Reply to the Letter to the Editor

Labral Injuries of the Hip in Rowers

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To the editor,

We thank Dr. Smoljanovic and colleagues for their comments on our study about labral injuries of the hip in rowers.

Regarding ROM, we agree that underlying femoroacetabular impingement (FAI) precipitates labral tearing of the rower's hip in flexion. The average hip flexion in this series was 101° (range: 90°–130°). The etiology of labral pathology of the hip in athletes is likely due to a combination of activity and predisposing underlying anatomy.

In our study, 10 of 16 rowers returned to competitive rowing. We agree that not performing concomitant osteochondroplasty during labral surgery in some patients may have resulted in lower rates of return to rowing. This series of patients were treated from 2003 to 2010. With evolving understanding of structural abnormalities associated with intra- and extra-articular hip pathology, our current arthroscopic approach for mixed FAI typically involves

labral refixation, acetabular osteochondroplasty, femoral osteochondroplasty, and capsular repair. There are many reasons why an athlete might not return to play; we did not further elucidate the reasons for not returning to rowing.

On the subject of rehabilitation, the patients in our study were treated with partial weight-bearing for 3 weeks after surgery with a progressive physical therapy program. Return to rowing was allowed at 3 months after surgery if the patients met functional criteria for pain, strength, and motion. We agree with Smoljanovic and colleagues that rehabilitation should progress gradually to avoid reinjury and irritation of the hip.

We treated three patients with bilateral hip pathology with unilateral hip arthroscopy. The contralateral hips in those patients had not undergone surgery at the time of last followup because they were asymptomatic or minimally symptomatic.

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