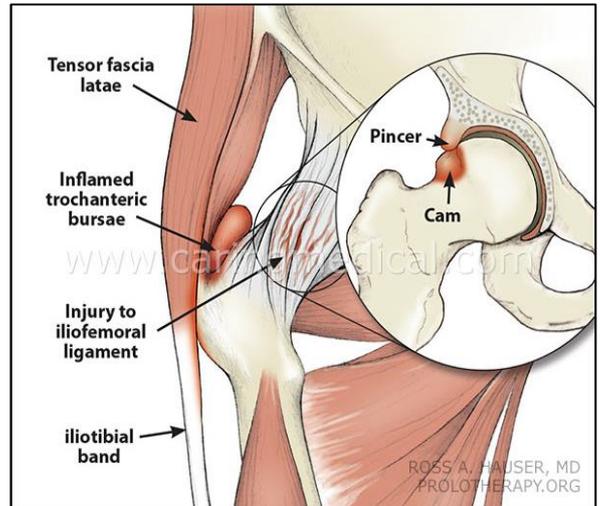


Anterior Hip Pain

Anterior hip pain is a common complaint we see in the athletic population, particularly in dancers, gymnasts and CrossFitters. It is also prevalent in the general population who may experience symptoms described as sharp, achy or uncomfortable. In my experience, it affects females more commonly than males, particularly females aged between 12-25.

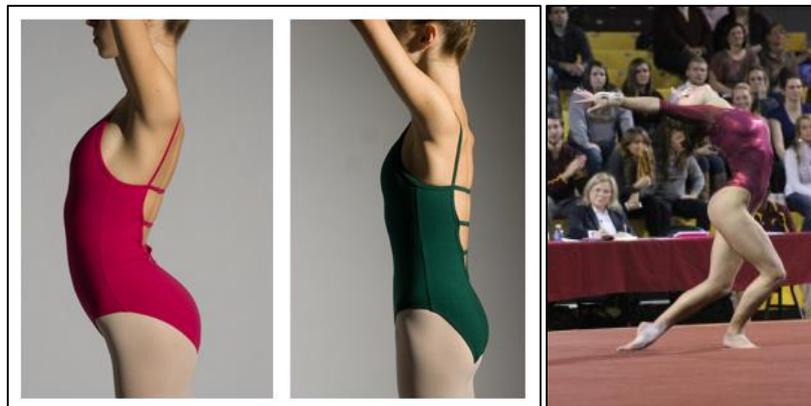
In athletes, pain is usually felt in movements such as toe-to-bars, knee raises, squatting and lunging. These can cause hip impingement (also known as femoroacetabular impingement or FAI) which occurs when the femoral head is compressed into the hip socket, causing irritation and pain and leading to conditions including:

- Iliopsoas/trochanteric bursitis
- Inflammation of the iliofemoral ligament
- Acetabular labrum (cartilage) irritation/tears
- Irritation of anterior joint capsule and surrounding muscles (including pectineus, rectus femoris and TFL)



This can be extremely uncomfortable for the athlete and lead to poorer performance, missed training sessions and increased emotional stress. Some people may be predisposed to hip pain due to differences in their hip anatomy or if they are hypermobile (dancers and gymnasts often fall into this category).

However, it is due to how we move that determines if the hip will become irritated or not. Successful rehabilitation relies on the patient being able to fully control their hip by keeping it in the centre of the socket (similar to catching a baseball in the centre of the mitt).



Restoring proper hip control is also essential not only for recovery, but to ensure other body regions are not compensating for poor movement patterns. A common example of this is when an athlete overarches the lower back instead of using the hip – this may eventually lead to lower back pain and conditions such as stress fractures of the lumbar spine.

Treatment is targeted at restoring full range of motion at the hip/pelvis/lumbar spine, releasing any tight structures that will affect hip movement, and teaching the athlete how to move well in the hip. Medical intervention such as cortisone injections may be effective in the short term to relieve inflammation, however the true cause of the condition must be treated in order for long term improvements.

