Hip Pain in a Men’s Collegiate Lacrosse Athlete
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**Background:** This report presents the case of a unique pathophysiological injury involving the hip of a 19 YO, male lacrosse athlete. The athlete has an extensive history involving the lower extremities. In 2010, the athlete had a right hip flexor strain, femoral acetabular impingement, labral tear, and heterotopic ossification of the hip. He had a right hip arthroscopy with excision of the heterotopic ossification, debridement of a labral tear, and peripheral compartment arthroscopy with osteoplasty of the femoral neck. The athlete was unable to participate in the 2010 fall season. At the commencement of the 2011 season, the athlete was recovering from a right knee meniscectomy, which he sustained playing indoor lacrosse. His rehabilitation progressed and he was cleared to play at the beginning of March. The athlete was gradually re-introduced into practice and was fully participating by early April. Towards the end of April, the athlete began complaining of low back and hip pain. Upon evaluation, it was noted that the athlete had an SI rotation. Muscle energy was used to correct the rotation and the athlete seemed to experience relief. However, the following day the pain recurred. A more extensive evaluation of the entire lower extremity revealed positive FABERs, posterior shear, and hip scouring tests. Due to pain, he also presented with limited hip flexion and iliopsoas weakness. **Differential Diagnosis:** Labrum injury, iliopsoas strain, trochanteric bursitis, iliopsoas tendonitis. **Treatment:** Following the evaluation, the athlete was removed from play and referred to his surgeon, whom he saw at the conclusion of the school year. At that time, he received a cortisone injection into the iliopsoas which provided temporary relief. At a follow up appointment in July, the surgeon identified a significant amount of scar tissue from the first surgery which had been restricting iliopsoas ROM. The athlete was instructed to begin rehabilitation focusing on strengthening of the lower extremity, balance, and core stability. After a few weeks of therapeutic exercise, the athlete began experiencing increased pain. He sought a follow up appointment with his physician, who ordered a hip MRA. The MRA identified a partial-thickness detachment of the posterior/superior right acetabular labrum, a non-displaced acute stress fracture involving the parasymphyseal right pubis, and arthritic changes of bilateral sacroiliac joints. After receiving the MRA report, a right hip arthroscopy with lysis of adhesions, chondroplasty acetabulum, iliopsoas tendon release, and peripheral compartment arthroscopy was scheduled. Post-op, the athlete was instructed to start rehabilitation after one week and was NWB for the first two weeks. The athlete is currently progressing in his rehabilitation process with the goal of returning to full play by the spring season. **Uniqueness:** Hip joint injuries represent a minute amount of injuries experienced in athletics and an even smaller amount sustained in collegiate lacrosse. The extensive history of the athlete is unique and the variety of injuries sustained simultaneously is rare. In addition, this athlete did not present with the common signs and symptoms of an acetabular labral tear, which typically presents with groin pain, snapping or clicking sensations, and limited range of motion throughout most hip motions. **Conclusion:** After reviewing the MRA report, it was determined that the athlete had right hip labral tearing, arthrofibrosis, and iliopsoas tendonitis. Due to the number of structures involved, the athlete did not present typically. This case represents the importance of a comprehensive approach to assessment in which the entire lower extremity is assessed, as it is possible for more than one injury to be present. **Word Count:** 575