

Understanding, finding solutions for non-arthritic hip pain

FEATURE – Many people go to their doctor's office complaining of vague low back, buttocks or groin pain. This usually leads to X-rays of the back and hips. On many occasions, those imaging studies are interpreted by the clinician as unremarkable and the patient is told that nothing can be done for the pain. This can lead to chronic discomfort and frustration.

These patients may be surprised that their ailment is actually non-arthritic hip pain.

We are now familiar with a condition called femoroacetabular impingement, or FAI, a mechanical impingement of the femoral head into the acetabular socket. Orthopedic surgeons have discovered that many patients who present with the previously described pain go on to develop characteristic hip joint abnormalities which may eventually lead to arthritis and a hip replacement at a relatively young age.

Pincer impingement occurs when the outer edge of the socket has a bony overgrowth that rubs on the femoral head. Cam impingement occurs when there is extra bone on the femoral neck and head. In both of these cases, the extra bone can cause pain and lead to mechanical impairment.

However, we have learned that with early intervention, these symptoms can be treated and corrected. Orthopedic surgeons can correct the abnormal anatomy in the hip through minimally invasive techniques previously applied to other joints in the body, mainly arthroscopy. Arthroscopic procedures are done with small incisions and thin instruments; the surgeon uses a small camera, called an arthroscope, to view inside the hip.

New hip arthroscopy techniques allow orthopedic surgeons to remove bone spurs and damaged cartilage, repair vital soft tissue and restore good function of the hip. Many FAI problems can be treated with this minimally invasive procedure. Office-based ultrasound techniques allow for comfortable diagnostics and treatment techniques.

During arthroscopy, your doctor can repair or clean out any damage to the labrum and articular cartilage, and correct the FAI by trimming the bony rim of the acetabulum and shaving down the bump on the femoral head. This is an outpatient surgery. In many instances, if treated early, a hip replacement can be avoided.

An avid hiker once spent many weeks at various physicians' offices complaining of back and groin pain. A complete workup was done on his back and hips, including X-rays, which detected nothing.

The patient soon presented to my clinic with the same symptoms. He related his medical history and his frustration. I injected his hip and he had nearly immediate relief. He was promptly scheduled for arthroscopic surgery and following the procedure, was able to return to full activity.

Written by Dr. Randy R. Clark for St. George Health & Wellness magazine and St. George News.

Clark is an orthopedic surgeon originally from the St. George area. After graduating from the University of Utah School of Medicine and completing a five-year residency at the University of Iowa, he served a sports medicine/arthroscopy fellowship at the Southern California Orthopedic Institute of Sports Medicine. He currently works for Coral Desert Orthopaedics in Southern Utah. He is married with three children.