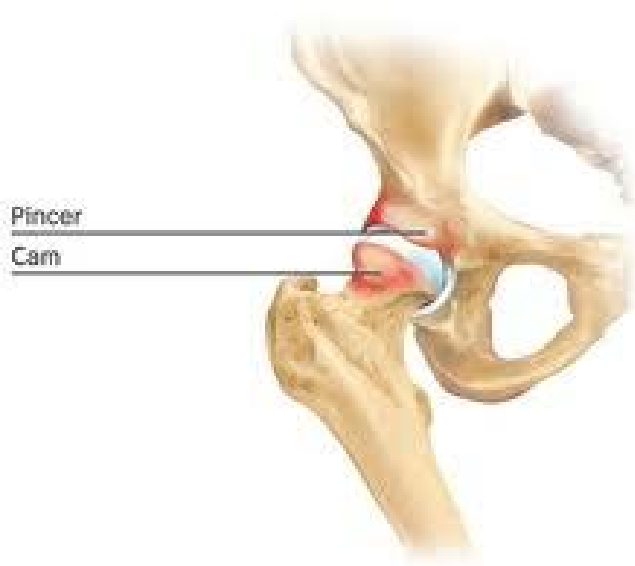
Impingement

- How does it occur?
 - Abnormality of femoral side
 - CAM lesion
 - Loss of normal contour of anterior femoral head/neck junction



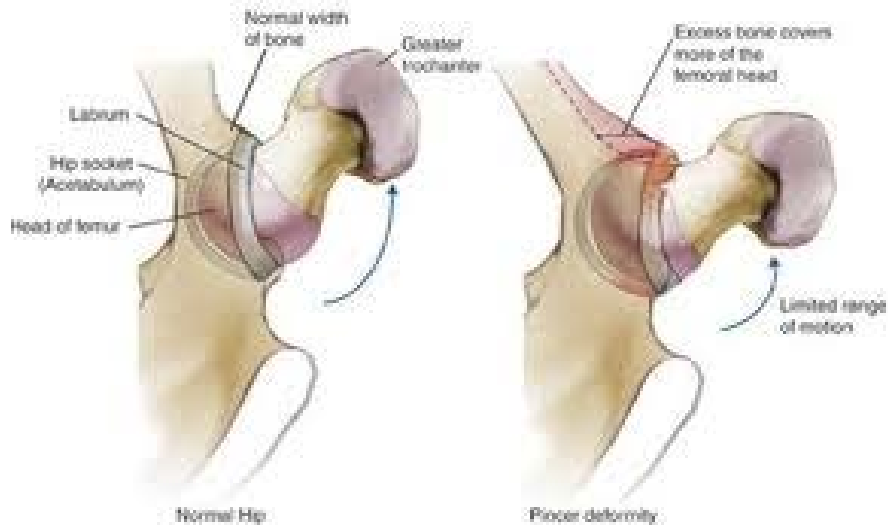
Impingement

- Abnormality on acetabular side
 - Overcoverage of femoral head
 - Pincer lesion



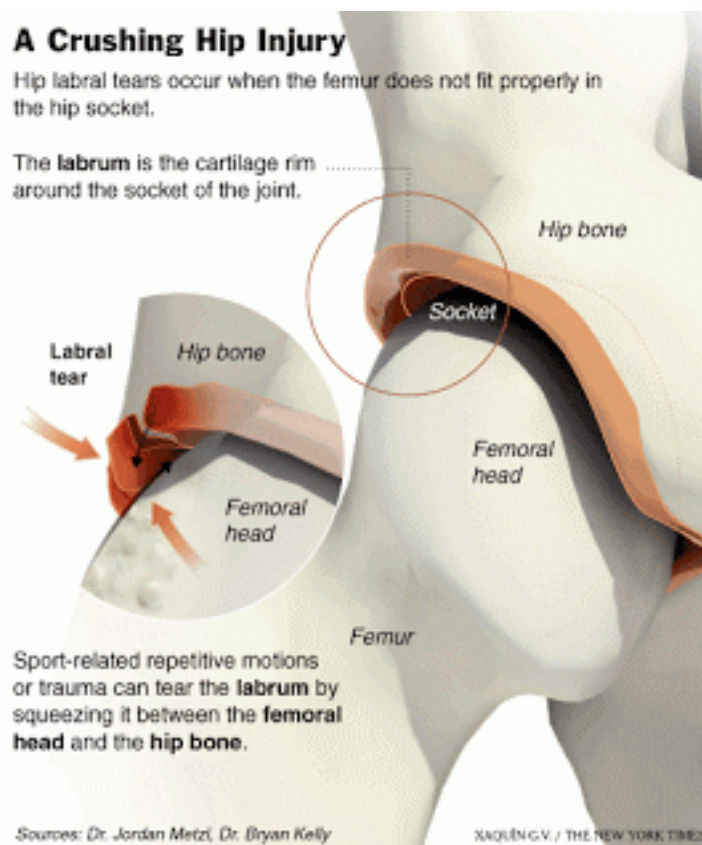
Impingement

- What is the result?
 - Labrum is crushed between bony abnormalities leading to a tear



