

The injury A-Rod suffered to the labrum, or lining, of his hip is common and readily treatable

BY [KATIE CHARLES](#)

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THE SPECIALIST: [DR. ALEXIS CHIANG COLVIN](#) ON HIP SURGERY:

An assistant professor at Mount Sinai and an orthopedic surgeon, Colvin specializes in sports medicine. She performs several hundred surgeries a year, mostly on shoulders, knees and hips.

THE BIG STORY:

This month, [Alex Rodriguez](#) made more headline news when he announced that he'd been diagnosed with a labral tear. On March 9, he had arthroscopic surgery to repair part of his labrum; he'll undergo a second, more aggressive surgery at the end of the baseball season. Our doctor has good news for all those anxious [Yankees](#) fans: "Arthroscopic hip surgery has very good outcomes, and most professional athletes are able to return to sports."

WHO'S AT RISK:

The hip is a ball-and-socket joint that supports the weight of the body in static postures like standing and dynamic postures like walking and running. "The ball part of the hip is the top of your femur, also called the femoral head," says Colvin, "and the cup, or socket, is called the acetabulum. Your acetabulum is lined by the labrum, a cartilage-type lining on the rim of the hip that adds stability and acts like a seal."

Injuries, repetitive movement and degeneration can cause a tear in the labrum. Hip labral tears are a common problem, and not just among elite athletes. "We definitely see the labral tears more in younger, more active patients," says Colvin. "But tears don't just happen to athletes, they can happen to anyone who engages in regular activity."

In some cases, a patient can trace the tear back to an acute injury, often a twisting injury. "But the majority of people don't remember anything happening," says Colvin, who points to football, hockey, soccer, yoga, ballet and golf as activities that can place a lot of stress on the hip and eventually cause labral tears. In addition to sports injuries, hip abnormalities and other underlying problems often contribute to hip labral tears. The problem can also afflict the elderly as the labrum gets worn down by arthritis and age. "These are older patients who would be better candidates for a hip replacement," says Colvin.

SIGNS AND SYMPTOMS:

While hip labral tears may cause no symptoms in some patients, there are some classic warnings signs. "The biggest one is feeling pain deep in your groin," says Colvin, "It can be a sharp pain as the result of acute trauma, or it can happen gradually over time." Sometimes you can experience pain triggered by prolonged activity or from sitting for long periods of time.

"Sometimes, you can sense clicking or a catching sensation in your hips," says Colvin.

TRADITIONAL TREATMENT:

Labral tears that produce no symptoms may not require treatment, and tears that only cause minimal pain may be manageable with physical therapy and pain medication. For serious labral tears that cause persistent pain and interfere with daily activities, doctors often recommend surgery.

"The traditional way has been a big open surgery, similar to how you do a hip replacement," says Colvin. "But that's a huge incision. And the surgeon has to dislocate the hip so the ball comes out of the socket, otherwise they can't get to the labrum." In this procedure, the surgeon shaves down any bumps on the ball or cup and fixes the labrum tear if possible, cleaning up the loose pieces if not.

Since the '90s, arthroscopic surgery of the hip has become more widely used in the [United States](#). It involves a few poke holes, a tiny camera and small surgical instruments. "With the camera, you can look at everything without cutting through all this muscle," says Colvin. "You don't have to pop the hip out of the joint. Instead, you pull traction on the leg to open some space, and then do everything the same as in an open surgery."

The rehab depends on what exactly the surgeon had to do, but most patients are up and using a bike on the day of surgery or the day after. If you need to regenerate cartilage, the surgeon will poke some holes in the bone to stimulate blood flow and try to get new cartilage to grow; people who have this procedure are usually on crutches for up to two months. If you didn't need the cartilage step, you might be on crutches for only two weeks. Within 1 or 2 months of surgeries, patients can get on the elliptical or start swimming, and after about three months, patients can start running and training specific to their sport.

RESEARCH BREAKTHROUGHS:

There's a new generation of surgical instruments available today. "There are a lot of curves in the hip joint, and the new instruments have curves or are flexible so they can bend around the ball of the hip," says Colvin. Another leap forward is a diagnostic tool: the MR arthrogram, an alternative to the traditional MRI. "With the MR arthrogram, we inject a contrast, usually a dye, into the hip, and it leaks into torn areas, giving us a better picture," says Colvin. "We can also inject anesthetic at the same time so we can not only diagnose the pain, but also treat it."

QUESTIONS FOR YOUR DOCTOR:

A good starter question is, "**Do you think the pain is coming from my hip or from my back?**" "A lot of times those two overlap," explains Colvin. A second question is, "**Am I a candidate for an MR arthrogram?**" if the doctor thinks your pain is not coming from the hip, she won't recommend one. But if the pain is coming from your hip, and you don't have significant arthritis, you are probably a candidate for MR arthrogram.

WHAT YOU CAN DO:

Don't wait. One study found it took patients an average of 21 months to get a correct diagnosis. "Waiting potentially causes more damage to the hip," says Colvin.

See an orthopedist. Another good option is to see a physical-medicine specialist, but the orthopedist is the best person to help you figure out if you need surgery.

Get informed. The [American Academy of Orthopaedic Surgeons](http://www.aaos.org) has great information about fitness and treatments on its Web site ([aaos.org](http://www.aaos.org)), including a helpful search engine for locating doctors. Colvin also recommends two specialized orthopedics organizations, the [Arthroscopy Association of North America](http://www.aana.org) ([aana.org](http://www.aana.org)) and the [American Orthopaedic Society for Sports Medicine](http://www.sportsmed.org) ([sportsmed.org](http://www.sportsmed.org)).