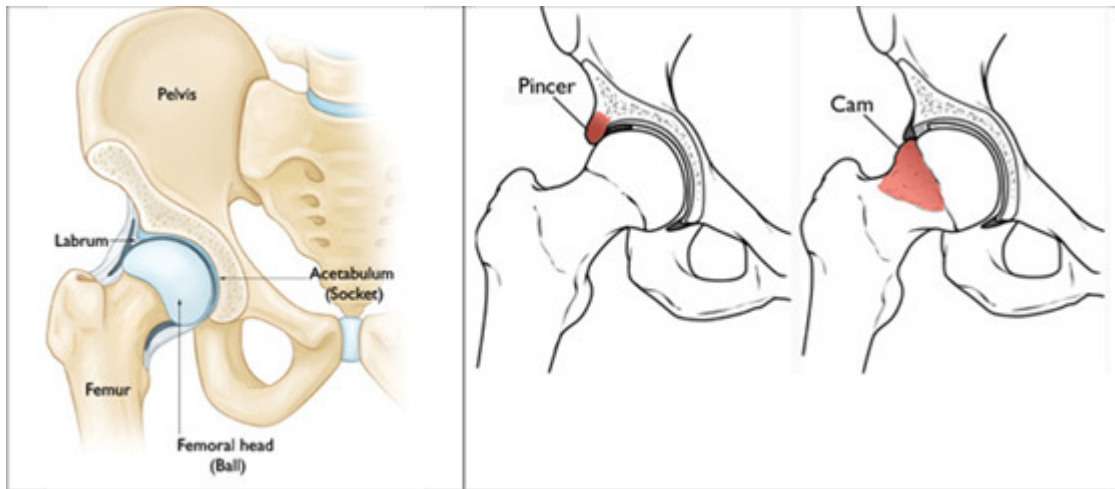


HIP PAIN – GET THE ANSWERS YOU NEED



Femoroacetabular Impingement FAI in the Hip

What is FAI?

[Femoroacetabular impingement \(FAI\)](#) is a condition in which the bones of the hip have developed abnormally. Because the ball and socket of the hip do not fit together perfectly, the "out of round" conflict of the hip can cause damage to the hip joint. The hip is a ball-and-socket joint. The *acetabulum* (socket) is formed from all three of the bones that make up the pelvis. The *femoral head* (ball) fits within the acetabulum. This normally round on round joint allows for movement forwards and back, side to side, and internal/external rotation. A slippery tissue (*articular cartilage*) covers the surface of the ball and the socket. It creates a smooth, low friction surface that helps the bones glide easily across each other. The acetabulum is rimmed by strong fibrocartilage, called the *labrum*. The labrum forms a gasket around the socket, creating a tight seal and helping to provide stability to the joint. The labrum also helps protect the articular cartilage. In a healthy hip, the femoral head fits perfectly into the acetabulum.

In FAI, there is an abnormal amount of bone off the acetabulum or femoral head or both. The resultant conflict can cause labral tears of the hip. The labral tear event is usually when patients start experiencing symptoms from their FAI. Once the labrum is torn, the protective effectiveness of the labrum to the articular cartilage is decreased, and articular cartilage damage may occur. Over time, this breakdown of articular cartilage can lead to hip arthritis.

Types of FAI

There are three types of FAI: pincer, cam, and combined cam & pincer impingement.

Pincer Impingement occurs because extra bone that extends out over the normal rim of the acetabulum. The labrum can be crushed between the prominent rim of the acetabulum and the neck of the femur.

Cam Impingement occurs because the femoral head is out of round and cannot rotate smoothly inside the acetabulum. The abnormal "cam bump" causes increased tension force on the labrum, eventually tearing the labrum off the bone of the acetabulum.

Combined The most common form of FAI (86% of cases) is a combination of cam and pincer.

What are the symptoms of FAI?

It is not known how many people may have FAI. Some people may live long, active lives with FAI and never have problems. When symptoms develop, however, it usually indicates that there is damage to the cartilage or labrum and the disease is likely to progress.

Symptoms may include:

- Pain or aching (usually located at the inner hip, or groin area)
- A locking, clicking or "catching" sensation within the joint
- Pain sitting for long periods of time, like in a car or on a plane
- Pain rising from a seated position
- Difficulty putting on socks and/or shoes
- Difficulty walking up/down hills
- Stiffness
- Limping

FAI usually presents as groin pain with activities or with hip motion. Sometimes, patients with FAI can recall a single traumatic event which they note as the cause of their symptoms, but often the onset is more insidious. FAI is associated with articular cartilage damage, labral tears, early hip arthritis, hyper-laxity, sports hernias, and low back pain. FAI can become symptomatic in patients from all walks of life, from high level athletes to weekend warriors to more sedentary individuals. Because the hip bones developed abnormally, the only steps that can be taken to prevent symptoms from FAI are to decrease the long term pressure on the hips by keeping the patient's weight optimal (increasing body weight increases pressure on the hip joint). Because athletically active people may work the hip joint more vigorously, they may begin to experience pain earlier than those who are less active. However, exercise itself does not cause FAI.