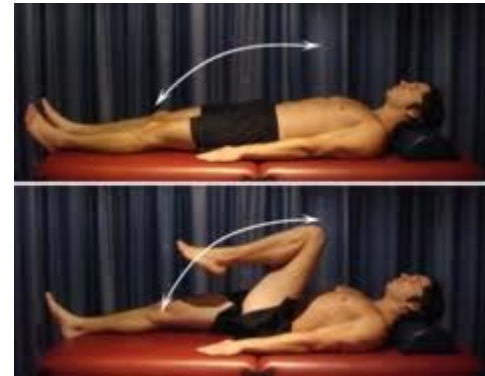
Labral Tear

- The labral tear is a result of the bony abnormality about the hip
- Rarely occurs without impingement
- Treatment must address the labral tear but also the underlying bony abnormality that caused tear



Physical Exam

- Hip Range of Motion
 - Usually loss of internal rotation secondary to bony impingement
 - May also include loss of hip flexion



Physical Exam

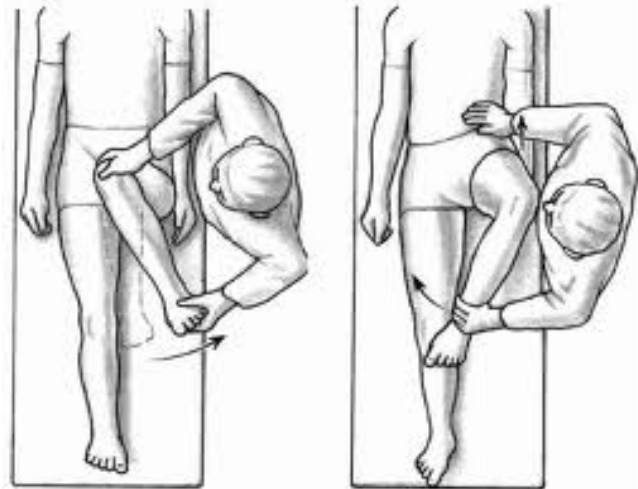
- Pain
 - Flexion
 - Adduction
 - Internal Rotation



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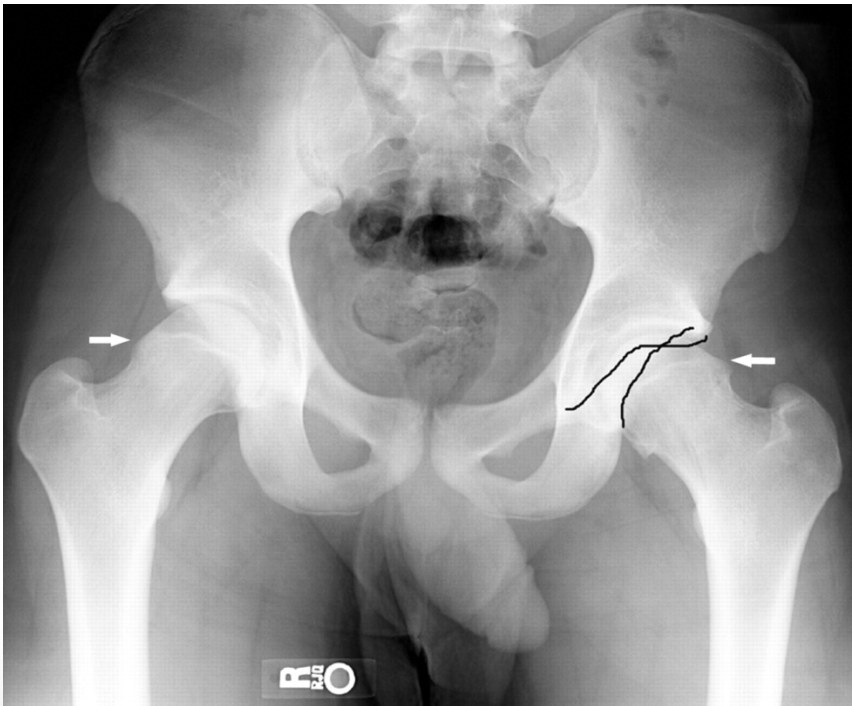


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Diagnosis

- Radiographs
 - AP pelvis
 - Frog lateral hip



Advanced Imaging

- MRI
 - May diagnose labral tear
 - Very common but not always symptomatic
 - Contrast not usually necessary

