**EARLY HIP PAIN IN ATHLETES**

**WHY A GRIN-AND-BEAR-IT MINDSET CAN HURT YOU**

If you are a high-level athlete – or have trained like one – you have likely heard sayings such as *No pain no gain!* If, however, you experience ongoing hip pain, orthopedic surgeon, Parminder Kang, says, "Pain is not a sign of weakness, it’s a warning signal that shouldn’t be ignored."

**Hip pain is not uncommon in athletes** in their 20s, 30s and 40s and may be a symptom of tendonitis, bursitis or even arthritis. In recent years, however, more highly athletic adults have been treated for femoracetabular impingement (or FAI for simplicity’s sake). That prompted WomensCare magazine to talk with Dr. Kang about what causes FAI, why a grin-and-bear-it approach is a bad idea and how minimally invasive arthroscopic surgery can help return athletes to a high level of function faster than traditional forms of hip surgery. **WomensCare:** Is there an easy way to explain femoracetabular impingement? **Dr. Kang:** The hip’s ball-shaped femur rotates inside a cup-shaped socket called the acetabulum. If, however, the ball of your hip is not perfectly round or your hip socket is too deep, the joints rub against each other and their normal range of motion may be restricted. As a result, the rubbing of the socket, known as the labrum, gets impinged – or pinched – between the head and the cup. This repeated impingement can cause irritation and, over time, labral (labrum) tears. It can also damage cartilage that cushions the joints, which can lead to premature arthritis.

**WomensCare:** How does a person’s ball or socket become misshapen? **Dr. Kang:** A misshapen ball or socket is something you are born with, but most people – including those with a mechanical mismatch in the shapes of their hip bones – move an average of two miles a day without experiencing hip pain. **WomensCare:** Why are athletes more susceptible to these hip injuries? **Dr. Kang:** Young athletes and athletes who continue to train at high levels in their 20s, 30s and 40s flex their hips more often and to a greater degree than the rest of us. Sports such as martial arts, golf, soccer, football, water polo, hiking and even deep squatting activities such as power lifting really engage the hips, so they can lead to labral or cartilage injuries in individuals with FAI (even mild FAI if the motion is extreme enough). However, even seemingly "safe" exercises like yoga can irritate the hips of someone with FAI.

**WomensCare:** Is a labral tear or cartilage damage more than an overuse injury? **Dr. Kang:** Yes; repetitive hip flexion alone won’t cause labral tears or articular cartilage injury in someone who has a normal hip ball and socket. This damage occurs gradually in someone with FAI. In fact, some patients have told me that they first experienced hip pain when doing something simple such as swinging their leg to the side to get out of bed or the car.

**WomensCare:** How would you describe the pain of FAI? **Dr. Kang:** FAI symptoms may begin as a dull ache or a feeling that there is a "fuzz" in the hip. Some patients also experience groin or back pain. But generally, when patients show me where it hurts, they grab the side of their hip and groin between their thumb and index finger in a C-formation.

**WomensCare:** How do you address the pain? **Dr. Kang:** The first line of treatment is rest and pain relievers such as ibuprofen. Corticosteroid injections may also reduce pain, and physical therapy can help strengthen the hip. The problem is that conservative measures may only provide temporary pain relief and can’t reshape the hip joints or repair existing damage.

**WomensCare:** But the "grin-and-bear-it" approach isn’t recommended? **Dr. Kang:** Waiting too long to address FAI hip pain can lead to more severe damage that might not be repairable. What may help, however, is reshaping the ball socket and repairing the labral tear through arthroscopic hip surgery. Because the labrum is made of the same rubbery material as the meniscus that cushions the knee, the hip procedure can be as effective as arthroscopic knee surgery.

**WomensCare:** How do you perform arthroscopic hip surgery? **Dr. Kang:** Arthroscopic hip surgery is a same-day surgery that can help athletes recover and get back to training and competing quicker than traditional hip surgery. By making two tiny incisions, we can insert a thin, flexible tool called an arthroscope that allows us to see hip damage, as well as reshape the bone and repair tears in the labrum. Articular cartilage can’t be repaired, but we can use the scope to stimulate the growth of new cartilage. Another benefit of this procedure is that it helps us diagnose and treat early causes of arthritis, which may save an athlete with hip problems from needing hip replacement down the road.

**WomensCare:** What diagnostic tests are recommended to diagnose FAI? **Dr. Kang:** An x-ray or CT scan can detect abnormalities in the hip structures, but to detect damage to the labrum and cartilage, an MRI (magnetic resonance arthrogram) – which is a special form of magnetic resonance imaging (MRI) – is necessary. An MRI uses a special dye that allows labral tears and defects in the cartilage to be seen better than a MRI. **Dr. Kang:** Yes; repetitive hip flexion alone won’t cause labral tears or articular cartilage injury in someone who has a normal hip ball and socket. This damage occurs gradually in someone with FAI. In fact, some patients have told me that they first experienced hip pain when doing something simple such as swinging their leg to the side to get out of bed or the car.

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**Anesthesia Tips**

General anesthesia is often used during surgery to block pain and allow the body’s muscles to completely relax – yet just the idea makes some patients nervous. According to anesthesiologist, Dr. Vimmi Kang, the most common reason people fear anesthesia is that they think it will make them nauseous. The following steps can help your doctor develop the best anesthesia plan for you and reduce the likelihood that you will get sick when you wake up.

1. Follow your doctor’s instructions about when to stop eating and drinking prior to surgery. General anesthesia returns the muscles in your digestive tract and airway, so fasting reduces the likelihood that you will throw up. If you have to take medications prior to surgery, tell your doctor how much. Some liquid you can drink to swallow them.

2. Fill out your medical history completely, including the medications, vitamins and herbal remedies you take. Certain medications and dietary supplements can thin your blood causing excessive bleeding or preventing normal blood clotting. Also indicate how much alcohol you drink and if you’ve had prior anesthesia problems.

3. If you have diabetes, talk with your doctor about altering your diabetes medication during the fasting period. If you have sleep apnea or other breathing difficulties, discuss your condition with your doctor so that your anesthesiologist knows to carefully watch and manage your breathing during and after your surgery.