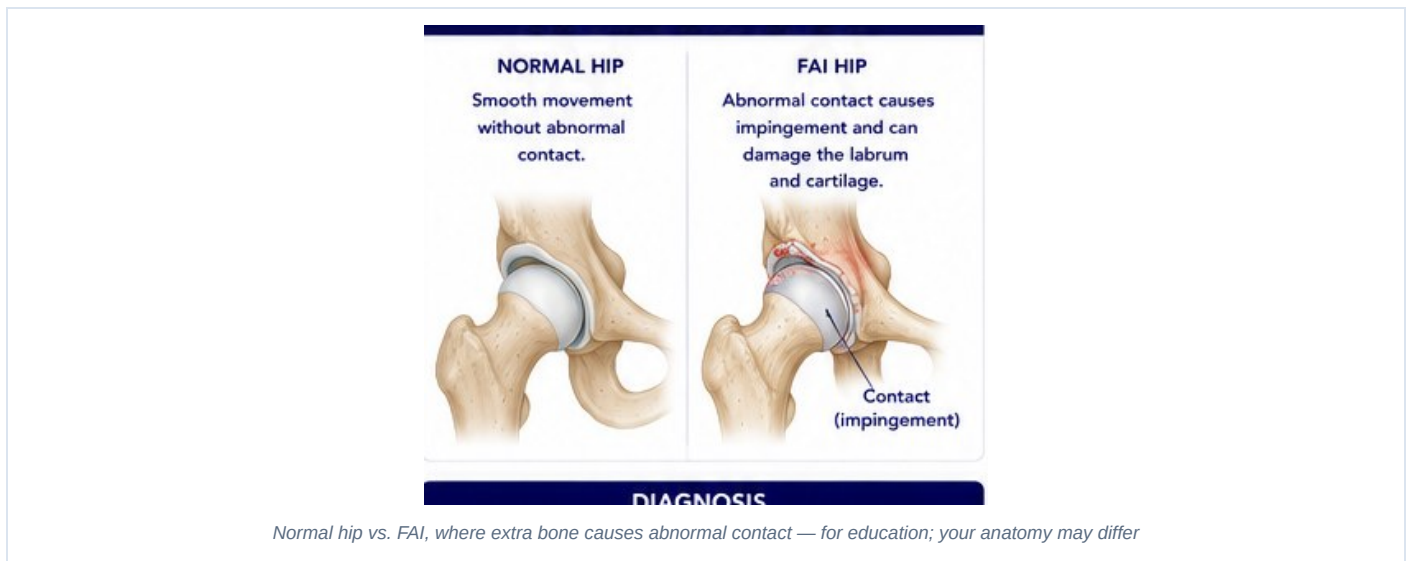


HIP CONDITION

Femoroacetabular Impingement (FAI)

Hip Impingement — Patient Condition Guide



OVERVIEW

Femoroacetabular impingement (FAI) occurs when there is abnormal contact between the ball (femoral head) and socket (acetabulum) of the hip. Extra bone on the ball, the socket, or both causes the hip to pinch during movement. Over time this repeated contact can damage the labrum and cartilage and lead to early arthritis if untreated. The good news is that early diagnosis and treatment can relieve pain and protect the hip.

TYPES & ANATOMY

The hip is a ball-and-socket joint. In **cam** impingement there is a bump on the femoral head/neck junction; in **pincer** impingement the socket over-covers the ball; a **mixed** type has both. The impingement pinches and damages the labrum (the cartilage rim that seals the socket) and the joint cartilage.

SYMPTOMS

- Groin pain (most common)
- Pain with hip flexion — sitting, squatting, or bending
- Stiffness or loss of hip motion
- Clicking, catching, or locking
- Pain with activity or after prolonged sitting
- Difficulty putting on shoes or getting in and out of a car

DIAGNOSIS

Dr. Pettit performs a physical exam with specific impingement tests and orders imaging to confirm the diagnosis. X-rays evaluate the bone structure for cam or pincer changes, and MRI (often with contrast) assesses the labrum and cartilage.

TREATMENT OPTIONS

Many patients improve without surgery: activity modification, physical therapy to improve hip mobility, strength, and mechanics, anti-inflammatory measures, and sometimes a corticosteroid injection. When symptoms persist, hip arthroscopy — a minimally invasive procedure — corrects the bone shape (cam resection and/or pincer trim), repairs the labrum, and treats any cartilage damage.

RECOVERY OUTLOOK

After hip arthroscopy you will use crutches with protected weight-bearing early, then progress through physical therapy — low-impact cardio around 6–12 weeks and a gradual return to impact activities. Return to sport is typically 3–6 months, guided by strength and function.

