



THE ATHLETE'S AFFLICTION

BRITTANY GARRETT WAS YOUNG, ACTIVE —
AND IN NEAR-CONSTANT PAIN. THE RIGHT
DIAGNOSIS, AND THE RIGHT SURGEON,
FINALLY BROUGHT HER RELIEF.

Most people who drive to work find the commute frustrating at times — gridlock can fray the calmest psyche. But for years, Brittany Garrett’s 50-minute journey from Fishkill to Chappaqua, NY, was outright agony.

Garrett, now 33, began experiencing excruciating hip and groin pain a few years after graduating from college, and sitting for extended periods was the worst.

“I couldn’t drive for more than 20 minutes without this deep, nagging pain in my hips, and it would escalate the longer I stayed in the same position,” she says. “I just would keep adjusting the way I was sitting to try and relieve the pain.”

She marked her progress not by exit signs but by the degree of her torment. “I always had discomfort by the time I was on highway 684,” she recalls.

For nearly eight years, she tried various treatments, but nothing helped; bit by bit, her pain worsened. It wasn’t until Garrett, a physical therapist, saw orthopedic surgeon Etan Sugarman, MD, at Northwell’s Lenox Health Greenwich Village location, that she finally got a diagnosis — and found relief.

“I could see right away that she had a pretty significant case of femoroacetabular impingement,” says Dr. Sugarman. “I wasn’t surprised that her whole life was affected.”

Femoroacetabular impingement (FAI) is an irritating, sometimes agonizing condition caused by a slight excess of bone at the hip joint — either at the neck of the femur (thigh bone) or the acetabulum, the socket of the hip’s ball-and-socket joint, or both. Because of the excess growth, the two bones hit together during movement, causing discomfort and pinching or even tearing the labrum, a sensitive ring of cartilage that surrounds the joint.

Garrett was relieved to finally learn what was causing her pain. When she heard that there was an effective treatment — that was when she began to feel excited.

A HIDDEN EPIDEMIC

Diagnosed most often in active people between the ages of 20 and 45, FAI has been called a hidden epidemic of

youth sports. Researchers say that it’s the culprit in about 17% of cases of chronic groin pain.

Researchers aren’t sure what causes it, but they suspect it is a combination of genetics and environmental factors, such as stress on the hip joint from sports during adolescence. It is especially common among athletes whose sports require lots of squats and pivoting motions.

Garret fits this profile to a tee. As an outside hitter on Quinnipiac University’s Division I volleyball team, she spent much of her time in college with her hands held high and her

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— Brittany Garrett

knees bent low as she hit and blocked the ball.

She also fits the profile in another way: It took a frustratingly long time to find the cause of her suffering. Over the years, Garrett tried physical therapy and even enlisted her co-workers’ help to loosen her hip joint. Nothing helped. Like many people who think of themselves as having tight hips, she found that trying to push through the pain only made things worse.

Garrett’s groin pain got so severe that she couldn’t lie on her couch and watch TV or find a comfortable

position in bed. The list of things she couldn’t comfortably do kept growing.

“I couldn’t exercise or hike, which I love to do,” she says. “I couldn’t go to the movies and sit for two hours. I couldn’t sit at the dinner table, so going out to a restaurant with friends was difficult.”

The pain also took its toll on her career. As a physical therapist, she often needed to demonstrate exercises for patients so that they could do them safely and effectively on their own at home. But that got more and more challenging. “I would get hip pain while showing them how to squat or lunge with proper form,” she says.

She began to feel defeated. “There was no way that I could have a good quality of life if I couldn’t do any of the activities I loved,” she says.

A PROBLEM THAT’S EASY TO MISS

Most people with FAI suffer for years and see multiple doctors before getting a correct diagnosis. Yet it’s not a rare disorder — far from it. “It’s a common problem,” says Dr. Sugarman. “It may be the leading cause of hip arthritis in the world.”

FAI can cause damage in three different ways. In “pincer” FAI, extra bone extends out over the rim of the socket of the hip bone (the acetabulum), which can allow the rim to dig into the cartilage covering the head of the femur. “Cam” FAI occurs when the femoral head is bumpy or egg-shaped instead of round, so it can’t rotate smoothly inside the acetabulum; the protrusions can grind away at the cartilage that covers the acetabulum. In combined FAI, cartilage is damaged by both cam and pincer malformations.