The most common finding among patients with FAI-related pain is reproduced when they are positions of flexion, adduction and internal rotation (*anterior impingement test*). The symptoms can be chronic and achy, or sharp and mechanical with certain motions. In some cases, the patients may also have referred pain to the buttocks or down the thigh.

What other diagnoses might be confused with FAI?

- Hip Dysplasia (Adult Form)
- Lumbar Spine Pain (Low Back Pain)
- Lumbar Radiculopathy (Low Back Pinched Nerve, Low Back Facet Disease)
- Sacroiliitis (SI Pain/Dysfunction, back of pelvis)
- Trochanteric Bursitis (Outside/Lateral Hip Pain)

- Piriformis Syndrome (Back of Hip Pain)
- Psychosomatic Pain Disorder (Stress Related Illness)
- Iliopsoas Tendinitis/Tendonitis/Tendinosis (Hip Flexor Inflammation)
- Groin Pull (Adductor Strain)
- Sports Hernia (Core Muscle Injury (CMI), abdominal muscle strain)
- Iliac Apophysitis (Front of Pelvis Pain)
- Quadriceps Hernia/Strain (Thigh Muscle Pull)
- Endometriosis
- Deep Gluteal Syndrome (DGS)
- Hamstring Tendinitis/Tendinosis
- Chronic Pain Syndromes

Can back pain be a sign of FAI?

While the cause is not well understood, patients with FAI often complain of low back pain. This pain is often localized to the SI (sacroiliac joint on back of pelvis), the buttock, or greater trochanter (side of hip). The hip joint and the low back frequently "play off each other", and compensation for a hip issue can frequently cause increased pressure on the low back, causing back symptoms, and vice versa.

What are some common activities associated with FAI?

- Ice Hockey
- Horseback Riding
- Yoga
- Football (American)
- Soccer
- Ballet/Dance/Acrobatics
- Golf
- Tennis
- Baseball
- Lacrosse
- Field Hockey
- Rugby
- Bike Riding/Cycling
- Martial Arts and Mixed Martial Arts
- Deep squatting activities such as power lifting
- Surfing
- Rowing Sports (Kayaking, Sculling/Rowing)
- Car riding, Flying in an airplane (deep seated position, bucket seat position)

What is the treatment of FAI?

When symptoms first occur, it is helpful to try and identify an activity or something you may have done that could have caused the pain. Sometimes, you can reduce your activities, let your

hip rest, and see if the pain will settle down. Over-the-counter anti-inflammatory medicines (ibuprofen, naproxen) may be helpful.

If the pain continues despite initial treatment, seeking a physician knowledgeable about painful hip conditions can help. Most patients can be diagnosed with a good history, physical exam, and plain x-ray films. A careful history of the patient (symptoms, current activity level, previous activity level, previous pre-disposing injuries) can key the clinician to possible diagnoses. The physical exam will generally confirm the patient's history and eliminate other causes of hip pain. The plain x-ray films are used to determine the shape of the ball and socket as well as assess the amount of joint space in the hip. X-rays can also show signs of arthritis and existence of bony overgrowth. However, many times patients are seen by hip specialists who have X-rays that were previously read as "normal", when in fact they do have FAI. If the clinician reading the X-ray films is not trained/skilled in looking for FAI, it can easily be missed.

Often, an MRI of the hip is used to confirm a labral tear or damage to the joint surface. The MRI is most helpful in eliminating certain causes of non-FAI hip pain, including avascular necrosis (dead bone) of the hip and tumors. Magnetic resonance imaging (MRI) scans can create better images of soft tissue. They will help your doctor find any damage to the labrum and articular cartilage. Injecting dye into the joint during the MRI may make the damage show up more clearly. Your doctor may also inject a numbing medicine like novacaine or possibly cortisone into the joint as a diagnostic test. If the numbing medicine/cortisone provides temporary pain relief, it confirms that the inside of the hip joint is the source of the pain. MRI is not a perfect test, and an MRI read as "normal" does not necessarily rule out FAI and labral tears as a source of pain.

The most appropriate initial treatment for most patients is physical therapy focusing on hip range of motion and strength, as well as the strengthening of core/gluteal muscles. Physical therapy in combination with intermittent NSAIDs can often help alleviate symptoms for long periods of time. In select patients, the judicious use of a corticosteroid injection into the hip joint can be beneficial as well. Use of these modalities, in concert with activity modification, is sometimes successful in the treatment of FAI.

