Understanding Hip Dysplasia: What You Need to Know

Hip dysplasia can affect adolescents, especially those who are active in sports or experiencing hip pain. It's important to know what hip dysplasia is, how it's treated, and what to expect from your doctor. This guide will help you understand hip dysplasia and answer some common questions about the condition.

What is Adolescent Hip Dysplasia?

Adolescent hip dysplasia happens when the hip socket (acetabulum) is too shallow to fully support the ball of the thigh bone (femoral head). There are usually two types of hip dysplasia in adolescents:

1. **Hip dysplasia that started in childhood: Some adolescents were treated for hip dysplasia as babies or young children, but the condition didn't fully improve. They may still have problems with the shape of both the hip socket and the femoral head.**
2. **Hip dysplasia that develops in adolescence: The second type is more common and happens when the hip socket didn't grow deep enough to support the hip joint. This type usually affects the socket side of the joint more than the ball side.**

Both types of hip dysplasia can cause pain, especially during activities, and often require surgery to fix.

How is Hip Dysplasia Treated?

Surgery is the most common way to treat adolescent hip dysplasia. Today's advanced surgical techniques make it possible to repair both types of hip dysplasia. Depending on the severity and type of dysplasia, surgery might involve reshaping the hip socket or addressing issues with both the socket and the femoral head.

Managing Your Treatment

When you see your doctor, don't be afraid to ask questions. Being honest about how you feel is really important. As a teen, it's okay to ask your own questions, even if your parents are asking most of them. Good doctors are interested in your thoughts and want to make sure you understand what's happening. You can also ask your parents to talk to the doctor if you're uncomfortable asking questions directly.

How Do I Know If I Have Hip Dysplasia?

The first signs of hip dysplasia in teens often include:

- **Hip pain: This is usually in the groin area or the side of the hip.**
- **A limp: Hip dysplasia can make it harder to walk properly.**
- **Snapping, popping, or catching: You might feel or hear these sensations when moving your hip.**

Pain usually gets worse with activity and improves with rest. Some adolescents see multiple healthcare providers before they are correctly diagnosed, so if your hip pain isn't getting better, you might want to seek a second opinion.

Is There a Cure for Hip Dysplasia?

In most cases, hip dysplasia requires surgery to correct. If caught early, some cartilage in the joint may still be healthy, and hip preservation surgery can help realign the joint. This

type of surgery aims to improve the way the hip socket holds the ball, reducing pain and preventing further damage.

Doctors often compare the joint to a car tire. If a tire is out of balance, it wears down faster. If the tread is still intact, rotating the tires can help them last longer. Surgery does something similar for your hip, allowing the remaining cartilage to last longer.

Types of Surgery for Hip Dysplasia

Some adolescents need surgery on both the hip socket and the femur (thigh bone) to improve the way the joint works. In other cases, surgery on just the hip socket is enough. If the labrum (the soft rim around the hip socket) is torn, arthroscopic surgery can sometimes help repair it. However, for people with hip dysplasia, arthroscopic surgery usually isn't a permanent solution unless the shape of the bone is corrected at the same time.

Are There Non-Surgical Treatments?

Unfortunately, non-surgical treatments rarely fix hip dysplasia because the joint isn't formed properly. While lifestyle changes like using a cane or losing weight can help reduce pressure on the hip, surgery is often necessary to correct the underlying issue. Small changes like weight loss can make a big difference in reducing pain and preserving the joint, but they won't cure the condition.

Understanding Hip Anatomy

Knowing how the hip joint works can help you understand hip dysplasia better. Here's a quick breakdown of hip anatomy:

- **Femoral Head (the ball): This is the top of the thigh bone that fits into the hip socket.**
- **Acetabulum (the socket): This is part of the pelvis where the femoral head fits.**
- **Labrum: A soft rim around the edge of the socket that helps stabilize the joint and keep fluid inside.**
- **Cartilage: A smooth surface covering the ball and socket that allows for easy movement.**
- **Muscles and Tendons: These help stabilize the hip joint and keep it moving smoothly.**

Common Terms Related to Hip Dysplasia

Doctors might use different terms when talking about hip dysplasia. These include:

- **Developmental Dysplasia of the Hip (DDH): A condition that affects the way the hip joint develops.**
- **Hip Dislocation: When the ball doesn't stay in the socket.**
- **Acetabular Dysplasia: When the socket is too shallow to fully support the ball.**

Muscles Involved in Hip Dysplasia

- **Abductor Muscles: These muscles lift your leg to the side and help keep your pelvis level when walking.**
- **Psoas Muscle: Also called the iliopsoas, this muscle helps you bend at the hip. If the socket is shallow, it has to work harder and may cause a snapping feeling when you move.**
- **Adductor Muscles: The inner thigh muscles that bring your legs together. These muscles are rarely affected by hip dysplasia but are important for overall leg movement.**

Connect with Us for More Information

If you have more questions about hip dysplasia, visit *HipPreservation.org* for more resources. We're here to help you understand your condition and explore your treatment options.