

# CONSERVATIVE TREATMENT CONTINUUM FOR MANAGING FEMOROACETABULAR IMPINGEMENT SYNDROME AND ACETABULAR LABRAL TEARS IN SURGICAL CANDIDATES: A CASE SERIES

Joel R. Narveson, PT, DPT, OCS<sup>1</sup>

Matthew D. Haberl, PT, DPT, OCS, FAAOMPT<sup>2,4</sup>

C. Nathan Vannatta, PT, DPT, SCS<sup>2</sup>

Daniel I. Rhon, PT, DPT, DSc, OCS, FAAOMPT<sup>3</sup>

## ABSTRACT

**Background/Purpose:** Femoroacetabular impingement Syndrome (FAIS) and the often-associated acetabular labral tears (ALTs) are challenging to treat and consensus to guide effective management is lacking. Recent guidelines suggest physical therapy is beneficial, yet the guidance for specific interventions is unclear. The purpose of highlighting these cases was to describe the outcomes and the clinical reasoning process driving conservative management of subjects with FAIS and ALTs that were deemed surgical candidates.

**Study Design:** Case Series

**Case Descriptions:** Six subjects (20 - 65 years old) with confirmed FAIS and/or ALTs were included. Subjects were assigned to different treatment pathways based on their individual presentation. Three subjects were categorized as having primary mobility impairments and three were categorized with primary neuromuscular control impairments. Treatment intensity was adjusted according to the individual nature of symptoms, and on average lasted 81 days.

**Outcomes:** Clinically important improvements were seen on all self-reported outcome measures (International Hip Outcome Tool – 33, Numeric Pain Rating Scale, Patient Specific Functional Scale, and Global Rating of Change). At two years, none of the subjects had elected surgical management.

**Discussion:** These cases illustrate the clinical reasoning process utilized to prioritize subjects' treatment along a continuum of neuromuscular control and mobility. The treatment approach also illustrates successful management of potential surgical candidates that elected to forego surgery after satisfactory completion of conservative management.

**Level of Evidence:** Level 4

**Key Words:** Clinical reasoning, femoroacetabular impingement syndrome, hip pain, mobility, neuromuscular control, physical therapy

<sup>1</sup> Creighton University Medical Center, Catholic Health Initiatives, Omaha, NE, USA

<sup>2</sup> Sports Medicine Physical Therapy, Gundersen Health System, Onalaska, WI, USA

<sup>3</sup> Assistant Professor, Doctoral Physical Therapy Programs (DPT and DSc), Baylor University, JBSA Fort Sam Houston, TX, USA

<sup>4</sup> Residency Director, Specialized Physical Therapy Education, LLC La Crosse, WI, USA

The authors certify that they have no affiliations with or financial involvement in any organization or entity with a direct financial interest in the subject matter or materials discussed in the article.

## CORRESPONDING AUTHOR

Dr. Joel Narveson

7500 Mercy Rd,

Omaha, NE 68124

E-mail: Narveson.joel@gmail.com