HIP AND GROIN PAIN IN ATHLETES

Spring is now here, and it is time for some of our favorite spring sports. Baseball, softball, track and field, tennis, Lacrosse, rowing and other great sports, to name just a few, are going to be occupying our athletes from across the region over the next few months. With this will come many sports injuries, and some of those will be of the groin, hip and thigh.

There are many causes of hip and groin pain. Common causes of hip and groin pain include groin muscle strains, hip labral tears, hip impingement (femoroacetabular impingement-FAI), inguinal hernias, stress fractures, slipped capital femoral epiphysis (SCFE) and other growth plate injuries, just to name a few. When assessing hip and groin pain, there are several factors to take into account. First, most minor hip injuries are a nagging pain that rapidly resolves. If pain makes weightbearing difficult, an athlete is unable to walk, or if there is excessive pain with range of motion, athletes should be advised to seek an evaluation by a healthcare provider or orthopaedic surgeon immediately. Furthermore, progressively worsening pain and pain that persists throughout the day and night, are also major red flags, and should lead athletes to seek care immediately.

GROIN STRAINS
Groin strains are somewhat common, although other injuries are often incorrectly diagnosed as groin strains. Groin strains tend to be mild pain in the groin with stretching of the hip. It should improve within 1 to 2 weeks with reduced activities, avoidance of sports, and anti-inflammatory medications. If groin muscle strains do not resolve or improve within 1 to 2 weeks athletes should be evaluated by their physician or an orthopaedic surgeon to determine if there is something more concerning than a groin muscle strain.

HIP LABRAL TEARS
Hip labral tears are an injury that has only been recently well-understood. These injuries tend to occur after a single or multiple forceful flexion events of the hip. An example might be sliding into home base, a heavy landing from a jump, or forceful flexion caused by form during running. One example of runners who often have labral tears is hurdlers. These injuries occur because the hip labrum-which runs around the rim of the ball and socket joint of the hip and acts as a gasket-is crushed with hip flexion, as the ball (femoral head and neck) crushes the labrum against the rim of the hip socket. These tend to cause pain in the front of the hip/groin area. Pain is usually present and more severe with hip flexion activities such as prolonged sitting, sitting in a deep chair, crossing the legs, etc. Some athletes report that the pain is "deep in the hip joint." These can often heal on their own, but healing time for this can take many weeks- up to 12 weeks. The initial treatment is rest, avoidance of sports, and NSAIDs. These are usually diagnosed with the help of a physical exam by an orthopaedic surgeon who may order an MRI. Treatment of hip labral tears includes physical therapy, anti-inflammatories or injections, and if these non-surgical treatments fail, then hip surgery may be recommended.

HIP IMPINGEMENT (FAI)
Many athletes, especially those in their later teenage years and into their 20s, will have hip and groin pain. Some of these athletes suffer from hip impingement. This is a painful mechanical deformity of the hip joint. Essentially, the hip socket is too deep, the rim of the socket is too high, or the femoral head is "egg-shaped," rather than being spherical. This condition often causes labral tears. The symptoms are very similar to labral tears. Pain is typically aching and sharp, and described as being in the front of the hip/groin, as well as deep in the hip. The pain is associated with flexion activities and often times athletes will report that they have severe pain after periods of increased physical activity, such as after a game or after a run. Diagnosis of this condition can be difficult, and athletes sometimes require referral to a hip specialist to make the diagnosis. Initial treatment of hip impingement is with physical therapy, and if conservative treatment fails, then surgical treatment may be recommended to correct the deformity.

INGUINAL HERNIA
Most athletes have heard of hernias, but they are actually somewhat uncommon. A hernia is a hole in the wall of the abdomen that allows a portion of the intestines to "poke through". Symptoms of a hernia, in addition to groin pain, include a lump or bulge near the pubic bone and groin area, pressure in the groin, and pain and swelling around the scrotum. Most hernias are not generally caused by sports. Athletes who suspect that they have an inguinal hernia should be evaluated by their primary doctor. These are generally treated surgically.

SCFE
Slipped capital femoral epiphysis is an injury of the growth plate at the top of the femur bone involving the femoral head. This can be either an acute injury with a rapid onset and a sudden inability to bear weight, or a chronic injury with progressively worsening pain or constant pain over a prolonged period of time. The pain tends to be associated with weightbearing as well as during physical activity. Most patients report that any activity is painful. Pain can be experienced in the hip/groin area, deep in the hip, or down the thigh or the inner knee. The most important warning signs are progressively worsening pain, pain with weightbearing, and pain during every activity. Rarely, the only symptom is a persistent limp. Athletes who suspect that they have this should be evaluated immediately by an orthopaedic surgeon. This is an urgent condition and always requires surgical treatment.

STRESS FRACTURES
Stress fractures are somewhat uncommon in teenagers, but when they do occur, they tend to occur in female athletes. It is often associated with eating disorders and lack of menstrual periods; however, it can occur in male athletes and is not always associated with those other conditions. Stress fractures can occur anywhere in the body, but stress fractures of the femur can cause hip and groin pain as well as thigh pain. Pain tends to occur during weightbearing activities. Most patients say that even standing on the affected leg is painful. They have pain with walking, running and any other activity that involves putting weight across the bone. In addition, many athletes with this condition will report that the pain has slowly worsened over a period of many weeks. Athletes who suspect that they have this should be evaluated by their primary physician or by an orthopaedic surgeon. These can be treated with a period of non-weight-bearing (using crutches), high dose vitamin D, and rarely require surgery. At Jacksonville Orthopaedic Institute, we have orthopaedic surgeons who specialize in the treatment of athletes. Any athlete who suspects they have one of these injuries, or any other injury, should call JOI-2000 for an appointment.