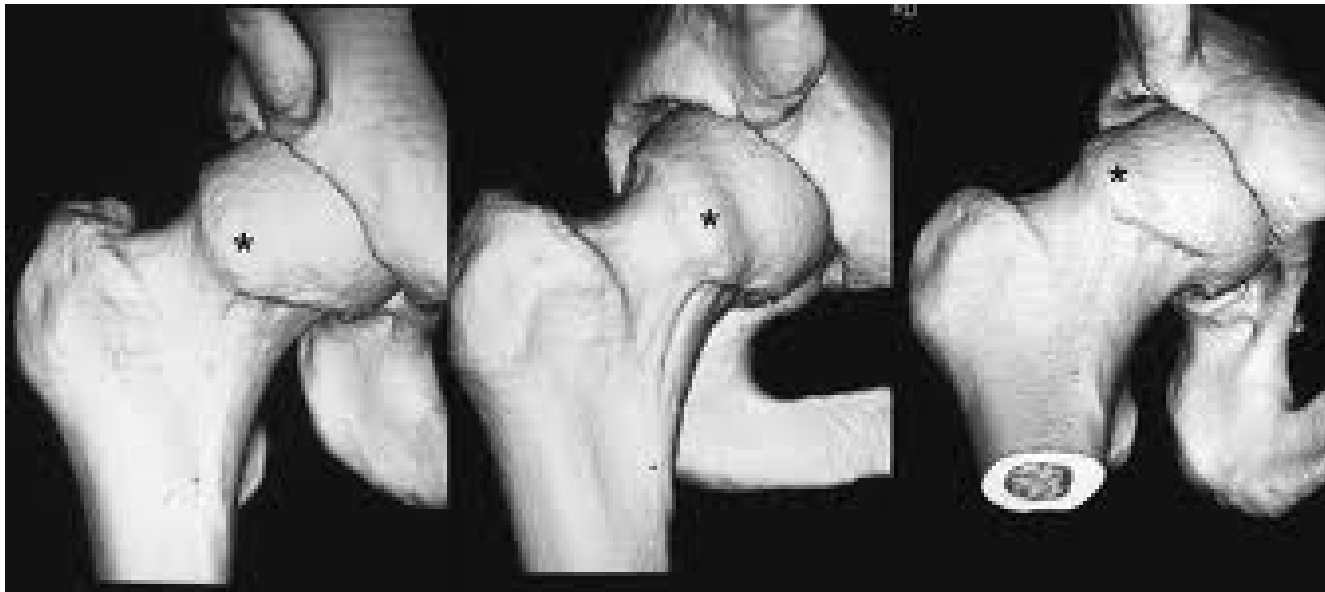


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Advanced Imaging

- 3D CT Scan
 - Helpful in showing three dimensional view of bony abnormality



Treatment

- Nonoperative
 - Physical Therapy
 - Pelvic stabilization
 - Core strengthening
 - Relative Rest
 - Anti-inflammatories
 - NSAIDs



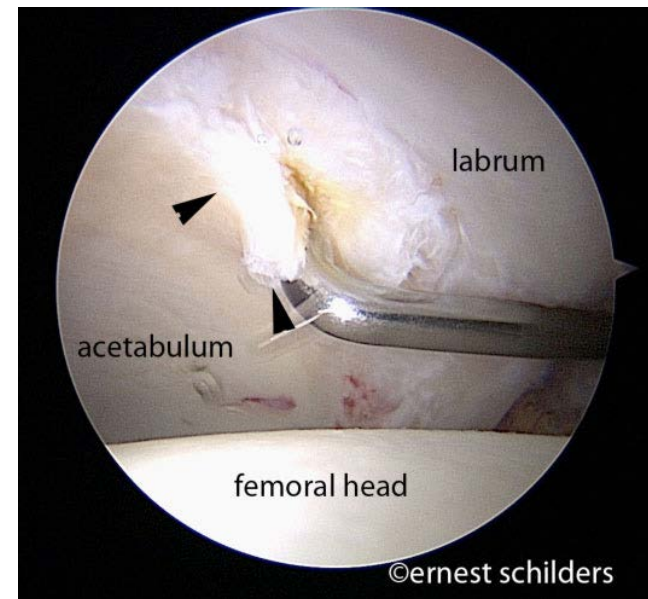
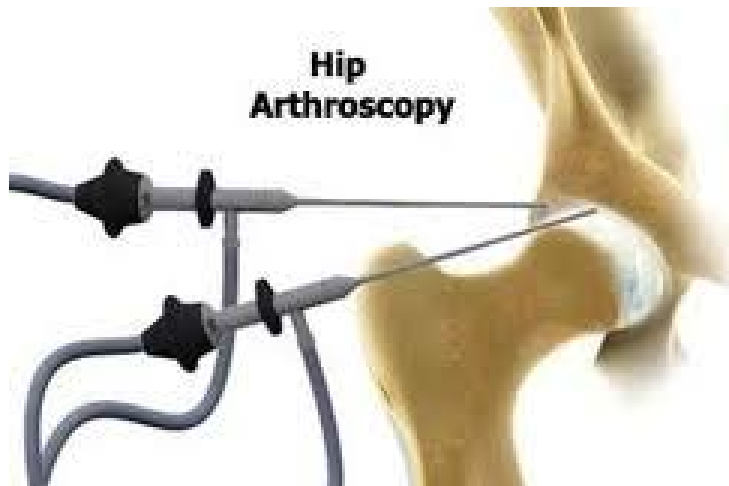
Treatment

