

What is FAI?

Femoroacetabular impingement is a bony abnormality at the hip joint as a result of excessive bone growth on the femoral head (ball), on the acetabulum (socket), or a combination of the two. The impingement leads to hip/groin pain due to abnormal contact areas and has a risk of further joint damage.

- Pincer Impingement: excessive bone growth on acetabulum (left in above image)
- Cam Impingement: excessive bone growth on femoral head (right in above image)

Possible other causes of hip pain to rule out: labral tear, athletic pubalgia, fracture, hip flexor strain, snapping hip syndrome, avascular necrosis, gynecologic disorders, cancer

Available Resources

- Hip Arthroscopy free iPad application
- Primary care physician
- Physical therapist
- Orthopaedic surgeon
- Websites:
 - American Academy of Orthopaedic Surgeons
 - Hospital for Special Surgery
 - Rothman Institute
 - Royal Berkshire NHS
 - o Nirschl Orthopaedic Center
 - Children's Hospital of Philadelphia
 - American Orthopaedic
 Society for Sports Medicine:
 Injury Prevention Resources

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Femoroacetabular Impingement Syndrome (FAI)



Signs & Symptoms

- Hip/groin pain on one side
- Oftentimes the pain is described using the "C" sign (hand on hip with fingers at the front of the hip/groin area)
- Intermittent sharp pain
- Painful catching/locking/ clicking
- Pain with turning, twisting, pivoting on painful side
- Activity dependent pain (eg: prolonged sitting, climbing stairs)
- Restricted hip range of motion
- Positive hip impingement tests (see below)
- Positive imaging (x-ray, MRI, CT) findings













Treatment Options for Femoroacetabular Impingement

Conservative/Non-Operative versus Surgical

Conservative/Non-Operative Treatment

- Detect early
- Modify activity: avoid hip rotation, extended sitting, crossing legs, excessive hip bending (squats, cycling)
- Control pain
- Balance the length and strength of hip and core musculature
- Improve lower extremity control, balance, and alignment
- Intra-articular hip injection
 - Pain relief
 - Diagnosis

Surgical Treatment

- Most common treatment option leading to improved function and reduced pain
- Surgical options: hip arthroscopy (preferred technique), open surgical dislocation, mini-open method
- Arthroscopic technique has highest rate of return to activity

After Surgery

- Protocol dependent on specific condition and surgical procedure
- About 3 months of physical therapy rehabilitation followed by an additional 1-3 months for more sportspecific training prior to full return to activity