So why is diagnosis often delayed? For one thing, FAI sometimes causes only low-grade aches and pains, rather than the sharp, shooting pain that Garrett experienced. Many people in this boat don’t bother to get evaluated until their condition has done serious damage to their cartilage.

Even if someone does see a doctor for evaluation, it’s not always a slam-dunk diagnosis. FAI is frequently not seen on X-rays because the typical views don’t provide the correct angle to display it. “Even with the right view, the bony changes are subtle,”

Dr. Sugarman says. “Unless you know what you’re looking for you can easily miss it.”

FAI also tends to be accompanied by more visible problems — say, a torn labrum, which can be seen on MRI. A doctor may simply treat the tear without investigating further. That’s generally a mistake, Dr. Sugarman says. “In a young adult, the labrum doesn’t just tear on its own,” he says. “Unless the cause of the tear is identified and dealt with, you can have an outstanding repair of the labrum and the problem will still recur.”

MAKING THE CALL

In addition to imaging, a detailed physical exam can help diagnose FAI. In impingement testing, for instance, the doctor brings the knee toward the chest and rotates it inward toward the opposite shoulder; that can be uncomfortable in patients with FAI. “A good physical examination allows us to correlate what we are seeing on imaging with what the patient is feeling,” Dr. Sugarman says. “It also allows us to make sure that the pain is, in fact, coming from the hip and not from the low back or elsewhere.”

Once FAI is diagnosed, sufferers often find it a huge relief to finally put a name to their pain and learn about treatments. “I was eager to get back to a normal life,” Garrett says.

Physical therapy is often the first step. Improving the hip’s dynamic range of motion and strengthening the supporting muscles can take pressure off the joint. If this isn’t enough,

Now that Garrett’s pain is gone, she and boyfriend John Paine get out often.



medications or injections sometimes help relieve the pain. Ultimately, patients with ongoing pain that limits their activity level or affects their quality of life may need surgery.

“Surgery is the only way we can correct the underlying anatomic problem,” Dr. Sugarman says. “In more than 90% of cases, we can relieve pain, suffering and dysfunction and return the person to their desired activities. Additionally, treating the condition early enough may prevent future damage to the hip and hopefully delay or prevent hip arthritis in the future.”

A GAME-CHANGING APPROACH

Surgery for FAI used to be a major ordeal: It required long incisions and

dislocating the hip, and recovery took months. Now, a minimally invasive approach reduces both risks and downtime. Surgeons make tiny incisions; guided by a small camera, they introduce instruments into the hip. They repair the labrum that lines the joint, and, as needed, trim the bony rim of the acetabulum and shave down the bump on the femoral head. It’s a technically challenging procedure (see “Finding the right team,” left) but an easy one for patients: It takes just two or three hours, and people go home the same day, without the need for heavy-duty painkillers.

Dr. Sugarman performed minimally invasive surgery on both of Garrett’s hips, the first in January 2022 and the second a few months later, in May. (While FAI typically affects both hips, not everyone needs two-sided surgery, Dr. Sugarman says; an operation is necessary only if the condition is causing pain.) Her recovery went smoothly, and she was walking without discomfort within weeks. “I had soreness, but I wouldn’t call it pain,” she says.

Now, she has her life back. “I can squat and do lunges,” she says. “I can play volleyball and spike the ball without pain.” She can also easily sit through a movie or dinner at a restaurant, watch TV at night and drive long distances.

“I can do everything now, and I don’t think about my hips during the day at all,” she says. “It’s a huge relief.”

FINDING THE RIGHT TEAM

Minimally invasive surgery for femoroacetabular impingement (FAI) is easy on patients — but it’s a demanding operation for clinicians, says orthopedic surgeon Etan Sugarman, MD. “The hip joint is a very tight space, leaving little room to maneuver,” he says. “So you need significant training and experience to do this procedure well.”

When looking for a surgeon, it’s important to ask how often he or she does the procedure — there’s no magic number, but higher-volume surgeons may have lower complication rates, says Dr. Sugarman, who has performed hundreds of these surgeries at Northwell Health outpatient surgical centers. “It’s also important for people to feel comfortable with the entire team of nurses, physical therapists and others,” he says. “They are key in helping you navigate the postoperative period and getting back to doing the things you want to do.”