If conservative treatment is unsuccessful, FAI can be treated with a minimally invasive procedure, *hip arthroscopy*. The surgeon makes small incisions, which introduces a fiber-optic camera and small instruments inside the hip. The surgeon can address the labral tear as well as re-shape the cam and pincer lesions arthroscopically. In most cases, Dr. Ochiai prefers to repair the labral tear, fixing it with surgical string and anchors back down to the bone, restoring the normal labral function. Patients undergoing this out-patient procedure are usually off crutches between two days and two weeks following the procedure.

If you have hip or groin pain or any orthopaedic injury, contact the experts at Nirschl Orthopaedic Center in Arlington, Virginia. Schedule an appointment with our orthopaedists today by calling 703-525-2200.

Hip Arthroscopy and the Elite Athlete – Derek Ochiai, MD



While practically unknown as a cause of hip pain even 20 years ago, it is now recognized that hip labral tears and femoroacetabular impingement (FAI) is a frequent cause of hip pain. Because of the intense training and increased risk of injury while playing their sport, athletes may start having hip pain from FAI and labral tears at an earlier age than non-athletes. I talked about labral tears and FAI in detail in a previous blog <https://www.nirschl.com/hip-labral-tears-and-femoroacetabular-impingement-a-frequent-cause-of-non-arthritic-hip-pain-derek-ochiai-md/>.

What type of symptoms does an athlete with a labral tear?

Athletes can have very similar pain issues to non-athletes with labral tears. Pain with prolonged sitting, pain with twisting activities, and pain getting in and out of cars is common. However, especially in high level athletes, they sometimes only have pain while either doing their sport or for 1-2 days afterwards. They can also complain of diminished athletic performance. For instance, a tennis player might notice that her serve is less accurate, since they are not rotating their hips in follow-through as much. A baseball pitcher may notice a decrease in velocity. A football player may notice he cannot outrun defensive backs like he did before he injured his hip.

Does the treatment of athletes differ from non-athletes?



The treatment of hip labral tears and FAI is individualized to each patient. Every patient has specific life concerns, which must be taken into account while devising a treatment plan. Non-operative treatment is always instituted, regardless of whether one is an athlete or not. Even in high level athletes, there can be relative core/gluteal weakness, which can be improved. This slight change in strength can lessen symptoms from a labral tear, even to the degree that someone that was having pain improves to the extent that they do not notice pain. If surgery is ultimately required, but the patient is in the middle of the season for his/her sport, one might try to lessen symptoms but continue to perform the sport until the end of the season. This might be by using anti-inflammatory medications, continuing maintenance physical therapy, or even a cortisone injection.

In my practice, the surgical treatment of hip labral tears and FAI does not differ. The bony impingement must be changed to definitively treat FAI. Labral tears should be repaired in most cases (reconstructed in a few), and labral debridement (trimming out the torn part of the labrum without repair) should be rare.

How about post-op rehab?

Post-operative rehabilitation is similar. Sometimes, elite athletes may have more time and resources to dedicate to physical therapy, so they might go more frequently. However, there is a biologic healing that has to occur after hip arthroscopy, and doubling up on exercises does not necessarily make one recover twice as quickly.

When can an elite athlete return to sport?

Every time individual is different! I may do the exact same operation, with athletes who have the same high motivation to return to sport, but the recoveries can vary. Sometimes, athletes hold off on surgery a long time, and some early arthritis has developed, which will affect the overall recovery. Getting back to sport is not solely an act of will. That being said, typically athletes in sports such as soccer, baseball, and football can return in 3-4 months. Getting back to performance level ballet is typically the longest and most arduous and can take 4-6 months, since ballet is such a hip intensive sport (YES, BALLET IS A SPORT!).

Whether an elite level athlete, a weekend warrior, or someone who likes to kick a soccer ball with their kids, everyone is entitled to a pain-free, functional hip. I personally do not treat elite athletes differently than my other patients; I TREAT EVERYONE AS IF THEY WERE AN ELITE ATHLETE.

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How do I know whether my surgeon can treat my Hip Labral Tear and FAI? – Derek Ochiai, MD

Many times, the diagnosis of a hip labral tear is made by someone other than an orthopaedic surgeon. This could be your primary care doctor, OB/GYN doctor, physical therapist, chiropractor, or another health care provider. They might refer you to an orthopaedic surgeon for treatment of your hip pain. Nowadays, patients can choose which orthopaedic surgeon they see for definitive treatment of their hip condition.

On Social Media, one asked, "How do I know which surgeon is the best choice to treat my hip labral tear and FAI?" This article can give you some information and tips to make the best decision to treat your hip condition.

THINGS TO DO BEFORE MAKING AN APPOINTMENT WITH A DOCTOR

Is your doctor board certified or board eligible?

