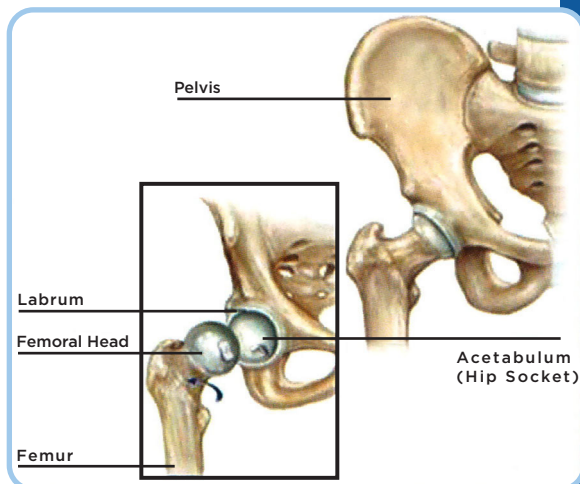
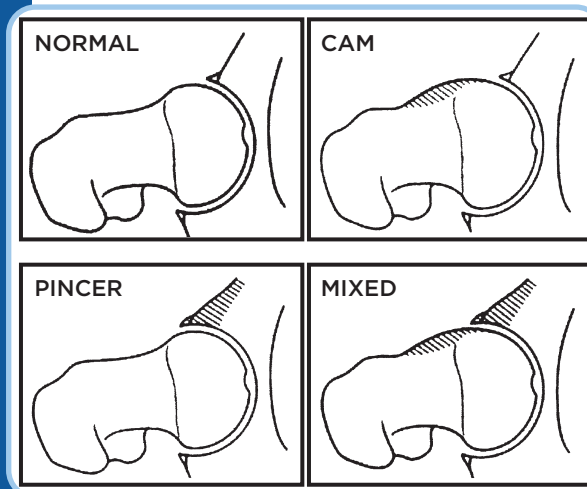


## Hip Anatomy

- **Femur:** Head and neck regions
- **Acetabulum:** Socket on pelvic ring
- **Labrum:** Cartilage ring on rim of acetabulum
  - Provides mechanical support
  - Seals joint like a gasket
- **Articular Cartilage:** Smooth gliding surface
  - Worn out in arthritic hips



underlying impingement. Isolated labral tears are common and may not cause pain. Failure to recognize and treat underlying impingement may lead to worse outcomes.



## What is FAI?

Impingement occurs when there is abnormal contact between the femur and acetabulum during hip range of motion. This can be due to a head that is not perfectly round (CAM) or a socket that is too deep (PINCER)

## What Causes a Labral Tear?

Tears are most often the result of repetitive hip flexion or twisting motions in patients with

## Who is at Risk?

Impingement most commonly affects young athletes in sports that require forceful, repetitive hip movements. However, patients of all ages as well as non-athletes can be affected.

## What are the Symptoms?

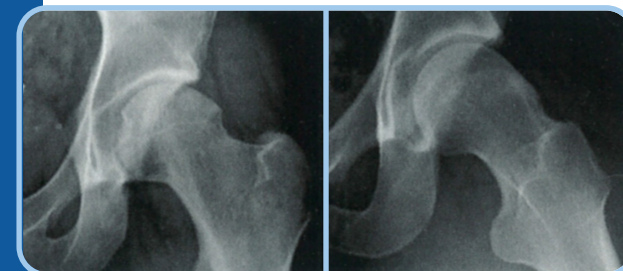
- Deep, sharp anterior hip/groin pain
- Worse with quick turns/pivoting
- Difficulty with prolonged sitting
- Pain on exam with hip flexion and internal rotation

## What Should be Done if Impingement is Suspected?

An evaluation by a medical provider with experience in non-

arthritic hip problems should be performed. The following studies may be recommended:

- X-ray - the gold standard for making diagnosis, minimal radiation exposure
- MRI - can show tears in the labrum and other injury patterns, no significant radiation risk
- CT Scan - provides the greatest detail about bone structure, radiation exposure is higher than x-ray or MRI
- Injections - numbing injections can be helpful in determining the location of pain while cortisone can provide pain relief



## What are the Treatment Options?

- Anti-inflammatory and pain meds
- Rest and/or activity modification
- Physical therapy

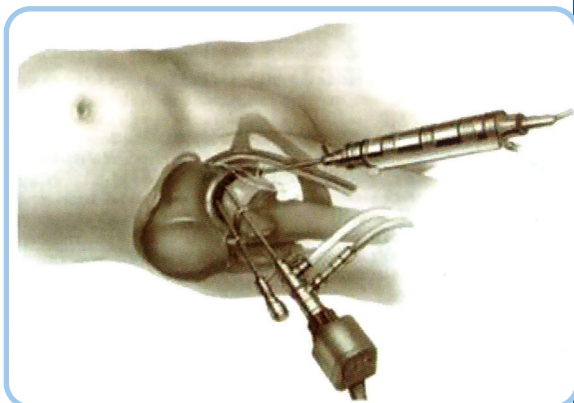
## When Should Surgery be Considered?

- Failed non-surgical treatments
- Unable to perform desired athletic activities
- Pain with normal day to day activities

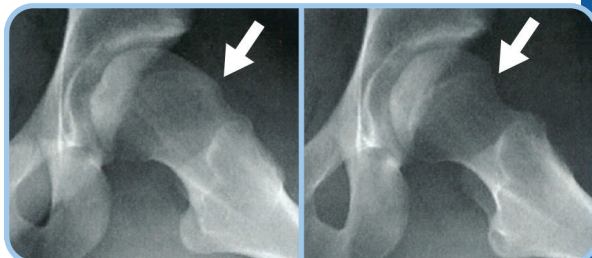
# HIP ARTHROSCOPY

## Hip Arthroscopy Basics

- Hip joint (ball and socket) separated by pulling traction through foot/leg
- Small instruments (camera, shaver, burr, sutures) inserted through 1 cm incisions
- Surgery usually takes 1.5-2 hours
- Most patients go home day of surgery
- Crutches for 2-4 weeks
- Return to sports at 4-6 months



## Pre-Op & Post-Op X-rays



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Special thanks to Dr. Christopher Larson, his associates,  
fellows, and residents.

# PATRICK W. KWOK, MD



## Practice Overview

Dr. Kwok is a board certified-orthopaedic surgeon, fellowship-trained in sports medicine. He specializes in shoulder, elbow, and knee surgery. He also has a special interest in hip arthroscopy, particularly in the treatment of femoroacetabular impingement.

femoroacetabular impingement.

Dr. Kwok is a fellow of the American Academy of Orthopaedic Surgeons, a diplomate of the American Board of Orthopaedic Surgery, and a member of the American Orthopaedic Society for Sports Medicine.

He currently is one of the team physicians for the Bridgeport Soundtigers (the AHL affiliate for the New York Islanders), Fairfield University, and Fairfield High School. He was the former head team physician for the Bridgeport Bluefish of the Atlantic League of Professional Baseball.

## Education

Medical School: Albert Einstein College of Medicine, Bronx, NY.  
Orthopaedic Surgery Residency: University of Connecticut School of Medicine, Farmington CT.  
Sports Medicine Fellowship: New England Baptist Hospital, Boston MA.

## Appointments

(203) 337-2600 x 1114

## Website

[www.osgpc.com](http://www.osgpc.com)



# FEMOROACETABULAR IMPINGEMENT (FAI)



## UNDERSTANDING HIP IMPINGEMENT, LABRAL TEARS, AND HIP ARTHROSCOPY



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