



## Keep Kicking to Prevent Hip Soccer Injuries

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Soccer is a physical sport that places significant demand on the athlete's hips and lower extremities. Studies have shown that hip and groin injuries are one of the most common injuries in soccer. Many of these are non-contact injuries and often occur with cutting, pivoting and sudden changes in direction. Despite their frequency, the vast majority of these injuries do not result in significant time lost from competition and do not require surgery.<sup>1,2</sup>

### Muscle Strains and Contusions

The most common hip injuries affecting female soccer players are pulled muscles and bruises.<sup>1,2</sup> Pulled muscles are non-contact injuries that occur when muscles are overstretched and torn. These injuries range from minor, small tears to complete tears. Muscle strains most commonly occur during activities such as landing from a jump. Muscle strains are common in the muscles surrounding the hip, including the hamstrings, groin, and thigh. Depending on the severity most strains are treated effectively with rest, ice, and anti-inflammatories. Proper conditioning, warm ups and stretching are all important to prevent muscle strains.

Bruises occur when the muscle is contacted by an outside force. During soccer this is often contact with another player or even the ball. Bruises can cause pain, swelling, and may make the leg feel weak. Bleeding into the tissues can cause blueish/brown discoloration. Often with deep muscle bruises these color changes are not seen for many days to weeks following the injury. Similar to muscle strains, bruises can be treated conservatively and improve with rest, ice, elevation and gentle compression.

### Hip Pointer

A hip pointer is a specific type of bruise that occurs with a direct blow to

A hip pointer is a specific type of bruise that occurs with a direct blow to the ridge along the top of the pelvis. The injury causes bleeding into the abductor muscles and other muscles that attach to the pelvis. This causes pain and weakness about the hip that can sometimes be severe. Hip pointers are treated the same as other muscle bruises but if severe can require temporary removal from competition.

### **IT Band Syndrome/Trochanteric Bursitis**

IT (Iliotibial) band syndrome is an overuse injury that is common in female runners. It occurs with irritation of the IT band that runs on the along the outside of the upper thigh. This irritation causes pain and inflammation in the bursa at this area, often manifesting as lateral hip pain. Conservative therapy is the mainstay of treatment, including anti-inflammatories, stretching, physical therapy and rarely corticosteroid injections.

### **Femoroacetabular Impingement (FAI) and Labral Tears**

Femoroacetabular impingement (FAI) is a much less common source of hip pain in female athletes. It refers to mismatch and abnormal contact between the two bones which make up the ball and socket joint of the hip. While it is a complex process, it can be thought of as having excess bone on the ball (femur) of the joint and/or a socket that is too deep.<sup>5</sup> This abnormal structure results in a loss of hip range of motion. FAI can damage the labrum of the hip - the cartilage that lines the joint, and even lead to early arthritis. The most common symptoms of FAI are groin pain with activity, most notably with deep hip stretching and limited range of motion. It is important to consult an athletic trainer or physician for a proper assessment, as this requires a detailed history and physical exam. Treatment often requires further imaging studies. In severe cases, it may require surgery.

### **Summary**

Hip injuries are common in female soccer athletes. The vast majority of these injuries are minor muscle pulls or bruises. Most are treated conservatively with rest, ice, anti-inflammatories, and gentle compression and do not contribute to significant time out from competition. If any injury causes severe pain, prevents the athlete from bearing weight on the leg, produces catching or locking of the joint, or causes neurologic symptoms, it is important to consult a certified athletic trainer or physician.

**References**

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