Being "board certified" by the AAOS (American Academy of Orthopaedic Surgeons) means that that surgeon has satisfied the requirements to present themselves as medical specialists in orthopaedic surgeon. The basic requirements are graduating from a recognized allopathic (MD) or osteopathic (DO) medical school, successfully completing an orthopaedic residency, and passing both a written examination (taken first) and then an oral examination after the surgeon has been in practice. Being "board eligible" means that the applicant has satisfied all of the above requirements except that they haven't yet taken or passed the oral portion of the Board examination. If a surgeon is not board certified, that means they have either chosen not to undergo board certification testing or they were

unable to pass the boards. Click on this link to find out whether your surgeon is board certified/eligible or not <https://www7.aaos.org/member/directory/search.aspx?directory=public>.

Is your doctor proficient in hip arthroscopy or hip preservation?

This is more difficult to determine. Currently, there is no equivalent to “board certified” to delineate hip arthroscopy specialists. Many highly qualified hip arthroscopy surgeons belong to ISHA-The Hip Preservation Society. This is an international society of medical specialists dedicated to hip preservation surgery, such as hip arthroscopy. Here is ISHA “Find a Surgeon” link <https://ishasoc.net/dashboard/find-a-surgeon/>.

Alternatively, your doctor may specialize in arthroscopy, which can include hip arthroscopy. Many arthroscopic surgeons belong to AANA (Arthroscopy Association of North America). If your doctor is a member of AANA, they are dedicated to high quality, cutting edge arthroscopic surgery. Here is AANA “Find a Doctor” link https://www.aana.org/AANAIMIS/Members/For_Patients/Find_a_Doctor/Members/For-Patients/Find-a-Doctor.aspx?hkey=ff99e176-f662-4eec-9820-05819019585f

One can also look on the doctor’s website, to see if they mention hip arthroscopy or have dedicated sections to hip arthroscopy and hip preservation. If they do, this is a clue that they do a fair amount of this type of surgery.

THINGS TO ASK AT YOUR VISIT

Once in the office, your doctor will re-examine your hip. It is possible that even though you were diagnosed with a hip labral tear and/or FAI, that this is not the cause of your pain. If the doctor examines you, and based on your specific condition, deems surgical treatment to be the best option, here are some general questions to ask.

How many hip arthroscopies do you do in a year?

The number of hip arthroscopies a surgeon does in a year is directly related to how many patients with hip conditions that he or she sees. If someone is a general orthopaedic surgeon, the number of potential hip arthroscopy candidate would be low. This does not mean that someone doing 20 hip arthroscopies per year is not qualified to do your surgery, but it can give you a sense of how expert they are in hip arthroscopy in particular. I did a study on the learning curve in hip arthroscopy, which showed surgeons who do greater than 50 hip arthroscopies per year planned their hip preservation surgeries differently than surgeons who did less than 50 hip arthroscopies per year. <https://www.hindawi.com/journals/aos/2015/239601/>

You said you’ll “fix my labrum”. What exactly does that mean?

Some surgeon will say that they will fix the problem of having a labral tear by trimming out the torn labrum. While in rare instances this may be most preferred, in most cases better outcomes are seen

with labral repair, where arthroscopically anchors are placed into the bone, and the labrum is sewn back to the bone.



Figure 1: Picture of a labral repair. In the picture, there are three sutures that are anchored to the bone, sewing the labrum back to the acetabulum.

What do you do if the labrum is not repairable?

Any surgeon who does a high volume of hip arthroscopy sees patients whose hip labral tears are too degenerative or torn to sew back into place (because the labrum would not heal). Most high volume hip arthroscopy surgeons would then, in most cases, proceed with labral reconstruction, using a tendon graft to reconstruct the labrum.

Figure 2: Labral reconstruction: In this picture, the labrum was not repairable. Instead, a tendon was used as a graft, to reconstruct the labrum.

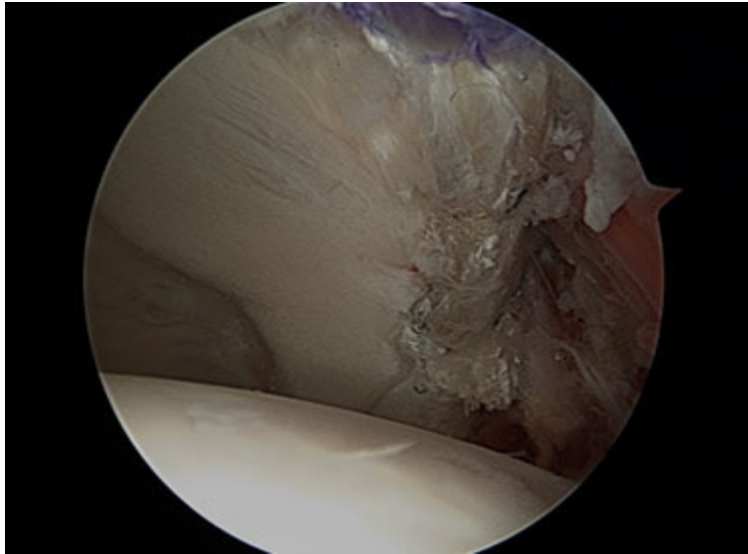


Figure 2: Labral reconstruction: In this picture, the labrum was not repairable. Instead, a tendon was used as a graft, to reconstruct the labrum.

