


PHYSIO'S
therapy

Sir Andy Murray

TREATING HIP PAIN

Phil Newton answers some questions squash players might have about hip surgery following the well-publicised operation undergone by former Wimbledon tennis champion Sir Andy Murray

Hip pain was in the news recently when Sir Andy Murray was forced to pull out of the Australian Open Tennis Championships. Shortly afterwards, the media was awash with pictures of the former Wimbledon champion recuperating from hip surgery. I'm sure that many squash players of a certain age who followed these news bulletins were left with plenty of questions. After all, squash has a reputation for being a punishing activity for joints such as the hips.

Many doctors and surgeons invariably give a reflex "No" in response to the question of whether playing sports such as squash with persistently painful hip conditions is a good idea. The problem here is that many medics base their advice on a) a limited understanding of the sport and b) a simplistic understanding of the causes of hip pain. So, I thought that I would try to address some of the issues that Sir Andy's painful hip may have raised. I will also use some squash examples, such as the protracted hip pain problems that plagued James Willstrop, which he was able to overcome with a combination of treatments, including surgery.

Will I need a hip operation?

The simple answer is it depends what is causing the pain and whether or not all of the other options have been tried. Hip pain is often associated with restricted movement and reduced muscular strength and control. A well-structured programme of physiotherapy can completely resolve most painful hip issues or significantly reduce and control the majority. Those cases that don't respond or stop responding should be referred to a hip specialist for further investigations.

How can you tell if surgery is required?

If the physiotherapist's input isn't helping enough, then investigations, such as X-rays

or CT and MRI scans, may be warranted. However, a word of warning. There is no such thing as a normal hip X-ray or scan in an adult population. By this I mean that even pain-free, normally functioning hips can and frequently do show structural changes on an X-ray or scan that can be misinterpreted as damage or injury. So, these types of investigation can be very useful, but it is vital that they are interpreted by experienced clinicians.

What steps should you take?

Get your hip pain thoroughly assessed by a suitably experienced musculoskeletal physiotherapist. Comply with any rehab programme that may be deemed appropriate and check out other things that could help. A frequently overlooked factor is working with a coach to advise on good movement around the court. Making movement patterns as efficient as possible can significantly reduce unnecessarily high levels of hip loading.

What are the alternatives?

Some hip problems that don't respond to physiotherapy can be helped by injection therapy, although this should only be used after the investigations mentioned above. They fall into two categories. The first addresses inflammation and the second acts as a lubricant, which can reduce the

symptoms that are caused by changes to the surfaces of the hip's ball and socket joint. Willstrop was able to compete in the Glasgow Commonwealth Games after having his painful hip injected and then following this up with some modified training and a great deal of physiotherapy.

What types of surgery are commonly performed?

Hip surgery falls into three categories. The first is performed arthroscopically (also known as 'keyhole' surgery) and addresses any loose joint fragments that could be catching and causing the pain. It may also involve reshaping the hip bones and repairing damage that may have affected the labrum (the ring of cartilage that surrounds the hip socket). The second type of surgery is known as resurfacing and uses a metal insert to replace the damaged or misshapen ball of the hip. The third type is a total hip replacement. This completely removes the ball and socket bone, and replaces them with a metal ball and a plastic socket. This is more extensive surgery, as it removes much more bone than a surface replacement.

Can you play squash afterwards?

As Willstrop has shown, it is certainly possible to play squash again after arthroscopic hip surgery to repair damage and reshape the joint. However, the rehab process is lengthy, with periods of at least 3-6 months of hard work being required to get over the surgery, to regain mobility and to build up strength, control and sporting resilience. The chances of getting back on court are greater after hip resurfacing surgery than with a total hip replacement. Most surgeons advise against playing sports such as squash after total hip replacements for fear of accelerated hip wear, dislocation, fracture and loosening of the artificial components.