

Each month we will present a brief article on various health & safety issues relevant to youth hockey players. Today, we hear from physicians at Midwest Orthopaedics at Rush on hip and groin injuries that can occur in hockey.

### Hip and Groin Injuries in Hockey Players

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Hip and groin injuries are some of the most common injuries in hockey due to the mechanics of the skating stride and goalie positioning. Sprains, strains, contusions, tendonitis, and bursitis are some of the most common soft-tissue injuries that can happen from the collisions encountered by hockey players, particularly when colliding against the boards or falling hard on the ice. Overuse, acute contact injuries, or a natural developing process are the three main causes of hip injuries in ice hockey goalies.

Intra-articular hip injuries are those that are inside the joint, as opposed to outside the joint (eg. hamstring injuries or glute injuries). Up to 10% of hip and groin injuries in the National Hockey League (NHL) are reportedly intra-articular, of which hip labral tears are the most frequently encountered injury. Their epidemiology can lead to a lot of time out of play for players, with an average of 8 games missed per player. The most frequently identified cause of hip labral tears is femoroacetabular impingement syndrome (FAIS), a condition of the hip that is commonly known as "hip impingement."

The hip joint is made up of the femur (thigh bone) and the acetabulum (socket in the pelvis). Normally, these bones fit together smoothly, allowing for fluid movement of the joint. However, in cases of impingement, there may be an abnormality in the shape or alignment of either the femur or the acetabulum. This can cause the bones to rub against each other, leading to damage to the joint and surrounding tissues.

Hip impingement can occur due to a variety of reasons including genetics, repetitive motion, or trauma. It is most commonly seen in athletes who participate in sports that involve a lot of running, jumping, and pivoting, such as soccer, basketball, and hockey. Treatment may involve physical therapy, anti-inflammatory medication, and in severe cases, surgery.

Medical professionals and physical therapists can typically determine whether a hockey player has hip injury using a thorough physical examination. They will evaluate the player's strength, flexibility, and range of motion as well. Based on their findings, they may recommend the player alter their physical activity accordingly. Imaging techniques such as X-rays, MRI scans, CT scans, or ultrasound may also be used to identify a hip injury. In certain situations, it could be advised to have surgery if the hip damage is serious.

Depending on the type of injury and its severity, treatment options for athletic hip injuries may vary. A straightforward home exercise regimen combined with outpatient physical treatment can occasionally lessen a patient's discomfort and enhance function. To restore some symmetry to

the hip joint, this should involve targeted stretching and strengthening activities, as well as core strengthening to lower the chance of further injury. To reduce swelling, ice should be placed directly to the hip over the wounded area. Addressing any hip and core muscle limits, imbalances, and stability issues is also crucial.

If non-surgical therapy fails, surgery might be advised. Hockey-related hip injuries can be treated surgically with minimally invasive hip arthroscopy for hip labral tears and femoroacetabular impingement. The surgery is typically done on an outpatient basis and patients go home the same day. Arthroscopy of the hip joint involves creating a few small incisions over the hip, known as “portals,” through which the surgeon can insert a small camera and instruments to see and work inside the joint. For patients with FAIS, the surgeon will typically first repair the labral tear and then remove the excess bone causing hip impingement.

Outcomes for hockey players following hip arthroscopy for femoroacetabular impingement are reliable, with studies showing up to 90% of NHL players returning to sport within 7 months after surgery.

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