Do you feel that you are the best person to do my surgery?

You may think that every doctor would say, "Of course I am the best to do your surgery!" However, this question can give you a lot of insight. We might be humble, but if pressed, we may state specific reasons why we are highly qualified for this particular surgery.

What do you feel about this article from this institution that states this?

This is a way of finding out how much your surgeon keeps up with the literature. You can choose a specific article of interest from a MAJOR orthopaedic journal (such as *Journal of Arthroscopy* or *American Journal of Sports Medicine*) published within the past year that relates specifically to your condition, and work that into a question. This can give you a sense of how up to date your surgeon is on the latest literature and research on hip arthroscopy.

THINGS TO DO AFTER YOUR VISIT

If you are thinking about hip arthroscopy with a specific surgeon, you could try to get opinions about that surgeon from people who are familiar with his or her work. One great resource would be local physical therapists. While they are not involved in the surgery itself, they have a great understanding of how patients of that surgeon recover. Physical therapists can be acutely aware of differences in patient outcomes between surgeons, even with exactly the same surgery.

A second opinion is always a good idea. Your surgeon should have no problem with you getting a second opinion (don't worry about hurting someone's feelings!). If both opinions concur, then you can be relatively confident you're making the right decision to have surgery.

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Hip Labral Tears and Femoroacetabular Impingement A Frequent cause of Non-Arthritic Hip Pain – Derek Ochiai, MD

Hip labral tears have been diagnosed with increasing frequency. In the past, many patients would have unexplained pain stemming from their hip joint. This was possibly diagnosed as a “chronic hip flexor strain” or “pre-arthritis”. These patients may have been sent to physical therapy, and possibly might have had a cortisone injection, but if the painful condition persisted, there was no other treatment options. This article discussing a frequent cause of non-arthritic hip pain, specifically hip labral tears and Femoroacetabular Impingement (FAI).

Hip Labrum: The labrum is a rim of cartilage that surrounds the hip joint. It is attached to the socket of the hip, and is confluent with the articular cartilage of the acetabulum (hip socket). The shoulder also has a labrum, and the type of cartilage in a hip labrum and a shoulder labrum are exactly the same. In addition, the knee meniscus (which can also tear) is made of the exact same cartilage as well. (*See Figure 1*).

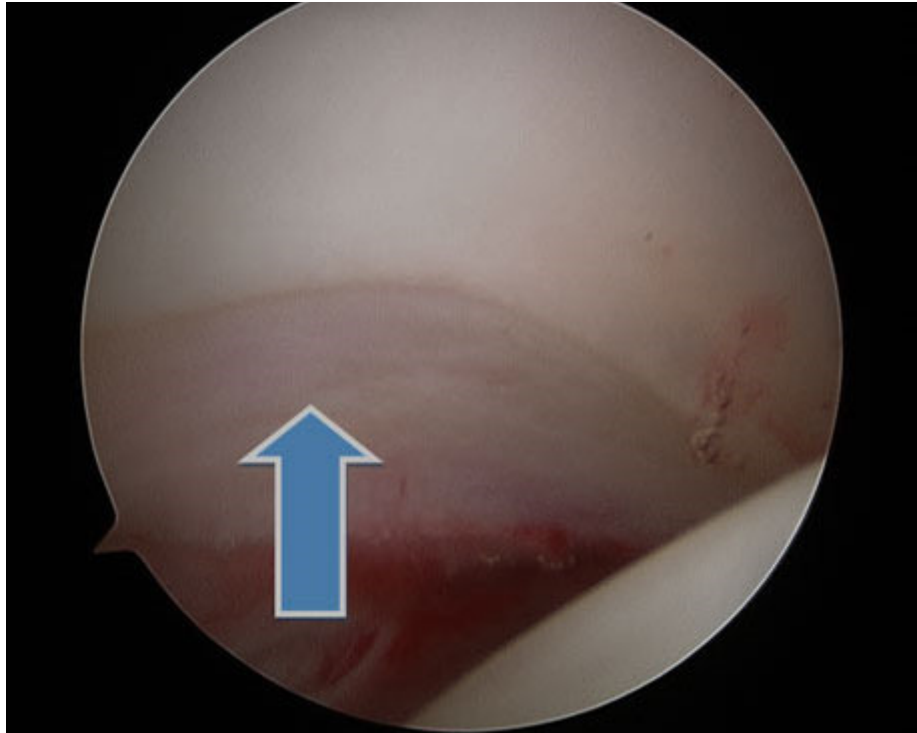


Figure 1: Arthroscopic picture of a normal labrum (blue arrow). The labrum attaches smoothly to the acetabular articular cartilage. The femoral head is on the bottom right of the picture.

