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Introduction

Athletic hip injuries have recently been reported to account for 6% of all sports-related injuries, and their prevalence is continuing to increase.[1,2] A recent epidemiologic study performed by Kerbel et al[3] evaluated 5 years of athletic injury data from the National Collegiate Athletic Association. The authors found that the hip/groin injury rate was 53.06 per 100,000 athlete exposures and that 39.3% of the hip/groin injuries incurred resulted in time lost from competition, highlighting both the prevalence and potential consequences of these injuries. Athletic hip injuries also comprise a considerable amount of professional injuries. Between 1997 and 2006 in the National Football League, one study reported that hip and labral injuries accounted for 3.1% of all injuries and that intra-articular injury caused 94.2 days lost from competition.[4] Jackson et al[5] analyzed injuries over 24 seasons in the National Basketball Association and found that hip injuries comprised greater than 14% of all athletic injuries over this time span. In the National Hockey League, hip injuries have been reported to reach a prevalence of 10.6%.[6] In this context, team physicians at all levels of competition must be aware of the diagnostic criteria and treatment approaches to address a large burden of athletic hip injuries and expedite return to play.

The complex structure of the hip may convolute the clinical picture when approaching diagnosis and management of a hip injury given the potential mismatch between pain source and underlying pathology. Potential underlying causes of athletic hip injuries are extensive and may include intra-articular pathology such as femoroacetabular impingement, hypermobility of the hip with associated capsular laxity, anterior inferior iliac spine impingement, adductor strains, osteitis pubis, and athletic pubalgia. Traditionally, athletic hip injuries had been devastating and potentially career ending; however, due to an increased recognition of hip pathology and subsequent advances in diagnostic imaging and treatment modalities, career length has been prolonged and return to sport time has been expedited for athletes with such injuries.

Although conservative management remains the mainstay of first-line treatment, surgical intervention has conferred remarkable outcomes for athletes with hip injuries. For example, in athletes with femoroacetabular impingement, return to sport rates have ranged between 90% and 100% within months of surgery.[7-10] The purpose of the current athletic hip issue is to provide a comprehensive review of common athletic hip injuries. In particular, current concepts in the diagnosis, management, and outcomes for treatment of athletic hip injuries will be discussed. It is the goal of the current issue to allow for treating hip surgeons to be provided with updated knowledge of the most effective treatment algorithms to ultimately provide athletes with hip injuries the most efficacious and safe return to sport.

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