

Hip Injuries in Athletes

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Injuries of the hip can be debilitating for the athlete. A wide variety of problems exist, ranging from muscle strains to tears of the internal structures, including the cartilage and labrum. With a more active population we are seeing more and more patients who have hip injuries. Fortunately, most of these setbacks can be treated with a supervised, hip-specific therapy program focused on muscle balancing and strengthening.

Problems originating from the hip usually present as groin pain or a “pinch” in the front of the hip with squatting or deep flexion. Athletes participating in soccer, football, hockey, basketball, gymnastics, and tennis are more prone to these injuries. They normally do not cause pain radiating down the entire leg; however, some athletes describe pain down to the knee.

The most common hip injuries in athletes are muscle strains. They range from a “pulled hamstring” in sprinters to a strained hip flexor in basketball players. These injuries can be extremely painful and can leave an athlete on the sidelines for four weeks or longer. Immediate treatment of these injuries includes rest, ice, and possibly medications to help with inflammation and pain. An exercise program to work on range of motion and stretching is then implemented. Strengthening exercises are usually only started once an athlete regains full, pain-free range of motion. A new physical therapy tool called biofeedback can also be helpful in these injuries. It trains the body to use different muscle groups more efficiently in order to prevent injury. For example, an athlete with a hamstring strain can be trained to become “glut-dominant” which teaches him/her to fire the stronger gluteus muscle group before the hamstring group in hip extension. This reduces tension on the hamstrings, which can prevent future injury.

Less commonly we see athletes who describe hip or groin pain without a muscle strain. They will usually complain of pain in the front of the hip with deep squats, sitting down for long periods of time, or going from sitting to standing. This pain can be due to a newly described problem called femoroacetabular impingement or FAI. This occurs when bony overgrowth on the ball (femoral head) and/or socket (acetabulum) causes the bones to abut against each other. Between the femoral head and acetabulum lies a thick cartilaginous structure called the labrum that acts as a suction seal for the hip. With repetitive abutment of the two bones, the labrum gets caught in the middle and will tear. Tearing of the labrum can lead to injuries to the surrounding cartilage, but it is controversial whether this will lead to early-onset arthritis. The diagnosis of FAI can be made with x-rays; however, labral tears require an MRI of the hip. Your doctor may also ask that dye be injected under ultrasound or x-ray guidance into the hip before the MRI in order to increase its accuracy.

Prevention of tears of the labrum requires a modification in activity. We usually recommend these patients avoid deep squats with hip flexion greater than 90 degrees, twisting movements with the hip flexed, and extreme range of motion activities. The first line of treatment is a period of rest and a supervised exercise program focused on strengthening the muscles around the hip to take pressure off the labrum. Ignoring the pain can exacerbate the problem and make it worse. If the pain persists, the athlete should seek further medical attention to make sure no permanent damage is occurring. Occasionally surgery may be necessary to remove the bony overgrowth and repair the labrum. Luckily, recent advances in medicine have allowed us to do this in an arthroscopic, minimally-invasive manner with small incisions instead of the traditional large open incision.

We are fortunate in our community to have many places to turn for orthopedic care. When seeking medical treatment for hip pain, be sure to select the physician who is most highly qualified through advanced training in the latest techniques and in experience. Take time to ask about medical school education, areas of specialization, residency training, and experience with your particular issue. Dr. Michael Nguyen is a board eligible orthopedic surgeon that is fellowship trained in sports medicine and arthroscopic injuries of the shoulder, knee, and hip. Dr. Nguyen is on staff at Texas Health Harris Methodist Hospital Southlake, Texas Health Harris Methodist HEB, and Baylor Regional Medical Center at Grapevine.



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