STANFORD
SCHOOL OF MEDICINE
Stanford University Medical Center

DEPARTMENT OF ORTHOPEDIC SURGERY
SPORTS MEDICINE
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Frequently Asked Questions About FAI

Why does it occur?

Answer: It seems Cam type FAI (the femoral head / ball being out of round) is related to sporting activities the patient performed while in their teenage years. No one knows how Pincer FAI (socket depth or rotation) occurs, whether it is from birth (congenital) or develops during periods of growth (acquired). However, even though you may have the bony changes of FAI, you may not have symptoms unless you participate in activities that require large hip motions or motions at the extremes

How did I get it?

Answer: Some experts believe that significant athletic activity before skeletal maturity increases the risk of FAI, but no one really knows. Contact and collision sports (i.e., football) are associated with Cam impingement.

Do I have arthritis if I have FAI?

Answer: Not necessarily. However, first evaluation is done with x-rays which would show significant arthritis. MRI scans may show loss of articular cartilage, but frequently, there is significant loss of articular cartilage inside the hip that is not seen on MRI or Xray.

Do I have FAI if my hip MRI was read as "Normal"?

Answer: At times, an MRI will be read as "Normal" but the clinical history, physical exam, and plain x-ray films indicate FAI. In this situation, further investigation with an arthroscopic surgery may be needed.

My diagnosis was made after many years of hip pain, is that common?

Answer: In general, most patients with hip pain due to labral tears or FAI often have seen multiple doctors and have significant delays in diagnosis before the correct diagnosis and treatment is instituted.

I've been treated for a labral tear with a hip arthroscopy. Could I have FAI, too?

Answer: Hip labral tears are associated with FAI. If you have had your labral tear treated and are still having pain, you may have FAI. The success of labral surgery is much less if there is untreated FAI. Further, residual impingement may lead to further loss of hip cartilage.

Can my other hip be involved as well?

Answer: Yes, it is possible for both hips to have FAI. However, while 85% of my patients have similar anatomy on both sides (Xrays of FAI on both sides), only 15 – 25% of my patients have symptoms on both sides needing surgery.

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I don't have any pain, what should I do?

Answer: Some patients with FAI complain of stiffness and loss of hip range of motion without any significant pain. Progressive loss of motion in the hip can be associated with ongoing FAI. Speak to your physician about your options.

Is this the same condition as DDH (developmental dysplasia of the hip)?

Answer: DDH or developmental dysplasia of the hip is a different diagnosis than FAI. DDH generally refers to too little coverage of the ball by the socket. FAI generally refers to too much coverage of the ball by the socket. Both DDH and FAI are associated with labral tears and articular cartilage damage. Some patients with DDH (shallow socket) can have cam FAI as well.

What type of doctor can treat it?

Answer: If one has a diagnosis of FAI or suspects FAI, one should be evaluated by an orthopaedic specialist who is adept in treating hip disorders. Your physician should have experience with either open surgical hip dislocation or hip arthroscopy.

How long can I wait before seeking treatment?

Answer: Typically, FAI that produces symptoms for more than 2 months should be evaluated for surgical treatment. A longer wait may lead to further damage of the joint. We have found that those who wait longer between the onset of symptoms and surgery do not have as full a recovery / return to sports, as those that have symptoms of a shorter duration.

Can I be treated with an injection of medicine or good physical therapy?

Answer: Generally, FAI is a chronic condition that does not typically respond well to hip injections or physical therapy over the long term. The injections may make the hip feel better for a short duration. However, a good physical therapy program focusing on hip strengthening instead of stretching may be beneficial. The key is that forced stretching may make the symptoms worse.

If I don't have surgery, could I ever play sports again? If I rested for a while and felt better, could I cause more damage if I go back to my normal activities?

Answer: Non-operative treatment is always an option. If you follow a conservative treatment plan of active relative rest, stretching and strengthening, the pain and swelling may go down. If however, you have a labral tear or articular cartilage damage, these generally do not heal. Usually, the pain and swelling will return once you return to your chosen sporting activity.

How much could the pain subside without surgery?

Answer: The pain may come and go, but likely would not decrease significantly or for an extended period of time, especially if you continue with sporting activity, without surgical intervention.

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Can I just wait a few years and have a total hip replacement?

Answer: Yes. The postoperative rehabilitation of a total hip replacement (total hip arthroplasty) is significantly shorter than an FAI procedure. However, hip replacements have a limited longevity, especially for younger patients. The same is true for a hip resurfacing type of procedures. Both the resurfacing arthroplasty and the total hip arthroplasty involve removal of the damaged joint surfaces and replacement with man-made materials (i.e., metal, plastic, ceramic) which are subject to wear. The wear results in joint debris which may shorten the life of the replacement. Once your hip replacement fails or wears out, your revision hip replacement does not last as long or work as well as your first and has a higher complication rate. And each subsequent replacement will not work as well or last as long as the one before and has a higher complication risk associated with it. As such, the goal is to put off having a joint replacement as long as possible, so that the one you finally get is the only one you need. Once you go down the path of hip replacement, there is no turning back.

