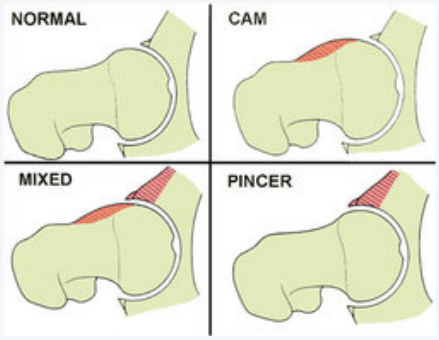
FAI

- Mismatch between head of the femur and acetab
- Common cause of labral injury due to repetitive abutment during terminal ROM
- Causes Chondrolabral separation, acetabular chondral delamination and labral detachment

Classification



Cam: Femoral head becomes non-spherical, decreased joint space. Can be caused by congenital variations of the femoral neck or disorders of the femoral neck (SCFE, Legg-Calves-Perth, post traumatic deformity) - More common in young men (20-30 years old)

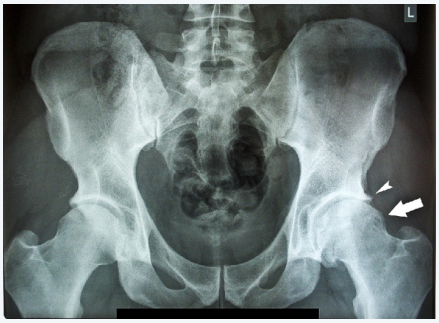
Pincer: Cartilage overdevelopment on acetabulum/rim, usually on anterior-superior aspect. Usually in hypermobile patients, more common in women in their 3rd decade

Combined: Both - most common

Presentation

- Usually young and physically active
- Symptoms usually unilateral, but can be bilateral
- Insidious onset of dull/achy anterior hip/groin pain
- Radiates towards GT/lateral thigh
- Aggravated by prolonged periods of sitting, stair climbing, stressful activity (hip flexion/rotation)
- Limited Hip ROM can have clicking/popping
- Abnormal hip movement while walking/squatting
- Hip flexor tightness
- +ve Quadrant test, +ve roll test, +ve FAIR, +ve FABRE
- Pain caused by pincer type is provoked by hip ext + Ext rot

Imaging



- X-ray showing combined FAI
- Usually needed as clinical evaluation is inadequate
- US for labral tear/ other structures of the hip
- MRI only if surgical intervention / eliminating non-FAI hip pain

DDx

- Labral Tear
- OA
- Lx radiculopathy
- GTPS
- Psoas muscle strain
- Adductor tendinopathy
- Ischiofemoral impingement
- AIIS and Subspine Impingement
- Iliopsoas impingment
- GT - Pelvic impingement
- Hip dysplasia
- Osteonecrosis
- Stress f#
- Snapping iliopsoas
- Inguinal/femoral hernia
- Tumour
- Infection
- Neoplasm
- SCFE
- LCPD
- Inflammatory arthropathy
- AVN

Management

- Avoid aggravating activities (usually squats)
- Avoid hip flexion/internal rot
- SMT of Lx and SI
- Gentle, passive hip mobilisation/distraction
- Avoid stretching/PROM exercises
- Core and Glut med strengthening
- Posterior Pelvic tilt exercises
- NSAID use
- Surgery intervention is considered if no improvement with conservative care

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