Connecticut Orthopaedics

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Femoroacetabular Impingement (FAI)
FAQ Sheet for Providers

What is femoroacetabular impingement (FAI)?

FAI is a condition that causes persistent groin pain in younger people. There is abnormal bony morphology around the hip joint that pinches the soft tissues around the hip and cause pain. This persistent pinching can cause a labral tear.

What is a labral tear?

The labrum is the soft tissue structure around the rim acetabulum that forms a gasket seal. It gets repeatedly pinched in FAI and can become bruised or torn.

How do I diagnose FAI and/or a labral tear?

FAI and labral tears are very common in young active people with hip and groin pain. If you have a patient with persistent hip pain it may be secondary to FAI or a labral tear, especially if you have done PT and they have not improved. You can order an MRI to evaluate for a labral tear. It is important to order a hip MR arthrogram, not just a plain MRI of the hip. Radiologists have a hard time evaluating the labrum without the intra-articular contrast.

Is this common?

This is very common especially in active young people. The incidence can be as high as 70% of patients have these bony bumps around their hip. This is a condition that was not well recognized until the 1990's. It is still a diagnosis that is not well recognized. Depending on the study you read, patients can go missed or undiagnosed for 21+ months. They also see 4 providers on average before the diagnosis is made. There are orthopedic surgeons, like myself, who are fellowship trained in diagnosing and managing disorders around the hip nonsurgically and surgically.

Aside from an MRI, how is this diagnosed?

We start with making the correct diagnosis by a thorough history and physical exam, which I will demonstrate, for you in a few minutes. We also obtain special x-ray views in clinic to aid in the diagnosis.

How is FAI treated?

We start by advising the patient to avoid the activities that aggravate the hip or exacerbate the symptoms. We also prescribed anti-inflammatory medications to decrease inflammation. Some patients will benefit from PT as well. I preform ultrasound-guided injections in the office as an additional nonsurgical option. Some patients may be advised surgery is a good treatment option.

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What does the surgery entail?

This is an arthroscopic surgery, meaning it is done through very small incisions and we use a camera inside the hip joint. We then shave down the bony bumps and repair the labral tear.

What is the recovery time for this surgery?

We do a lot of work through those small incisions, so it takes a while to recover from. You are on crutches for several weeks after surgery. Like most sports medicine procedures, it takes around 4 months to fully recover from this procedure.

I've heard this is a pre-arthritic condition, what does that mean?

We do think this is a pre-arthritic condition, meaning it is a contributor to the development of arthritis at a younger age. There have been multiple studies that have identified these bony bumps on the x-rays of patients who underwent a hip replacement at a younger age. This is especially true for the cam lesion or the thigh bone bump.

So does this procedure prevent arthritis?

We don't have the long-term data yet on patient outcomes and the prevention of arthritis; however the most recent meta-analysis demonstrated that at almost 6 years post op more than 90% of patients had not needed a hip replacement after having a hip scope. Older patients and those with some arthritis at the time of the hip scope were more likely to go onto hip replacement.

What are my chances of returning to my sport if I have a hip scope?

There have been many studies done looking at this question, and the answer is around 90% of patients return to the same level of sport after this surgery.

How do patients do overall after this surgery?

Most patients scored in the 50's and 60's on subjective hip surveys called the harris hip score or the hip outcome score before surgery. The literature tells us that you can expect to improve around 30 points. So you can expect to go from an "F" hip to a B+ or A-. It's not perfect but it's much better.