

Introduction



Hip Problems in the Athlete

Hip conditions represent a significant source of disability for the athlete, currently comprising 6% of all sports-related injuries.¹ Historically, accurate diagnosis of hip injury was delayed by limitations of imaging and clinical understanding. As a result, hip injuries could be devastating or career ending for the athlete. Significant advances over the past 2 decades have dramatically improved treatment protocols and the care of athletic hip injury. Hip injuries are frequently seen in high-level athletes participating in high-energy rapid cutting and pivoting activities. The team physician may encounter hip pain or injury at all levels of athletic competition. Feeley et al.² evaluated hip and labral injuries in the National Football League from 1997 to 2006. The authors reported that 3.1% of all injuries involved the hip with an average of 2 weeks lost from sport. In that National Hockey league, hip and groin injuries comprise 10.6% of all injuries with an average of 8 games missed from competition.³ Coleman et al. reported hip injury as 5% of all injuries in professional baseball players with an average of 12 days missed from play.⁴

Our awareness, understanding, and management of athletic hip injury continues to evolve rapidly. Still, the diagnosis and management of hip injuries can be challenging. Presenting symptoms may be variable in location, duration, and severity for different patients. Athletes will typically play through pain or discomfort to some extent and often respond at least intermittently to rest, physical therapy and anti-inflammatory treatment. As a result, the problem may seem to come and go with little precipitating trauma. Causes of hip pain may stem from intra-articular hip pathology, extra-articular causes, or a combination of multiple factors. The complex anatomy of the hip and variable presentation may lead to differing diagnoses and management protocols before a sound diagnosis and effective treatment strategy is established.

The vast majority of athletic hip complaints will be self-limiting and respond to conservative care. When pain is recalcitrant or athletes are unable to return to play, surgical

intervention has shown excellent short and mid-term results to return athletes to play. Even at the elite levels, the rate of return to play after hip arthroscopy for symptomatic Femoroacetabular impingement and labral pathology typically exceeds 85%-90%.^{5,6} Timely and accurate diagnosis of athletic hip injuries will significantly improve patient outcomes and satisfaction.

The current issue of Operative Techniques in Orthopaedics is dedicated to the diagnosis and management of hip conditions in athletes. Through the gracious contributions of experts within our field, we strive to provide a comprehensive review of common athletic hip injury patterns, keys to diagnosis, surgical techniques, and associated clinical outcomes. I hope that the current work will assist the treating surgeon in providing the highest level of care to our patients with athletic hip conditions.

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