

Hip Developmental Dysplasia and Labral Tear — Weightlifting

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ABSTRACT

HISTORY: A 26-year-old weightlifter presented to her personal trainer with left lower back pain during hinge movements, which was initially managed conservatively with rest and return to the gym. However, over the course of two years, the pain progressively worsened in both frequency and intensity, subsequently manifesting during activities of daily living and in the groin area, leading to exercise intolerance. The patient then sought an evaluation from an orthopedic surgeon for further management.

PHYSICAL EXAMINATION: Following a physical examination, MRI was performed, revealing a labrum tear. The patient was subsequently referred to a specialist for further evaluation, who ordered X-rays that demonstrated the presence of developmental dysplasia of the hip (DDH). The patient was then referred to another specialist who ordered an MRA and a 3D CT to confirm the extent of DDH. Following that, he performed a surgical intervention.

DIFFERENTIAL DIAGNOSIS:

1. Femoroacetabular Impingement (FAI)
2. Developmental dysplasia of the hip (DDH)
3. Labral tear
4. Osteoarthritis
5. Avascular necrosis
6. Bursitis and/or muscle strain/tear

TEST AND RESULTS:

- X-rays (initial): Clear
- MRA: Tear of left anterosuperior labrum
- X-rays (second): DDH

FINAL / WORKING DIAGNOSIS:

Developmental dysplasia and labral tear of left hip

TREATMENT AND OUTCOMES:

1. Periacetabular osteotomy (PAO) and arthroscopic labral repair of left hip.
2. Outpatient PT: 3x/week for 6-12 months: a) 1-6 weeks: passive ROM, quad flexes, b) 6-12 weeks: stretching, posterior chain (glutes), and gait progression. Contraindication: Hip flexion.
3. Home rehab: a) 1-6 weeks: partial weight-bearing (to avoid active hip flexion), 2x20 mins static bike/day wearing brace, b) 6-12 weeks: 2x20 mins bike without brace, partial weight-bearing with crutch(es). Daily: Ice therapy, anti-inflammatory meds, muscle relaxers, and painkillers.