Hip Labral Function: The labrum “deepens the socket”, thereby giving the hip additional stability. This function can be important in sports/activities that involve extreme ranges of hip motion, such as figure skating, ballet, and gymnastics. There are also medical conditions, such as developmental dysplasia of the hip (DDH), where the hip labrum takes on a more important role in stabilizing the hip, because the socket is too shallow.

Additionally, the labrum helps to protect the articular gliding cartilage of the hip. Statistically, patients who have labral tears in their hip are more likely to get hip arthritis than those without a labral tear.

Mechanism of labral tears: Most labral tears happen because of Femoroacetabular Impingement (FAI). This is a condition that develops usually in a patient’s early teen years, where the hip joint is not a perfectly round on round joint in certain hip positions, such as flexion or rotation. This “out of round” conflict puts increased stress on the labrum, and over time, the labrum can tear. Since most hip labral tears coexist with FAI, their symptoms overlap greatly. Some hip labral tears happen traumatically, from a single one-time trauma, such as a car accident or fall from a height.

Symptoms of a labral tear: Pain from a hip labral tear is most often felt near the groin in the front of the hip. Sometimes, patients will feel pain at the side and behind the hip joint, and this pain may radiate down the thigh. Patients may have pain or a feeling of catching/locking in their hip, such as standing after prolonged sitting. They may have to adjust how they get in and out of cars. They may have pain and/or catching with sports or squatting exercises. They may have pain with prolonged sitting.

Diagnosis of a hip labral tear: Medical professionals may suspect a hip labral tear based on the patient's history and symptoms. Then, they may do physical examination tests to further confirm this suspicion. These tests, such as the anterior impingement test, posterior impingement test, McCarthy test, or twist test, involve moving the hip and leg in certain positions, to either evaluate for pain or asymmetry with the non-affected side. X-rays can be extremely useful, as this is the primary way to evaluate FAI. (See Figures 2 and 3)

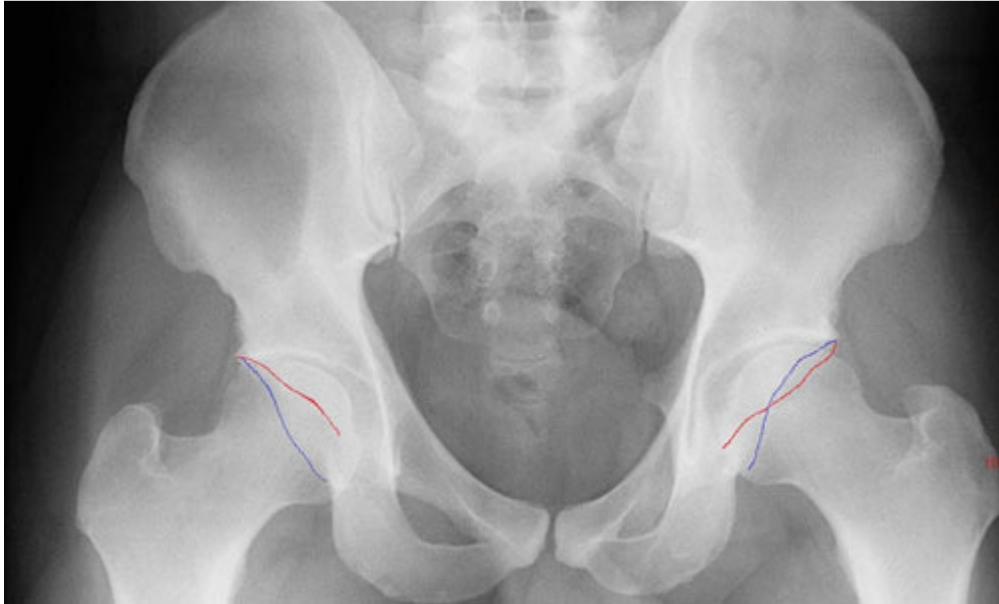


Figure 2: On left side of screen, normal acetabulum. The anterior wall (red line) and posterior wall (blue line) do not cross. On right, there is pincer type FAI, where the red and blue lines cross.



Figure 3: Typical cam type FAI X-ray finding. The yellow outline shows what the contour of a normal hip would look like.

