

Indications or diagnoses treated with hip arthroscopy

- femoroacetabular impingement
- labral tears
- articular cartilage injuries
- traumatic hip subluxations/dislocations
- loose bodies
- ligamentum teres ruptures
- synovial disorders

Typical symptoms for hip arthroscopy candidates

1. Anterior groin pain, deep lateral hip pain, and posterior hip pain (rarely)
2. Groin pain with activity such as rising from a chair, getting out of a car, going up / down stairs, prolonged sitting, and during athletic activity.
3. Intermittent, mechanical pain “catching” or “snapping” can be an indication of labral pathology or a snapping tendon (psoas or iliotibial band).
4. Groin pain when bringing the knee to the chest and pulling it across your body.
5. Groin pain when bringing the knee to the chest and letting the knee fall to the side.

Objective findings

1. Groin pain with flexion of hip to 90 degree or greater with maximal adduction and internal rotation (Anterior Impingement)
2. Possible limited internal rotation, has normal external rotation and extension of the hip
3. Positive FABER test (groin pain with flexion, abduction and external rotation of the hip also known as the figure 4 position).
4. Radiological Exam (see x-ray views below)
 - a. Evaluate for Osteoarthritic (OA) changes, advanced arthritis is a contraindication (fig. 1)
 - c. Pincer Impingement (acetabulum)
 1. Crossover sign on pelvis (fig. 3)
 - d. CAM impingement (femur)
 1. CAM bump on Frog Lateral (osseous “bump” at head-neck junction) (fig. 3)

(figure 1)



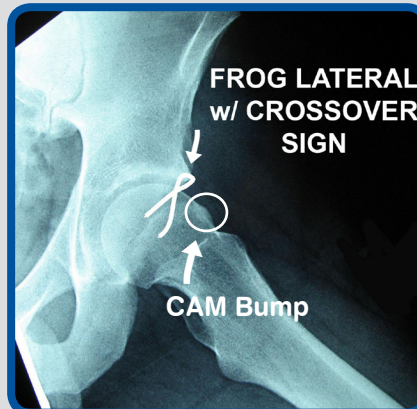
Preferred imaging

X-rays: Plain x-rays are an important part of the diagnostic process. These views are preferred:
 AP pelvis (fig. 2), Frog lateral of involved hip (fig. 3), Cross table (X-table) lateral (fig. 4)

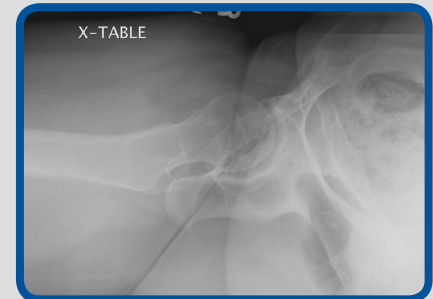
(figure 2)



(figure 3)



(figure 4)



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Preferred images, cont.

MRI's: If x-rays do not show advanced arthritis, a *MR-Arthrogram* with an anesthetic injection can be performed for further diagnosis. *Patients should note any pain relief during the first two hours after the injection. They should perform provocative activity (activity that is known to reproduce the patient symptoms) during this time.* The patient should note any changes in symptoms, if symptoms decrease they should note the amount of improvement after the anesthetic injection (usually reported as percentage of improvement) and the duration of relief. In certain cases a 3-D CT scan may be ordered.

Initial treatment

Patients with minimal symptoms, low physical demands, or gluteal and core strength weakness are good candidates for an initial trial of physical therapy.

Arthroscopy candidate

If the following findings are present a referral for further evaluation and potential arthroscopy may be indicated.

- Groin pain, deep lateral hip pain, or deep posterior hip pain with no low back involvement
- Pain with hip internal rotation, flexion, and/or adduction of the hip
- Mechanical symptoms (see "Typical symptoms for hip arthroscopy candidates" section.)
- MR-Arthrogram is positive for a labral tear AND/OR the patient had "significant" relief with anesthetic injection (immediate relief).
- Physical Therapy sessions emphasizing gluteal & core strengthening were completed and there is no symptom relief.

Not an arthroscopy candidate

- **Osteoarthritis (advanced)**
Patients with OA of the hip may complain of one or more of the following; constant ache in the hip, increased pain at night and/or global ROM limitations. If advanced arthritis is seen on x-ray, arthroscopy is not typically recommended. Patients with mild to moderate osteoarthritis may be treated with a cortisone injection prior to considering hip arthroscopy.
- **Lumbar spine degenerative disease or radiculopathy**
Patients with the low back pain should have a thorough neurological and spine exam to verify that their hip symptoms are not caused by the back. If hip pathology does exist, a referral for further evaluation is appropriate.