

**Translation Please:** Femoroacetabular Impingement Surgery is on the Rise - But What is the Next Step?

This article focused on a diagnosis called femoroacetabular impingement (FAI) and how it has become a scapegoat for hip pain and how people look to surgery before other conservative measures to "fix" it. This could be generalized to other diagnoses as well, such as the dreaded "herniated discs" or "pinched nerves." The article addresses our society's reliance on surgery to fix what may or may not even be a problem. In this case, they describe that when you have diagnostic imaging of your hip, such as an MRI, to diagnose FAI, your hip joint looks abnormal. These findings may become considered a "pathology" or "problem" more than simply an effect of normal aging or morphology. We have become reliant on a picture that is taken of our body in one specific, static position to tell us that this problem is why we have pain during movement and other positions. We have also come to believe that surgery is the quick fix for the problem, just go in and smooth things out.

Does that make sense? In the case of FAI, does your hip always hurt laying down on your back? Or maybe it hurts while you squat or jump? Does it make sense to decide to have surgery because a finding of an "abnormality" while you were laying on a table during an MRI rather than observing and evaluating the painful movement?

We need to dismiss the immediate thought that surgery will make things better faster, when in reality there is not enough research supporting that theory. Sure, if you have a broken bone or a torn ligament or muscle, chances are you will need a bit more than conservative therapy. However, especially if there is no evidence of trauma, the pain that "comes and goes" or only happens with specific activities should be evaluated through conservative measures before considering surgery. This is NOT to say that surgery is never a good idea unless you have a broken body part. It may very well be just what you need. But why bother going through the pain and trouble of surgery when you can learn how to fix it on your own?

As a physical therapist, I am usually able to construct 2-3 hypotheses of what is bringing you into my office after an evaluation as well as a couple of guesses of how an MRI report may read. The imaging is great for knowing what is going on structurally, but horrible for telling you how your body moves, how your neuromuscular system is working, and how your body is compensating to protect you. So the next time something is hurting and you don't remember doing anything specific, consider conservative treatment before surgery. If you present with a serious problem that may not respond to conservative treatment, good healthcare providers WILL refer you out to a surgeon before wasting your time.