- Nonoperative
 - Intra-articular cortisone injection
 - Usually performed under fluoroscopic guidance
 - May provide both diagnostic and therapeutic benefit



Operative Treatment

- Hip Arthroscopy
 - Relatively new procedure
 - Gained popularity in last 10-15 years
 - Better techniques
 - Better understanding of pathology



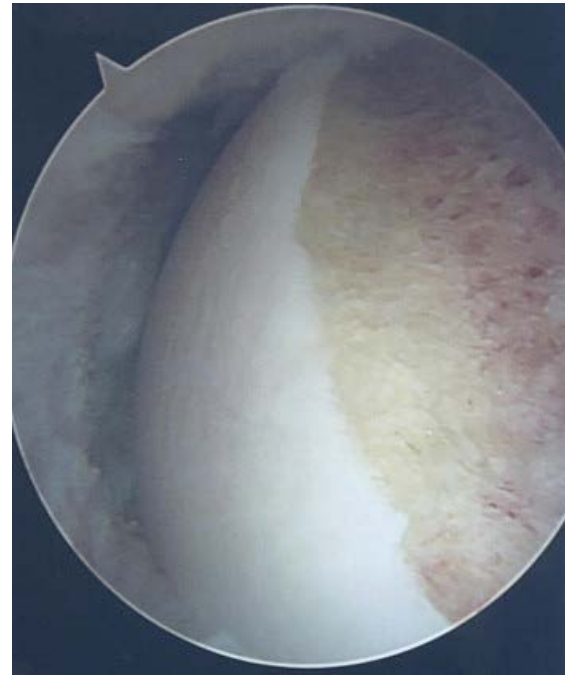
Operative Treatment

- Hip Arthroscopy
 - Outpatient procedure
 - Distract hip joint



Hip Arthroscopy

- Evaluate and Treat
 - Labral Tears
 - Chondral Injuries
 - Synovitis
 - Bony Impingement
 - CAM Lesion
 - Femoral side
 - Pincer Lesion
 - Acetabular side



Rehabilitaion

- Protected weight-bearing
 - 2-6 weeks
- Early range of motion



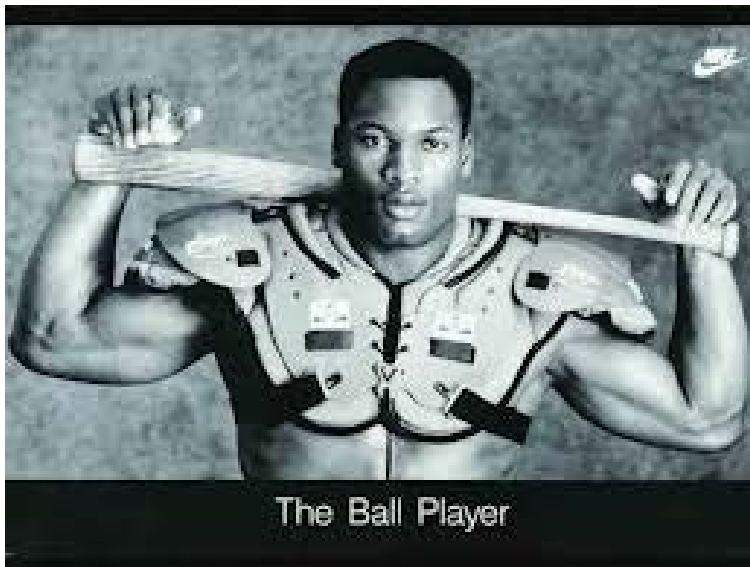
Rehabilitation

- Gradual strengthening
 - Core
 - Hip abductors
 - Quads
 - Hamstrings



Return to Sport

- 3-4 months institute running program
- Full return to sport in 4-6 months



Questions???



References

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