Hip MRI (magnetic resonance imaging) may also be performed. An MRI can demonstrate a labral tear, as the joint fluid would leak into the tear. An MRI arthrogram, where dye is also injected into the hip joint, may show a labral tear more clearly than a non-contrast MRI. (See *Figure 4*)

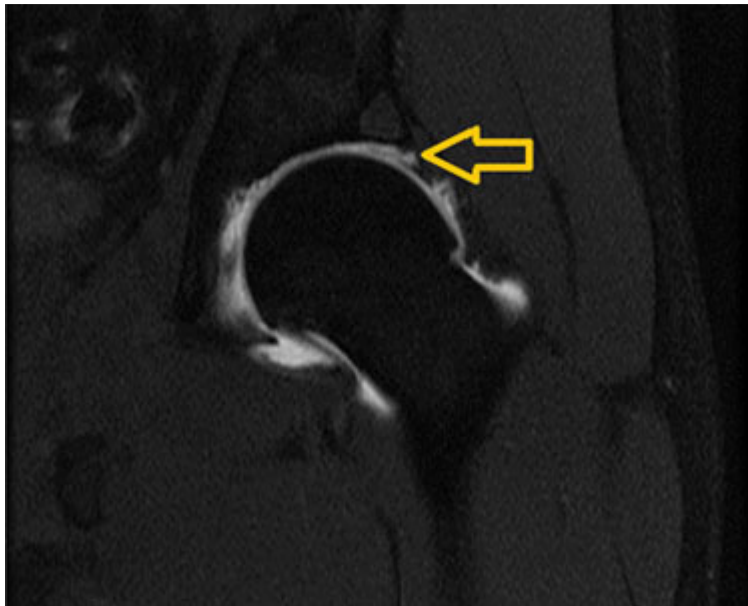


Figure 4: MRI arthrogram of a left hip labral tear. Arrow points to the dye leaking between the labrum and the articular cartilage.

Hip arthroscopy is the “gold standard” for diagnosing hip labral tears. However, this is the most invasive test, and is frequently not performed for diagnosis. (See *Figure 5*).

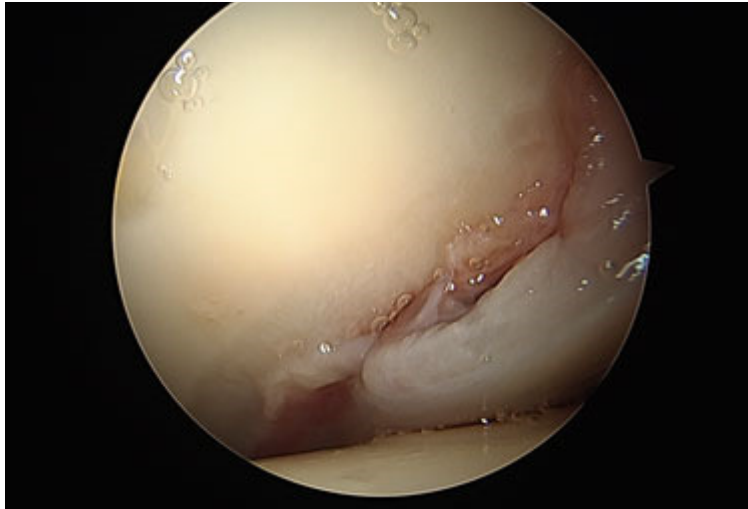


Figure 5: Large anterior labral tear. Note the separation between the labrum and the acetabulum. Compare this to Figure 1.

Non-surgical treatment of labral tears: Initially, non-operative treatment is preferred. This typically consists of physical therapy for core/gluteal strengthening and some activity modification (avoiding what is hurting). There are studies that show that physical therapy can improve patients' pain and function. While this may not "cure" their hip, they may feel good enough to resume any activity they desire with minimal pain.

Additionally, your physician may perform a cortisone injection to the hip. Most of the time, this is done with some sort of image guidance, to ensure that the medication is directed inside the hip joint. I use ultrasound guidance for this, which I prefer because of the accuracy and safety (no radiation) of this imaging modality. (See Figure 6).

