

Do you have pain and stiffness in your hip(s)?

When the two surfaces of the hip joint move over each other, they usually move freely without any friction. If there is an alteration to either the socket part of the joint (the acetabulum) or the ball (the head of the femur), irritation may occur as the two surfaces move over each other. This is known as Femoroacetabular impingement (FAI), a common disorder of the hip, characterised by pain and stiffness.

Femoroacetabular impingement can be classified as cam, pincer or mixed. A cam FAI occurs when the femoral head junction is flattened or a small bump is present. Pincer type of impingement occurs when the acetabular rim extends slightly, causing the femur to be impacted. Cam impingement is more common in men while pincer impingement is more common in women. However, most cases of FAI (about 85%) are mixed, meaning they both have cam and pincer types of impingement.

What are the symptoms?

The most common symptom of FAI is pain located in the hip or groin when resting in certain positions or with specific movements. Some patients also report pain in the back, buttock or thigh. Other symptoms include stiffness, loss of movement range (particularly of the hip), locking, clicking or a feeling that the hip is about to give way.

Activities that cause the incongruous surfaces to move over each other repeatedly are naturally the main culprits for causing symptoms. These can include prolonged sitting, twisting, sitting with crossed legs, squatting and climbing stairs can all aggravate the pain caused by femoroacetabular impingement.

What are the causes?

There are many factors that may cause an individual to develop femoroacetabular impingement including;

- Hip dysplasia or malformation during infancy/childhood
- Repetitive stress on the hip
- A femoral neck fracture that did not heal properly (malunion)
- Small bony growths around the joint called osteophytes.
- Normal anatomical variation

How can physiotherapy help?

Femoroacetabular impingement is a complex condition and researchers are still determining the best possible treatment. It is thought that untreated FAI can lead to osteoarthritis of the hip down the track and there are both surgical and non-surgical options for treatment. Conservative (non-surgical) management for FAI involves core stability training, strengthening exercises for the lower limb specifically the hip and postural balance exercises. This program aims to improve the hip's neuromuscular function. A [hydrotherapy](#) program can also be helpful as it reduces weight through the joint, making movements more comfortable. Lastly, a home exercise program is made for patients, so they can continue treatment at home. For many people, physiotherapy is enough to resolve their symptoms and prevent future problems, however others may require surgery.

With surgery, hip arthroscopy is the most common procedure for this disorder and is used to change the shape of the joint slightly so that there are no points of irritation with movement. After surgery, patients are usually referred to physiotherapy for rehabilitation.

For more information or to make an appointment you can [BOOK ONLINE](#) or call your [local clinic](#).

Hydrotherapy – Rehabilitation for athletes and after sport

After recently spending time at the Australian Institute of Sport (AIS) as a martial arts athlete, [Daniel Browne](#), **Physiotherapist**, from our Langwarrin Clinic took part in a PhD study looking at the effect of water loading and weight reduction in preparation for the Rio Olympics. During this time he was exposed to the latest information relating to athletic recovery. One topic he found particularly interesting was the use of hydrotherapy. In this article, Daniel shares some insights and best practice information on hydrotherapy as a recovery technique.

Whether you are an amateur, semi professional or professional athlete the difference between a win and a loss can be a matter of millimeters or milliseconds. It is for this reason that appropriate pre-habilitation, rehabilitation and ongoing maintenance is imperative. A structured strength and conditioning program in combination with physiotherapy continues to help many athletes take the next step in their sporting journeys.

What is recovery and when is it most important?

Recovery can be defined as ‘the process by which an athlete’s physiological and psychological function is restored to resting or pre- exercise levels.

It is most important when you’re competing, when you’re training multiple times per day/week or have had a long training session, and especially when you feel fatigued – remember fatigue can be physical OR mental.

What is hydrotherapy?

Hydrotherapy is the immersion of the body in water. Hydrotherapy can involve either cold (10-15°) and/or hot water immersion (38.5-41°) and may occur in pools, showers, baths or the ocean. Note: typically a hydrotherapy pool will be around 34° whereas a spa will reach closer to 40°.

Cold water immersion

Cold water immersion works by decreasing skin, muscle and core temperature. This helps to reduce inflammation and subsequently pain; similar to how we would typically “ice” an injury.

Recommendation: 5 minutes at 15° is considered ideal and individuals are advised to not stay in water below 10°.

Hot water immersion

Hot water immersion increases blood flow and can increase range of motion due to relaxation soft tissues. The jets of a spa can also be utilized as a massage tool. Some considerations are that you may not want to bathe in hot water if you are already in a hot environment. You may want to limit use if you have a pre-existing acute injury or other health issues that may be exacerbated by heat e.g. multiple sclerosis.

Recommendation: 15 minutes at 38.5-41°

Contrast therapy

Contrast therapy involves the switching between cold and hot water modalities and can be useful as it combines the effects of hot and cold immersion listed above. The added benefit of the contrast is the change in blood flow, which has a greater effect at removing metabolites or exercise byproducts thereby decreasing stiffness or soreness the next day (DOMS). If you do not have two sources of alternate water temperature available, a shower will work just fine.

Recommendation: 2 minutes cold water then 2 minutes hot water (x4) or 3 minutes cold water then 3 minutes hot water (x3) soon after the training session.

Please feel free to contact me for more information on [hydrotherapy](#), or book in a session if you too, want to optimise your athletic recovery.

[Daniel Browne](#)

Physiotherapist

Peninsula Sports Medicine Group