FEMOROACETABULAR IMPINGEMENT (FAI)

UNDERSTANDING YOUR CONDITION & TREATMENT OPTIONS

FAI occurs when there is abnormal contact between the ball (femoral head) and socket (acetabulum) of the hip. This repeated contact can damage the labrum and cartilage, leading to pain and, over time, early arthritis if untreated. The good news is that early diagnosis and treatment can relieve pain and protect your hip.



TYPES OF FAI



CAM IMPINGEMENT
Bump on the femoral head/neck junction.



PINER IMPINGEMENT
Overcoverage of the hip socket impinges on the labrum.



MIXED TYPE
Features of both cam and pincer impingement.

ANATOMY & WHAT HAPPENS

NORMAL HIP

Smooth movement without abnormal contact.



FAI HIP

Abnormal contact causes impingement and can damage the labrum and cartilage.



COMMON SYMPTOMS



Groin pain (most common)



Pain with hip flexion (sitting, squatting, or bending)



Stiffness or loss of hip motion



Clicking, catching, or locking



Pain with activity or after prolonged sitting



Difficulty putting on shoes or getting in/out of a car

RISK FACTORS

- Athletes in cutting, pivoting sports (soccer, hockey, basketball, dance)
- High-impact activities
- Abnormal hip anatomy
- Family history
- Previous hip injury



DIAGNOSIS

Your doctor will perform a physical exam and order imaging to confirm the diagnosis and assess hip structure.



Physical Exam

Assess range of motion, strength, and pain with specific tests.



X-ray

Evaluates bone structure and looks for cam or pincer abnormalities.



MRI

Assesses labral and cartilage damage (if present).

TREATMENT PATH

Treatment depends on your age, activity level, symptoms, and the degree of hip damage.



Conservative (Non-Surgical)
Activity modification, physical therapy, anti-inflammatory medications, or injections.



Persistent Symptoms
(Ideal for early FAI without advanced arthritis)



Surgical Treatment
Hip arthroscopy to correct the bone shape and repair any damage.



Advanced Arthritis
(Arthroplasty may be considered)

CONSERVATIVE TREATMENT

- ✓ Activity modification (avoid painful positions and high-impact activities)
- ✓ Physical therapy to improve hip mobility, strength, and mechanics
- ✓ Anti-inflammatory medications or ice as needed
- ✓ Corticosteroid injection (diagnostic and therapeutic)

GOAL: Reduce pain and inflammation, improve hip function, and return to activities without surgery whenever possible.

SURGICAL TREATMENT: HIP ARTHROSCOPY (IF CONSERVATIVE CARE FAILS)

Hip arthroscopy is a minimally invasive procedure that corrects the underlying bone impingement and treats any associated damage.

- **Cam resection:** removes the bump on the femoral head/neck.
- **Pincer trim:** reshapes the acetabular rim to reduce overcoverage.
- **Labral repair:** repairs or stabilizes the torn labrum.
- **Cartilage treatment:** addresses any cartilage damage.



BENEFITS



Relieves pain



Improves hip motion and function



Helps prevent further damage and arthritis progression



Minimally invasive with faster recovery

RECOVERY & REHABILITATION (TYPICAL TIMELINE)



0-2 WEEKS

Protect healing, reduce swelling, and regain basic motion. Crutches used as needed.



2-6 WEEKS

Transition off crutches. Improve range of motion and begin gentle strengthening.



6-12 WEEKS

Progress strengthening and balance. Begin low-impact cardio (bike, elliptical).



3-6 MONTHS

Advance strengthening and sport-specific training. Gradual return to impact activities.



6+ MONTHS

Full return to sport or high-level activities as tolerated.

PREVENTION TIPS

- ✓ Maintain good hip strength and flexibility
- ✓ Avoid prolonged sitting
- ✓ Use proper technique in sports and training
- ✓ Listen to your body and address pain early

WHEN TO SEEK CARE

- Groin pain lasting more than a few weeks
- Pain with activity or sitting
- Clicking, catching, or locking of the hip
- Loss of motion or difficulty with daily activities



Scan for exercise videos and more information about FAI.

Early diagnosis and treatment can help you stay active and protect your hip for the long term.



ROBERT PETTIT, MD
SPORTS MEDICINE & HIP PRESERVATION SPECIALIST

This information is for educational purposes only and is not a substitute for professional medical advice. Always consult your physician for personalized treatment.



SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/handouts/femoroacetabular-impingement.pdf

This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.

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