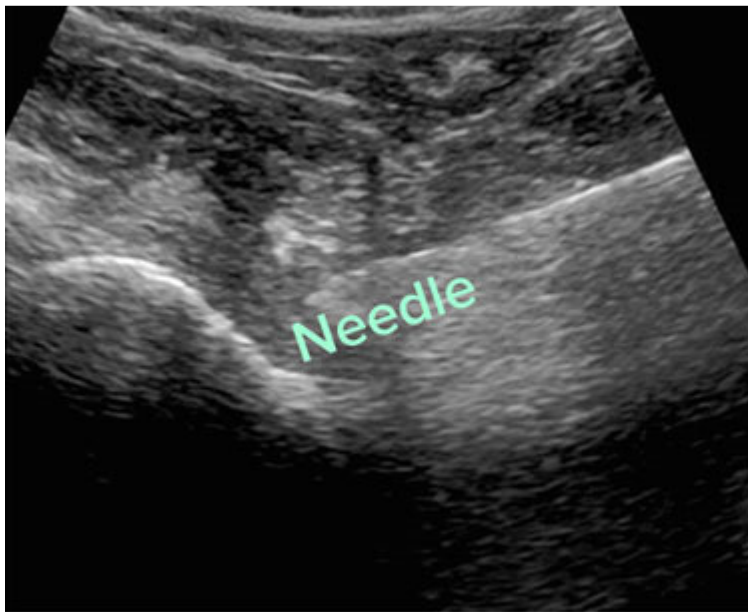


Figure 6: Real-time ultrasound of a hip injection, with the needle penetrating the hip joint

Surgical treatment of labral tears: While open surgery to treat a labral tear is a viable option, 100% of the hip labral tears that I surgically treat are done arthroscopically, using cameras and small instruments inside the hip joint. "Scoping the hip" means looking inside the joint; there are multiple possible procedures that could potentially be performed during hip arthroscopy. In the past, the most common procedure was labral debridement, or trimming out the torn labrum. While this has the advantage of not relying on the body to heal a labral repair, many studies show that repairing (suturing in place) the labrum has better long term outcomes than debridement. In my practice, labral repair is much more common. The labrum is repaired by drilling anchors into the bone of the socket, and using its sutures (thread) to wrap around and through the labrum to tie the labrum back into place. See Figure 7. When doing a hip labral repair, any FAI would be addressed at the same time. Otherwise, there is a good chance of the repair failing (because the forces that initially tore the labrum would be the same forces causing it not to heal). Click here to watch a peer-reviewed video of my procedure published in Arthroscopy Techniques (<https://www.arthroscopytechniques.org/cms/10.1016/j.eats.2014.06.010/attachment/6bf29bdd-386c-4199-af98-f8b285c17885/mmc1.mp4>).



Figure 7: Picture of a labral repair. In the picture, there are three sutures that are anchored to the bone, sewing the labrum back to the acetabulum.

A newer procedure to address labral tears is labral reconstruction. This uses a tendon graft to take the place of the torn labrum (See Figure 8). Typically, this is only used for labrums that are so torn and degenerative, such that repairing the labrum will not work to restore normal labral function. Also, I typically use this in patients who may have continued pain after a well done hip arthroscopic procedure, where the previous surgeon may have done a labral debridement.

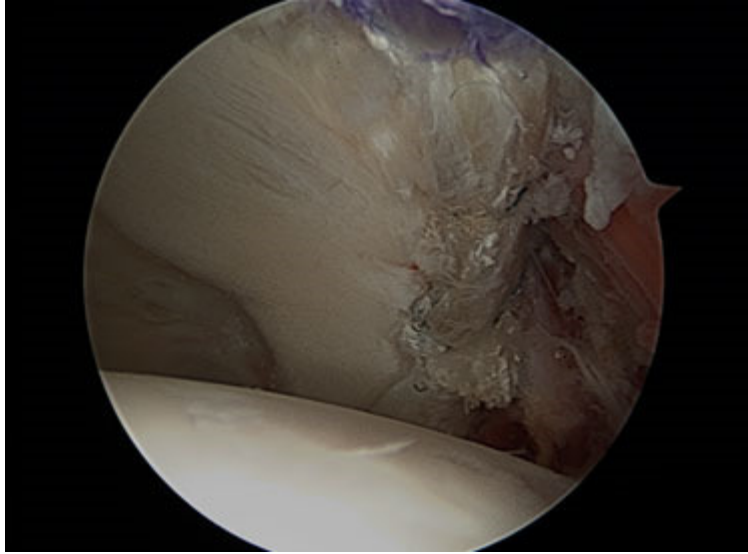


Figure 8: Labral reconstruction: In this picture, the labrum was not repairable. Instead, a tendon was used as a graft, to reconstruct the labrum.

Hip labral tears and FAI are a frequent cause of hip pain in younger patients. If you have some of the symptoms that I have described, and if conservative treatment has not yet been helpful, then I would urge you to talk to your doctor about hip labral tears and FAI being a possible cause. In addition, I frequently do consultations with patients who are living in another part of the world. Feel free to contact my office to learn more.

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By [nirschl](#) | December 19th, 2018 | [Dr Derek Ochiai](#), [Nirschl Orthopaedic](#) | Comments Off on Hip Labral Tears and Femoroacetabular Impingement A Frequent cause of Non-Arthritic Hip Pain – Derek Ochiai, MD