

Hip Impingement (FAI)

What You Need to Know

What Is Hip Impingement?

Femoroacetabular impingement (FAI) is a condition in which abnormal bony shapes on the femoral head (ball), the acetabulum (socket), or both, cause the bones to pinch against each other during hip movement. This repeated pinching damages the labrum (the cartilage ring of the socket) and, over time, the articular cartilage inside the joint itself.

There are two main types: cam impingement (an abnormal bump on the femoral head — common in young male athletes) and pincer impingement (an overcoverage of the socket — more common in active middle-aged women). Many people have a mixed type involving both.

What Does It Feel Like?

- A sharp or deep aching pain in the groin or front of the hip
- Pain with sitting for prolonged periods, especially in low seats or cars
- Pain at end range of hip flexion — bringing the knee to the chest causes sharp groin pain
- Pain with pivoting, twisting, or squatting
- Stiffness and reduced internal rotation of the hip
- A clicking or catching sensation in the hip
- Pain in young athletes during sport, particularly cutting, sprinting, or kicking

Who Gets FAI?

- Young active adults — particularly those who participated in high-demand sport during skeletal development
- Soccer players, ice hockey players, ballet dancers, and gymnasts have higher prevalence
- FAI is increasingly recognized as a risk factor for early hip osteoarthritis

Surgery vs. Physical Therapy

Many patients with FAI improve significantly with physical therapy — improving movement quality, strengthening the deep hip stabilizers, and reducing impingement forces during daily activities. Surgical arthroscopy is considered when conservative treatment fails, when there is significant labral damage, or when the patient is a competitive athlete with specific functional demands.

When Should I Be Concerned?

- Significant locking or giving way of the hip
- Pain that is constant and unresponsive to any position change
- Progressive worsening over months despite PT

The Good News

Physical therapy for FAI focuses on optimizing hip movement quality, strengthening the muscles that center the femoral head in the socket, and modifying activities that provoke impingement. Many patients achieve lasting symptom control without surgery, and those who do proceed to surgery recover significantly better when PT is done both before and after.

Most patients with FAI experience meaningful improvement within **6 to 12 weeks** of a focused physical therapy program.

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