After surgery, How long would I be out of work?

Answer: Sedentary work can be resumed in one to two weeks. Labor intensive work maybe 12 – 20 weeks.

After surgery, How long until I could drive?

Answer: Once you have good control of your leg and you are not taking any narcotic medications. This is usually 1-2 weeks

Would there be any rehabilitation involved after surgery?

Answer: Yes, though the amount and duration depends on what is done for your hip. Usually Physical Therapy (PT) starts the week after surgery. PT is twice a week for 3-4 months, then weekly to every other week for another 2-3 months. This is in addition to home exercises to be performed daily after surgery.

After surgery, How long before I can exercise?

Answer: Stationary bike is part of the recovery process and may begin as soon as the day after surgery. However, you are not to go into a swimming pool or get the wounds wet until your sutures are removed (usually 10 – 14 days). You may have to wait 2 – 6 weeks before being able to put weight on the operative leg depending on what needed to be done in the hip. Physical Therapy starts the week of surgery, and you will be doing exercises as part of your therapy. You can do upper extremity strengthening immediately, as long as you do not use your legs to assist in the lifting (and you cannot carry the weights while walking with crutches)

During surgery, would I be put under complete anesthesia?

Answer: Yes but you don't need to. Spinal anesthesia is possible but general anesthesia is recommended to reduce complication risk.

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Would I have crutches after surgery, how long would I use them?

Answer: Yes, though how long depends on what is done. If only bone is removed from your hip you may be on crutches for 2 weeks, but if you are a woman over 39 years old or man over 49 years old, you will be on crutches an extra week per decade. Also, if we have to try to get new cartilage to grow in your hip, then you may need to be on crutches for 6 weeks. A labral reconstruction requires that you are on crutches 3-4 weeks. Your rehabilitation progress will determine the weaning process as well as the extent of the tear and/or associated problems.

Is it possible that I have damaged articular cartilage (the cartilage that lines the joint surfaces)? Would you find this out prior to surgery or during?

Answer: Yes. The ability to detect articular cartilage injury before surgery still is not perfected, even with MRI. As hip arthroscopy techniques become more refined the incidence and ability to treat cartilage problems are both increasing. The presence of cartilage lesions (articular cartilage) is identified at the time of surgery and is treated by debridement (cleaning it up) and/or microfracture (where we poke holes in the bone to stimulate growth of a scar cartilage to replace the lost articular cartilage).

Will surgery prevent further damage to the ligament/cartilage? What are the changes of recurrence?

Answer: Surgery is done to treat your symptoms, usually groin pain, as well as to reduce worsening of the tear. There is no guarantee that a recurrent tear will not occur nor is there any guarantee that surgery will prevent arthritis. Recurrent tears are, however, unusual. Also, it is not known whether removing the torn cartilage will prevent further damage.

What are the main risks of Arthroscopic FAI treatment?

Answer: *Complications from FAI hip surgery are uncommon but include the following:*
DVT (blood clot) that may break off and go to the lungs (pulmonary embolus)
Infection
Bleeding
Femoral neck fracture (broken hip)
AVN of the femoral head (dead bone)
Heterotopic ossification (abnormal bone formation in soft tissues)
Nerve injury
- Sciatic or femoral nerve {leg numbness or weakness)
- LFCN {numb outer thigh}
- Pudendal {numbness in the groin / genitals}

Scarring/Adhesions
Continued Pain
Damage to the cartilage
Need for further surgery
Hip Instability
Not removing enough bone or too much bone

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What can I do to put less tension on the hip? Are there any exercises, stretches or devices to use to help me sleep better?

Answer: All activities, even rolling over in bed can cause hip stresses. The most important exercises are ones which create normal flexibility about your hip and normal, protective strength. In some situations, activities that require extremes in your range of motion of your hip, may cause the pinching of tissues, resulting in damage to the torn labrum and articular cartilage.

What is the percentage that I could feel worse after the surgery?

Answer: Feeling worse after surgery is always a possibility, however, the likelihood of that is very small.

Is there anything I can do to give me any relief now? Ice and heat seem to only do so much.

Answer: Pain medications can be ordered but are not recommended prior to surgery. Non-steroidal anti-inflammatories (Advil, Aleve, etc) and Tylenol mixed together are often better than either alone. However it is recommended that you not take anti-inflammatory medications for the 2 weeks prior to surgery.

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