

IDEA member and cyclist John Platero racing before his FAI surgeries last year.

PHOTOGRAPHY: BILL KRAMPP



“Although the protocols for [FAI] rehab recommended crutches for 3 weeks, the surgeons I consulted with recommended weight bearing as soon as possible.”

—John Platero

## Exploring Hip Pain: **FAI** **Dysfunction**

I had femoroacetabular impingement (FAI) and recently had the labrums arthroscopically repaired in both hips. Contrary to the article written by Chris Gellert, PT, MPT (February 2012), I had no limitations in flexion, extension, or internal or external range of motion prior to the surgery. What I did have was pain; specifically with internal rotation and 90 degrees of hip flexion. However, the pain masqueraded itself as muscular tightness. I'm a cyclist, and I had been racing a lot at a velodrome. The hyperflexed [racing] position along with the anatomy so well described by Mr. Gellert is what caused the labral tears. There had been no acute trauma; the injury was purely a mechanical one. However, hip flexors are frequently tight on cyclists so this is what I suspected it was. After X-rays, two MRIs with and without contrast, consultations with seven different doctors and a ton of research, I had the two surgeries.

Although the protocols for [FAI] rehab recommended crutches for 3 weeks, the surgeons I consulted recommended weight bearing as soon as possible. Hence, I was on crutches for only 3 days after each surgery. As the article states, it takes about 3 months for full recovery—when

you can start to really train hard. My current rehab doesn't consist of a lot of strengthening exercises. My hips don't lack strength or power. In the *repair stage*, it is more important to keep the muscles firing to allow for the bone to heal, collagen to form and the tissue to regenerate. My current rehab consists mostly of aquatics to encourage gentle movement, cycling for blood flow and stretching to restore range of motion. There is always adaptive shortening when tissue is cut.

It is very difficult to diagnose this condition without an X-ray or MRI because it is caused by abnormal structures of the femoral head-neck junction. However, like most athletes, I “pushed through” the pain. Prior to the MRI, I spent 4 weeks resting, massaging and stretching torn labrums. None of that was going to mend torn connective tissue.

The takeaway? When in doubt have it checked. I recommend an X-ray and/or MRI with contrast. It's not fun, but it's the only way you can really know if FAI is your problem.

John Platero  
Director of Education, National  
Council for Certified Personal Trainers  
Newbury Park, California