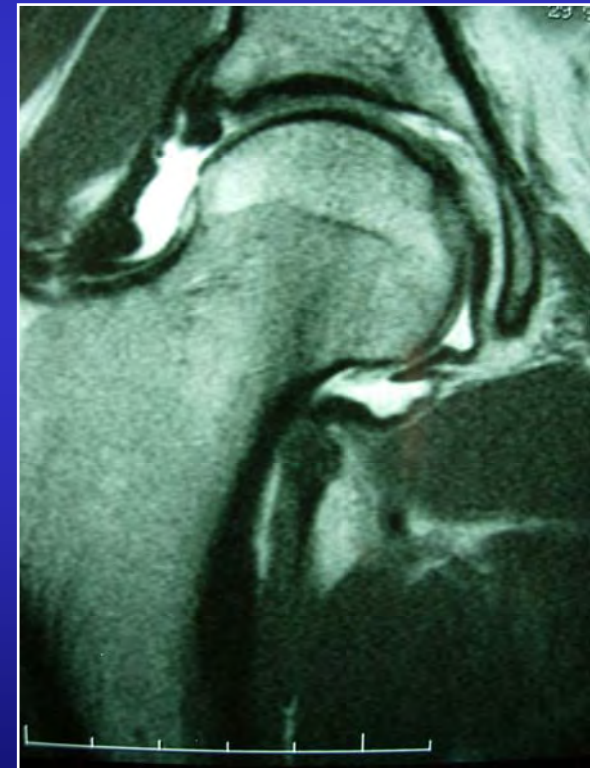


Approaching the Irritable Hip

antero-medial hip and groin pain

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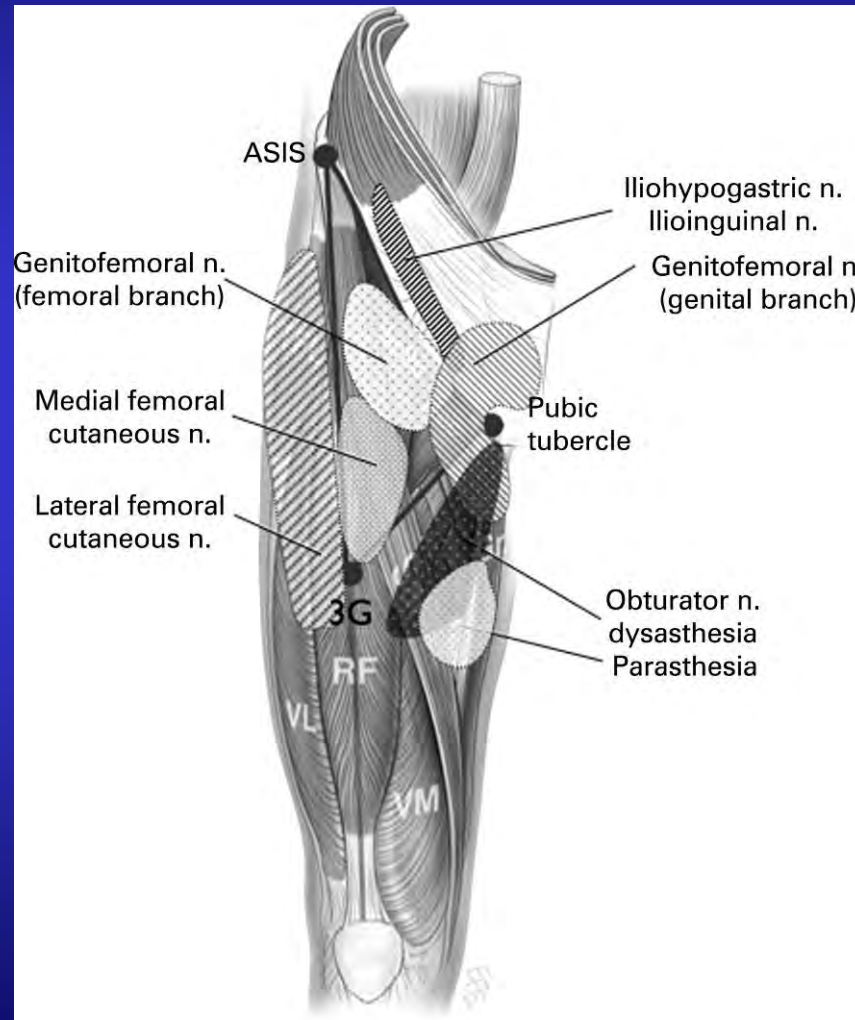
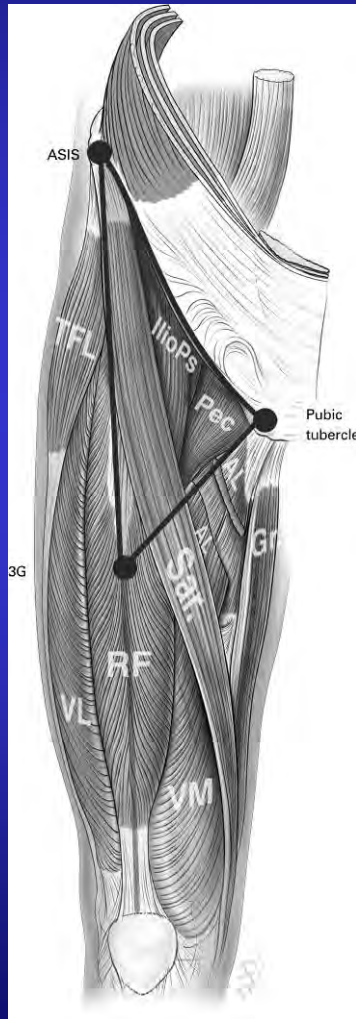
Antero-medial Hip and Groin Pain Incidence and Causes

- 5-10% sports injuries
- Top six for all Olympic sports injuries
- Likely to increase (Bahr 2009; Morelli 2005)
- > 3 months 25% of cases have second pathology
- Associated with reduced hip ROM
(Verrall et al 2007; O'Connor, D 2004; Fricker et al, 1991; Tyler et al, 2002)
- Many causes
 - Osteitis Pubis, Hip joint pathology, Iliospoas pathology, Adductor pathology, Inguinal pathology, stress fractures, entrapment neuropathies, referred pain



The groin triangle: a patho-anatomical approach to the diagnosis of chronic groin pain in athletes

Falvey, E C et al. Br J Sports Med 2009;43:213-220



Outline

- Approaching the Irritable Hip (A-M pain)
 - Case presentation
- Clinical Features
- Focus on hip joint, labrum and iliopsoas dysfunction
- Briefly mention - adductor dysfunction, osteitis pubis and bone stress
- Discriminatory clinical features
- **Clinical examination of athletes with groin pain: an intraobserver and interobserver reliability study**
British Journal of Sports Medicine 2004;38:446-451;
P Hölmich et al

Case Presentation – Irritable Hip

- 44 yo Sports Physician
- Healthy and active, FHx OA
- Golf day (12/03)
 - (Success) longest drive
- ‘felt something go’
- Trouble getting out of car
- Struggled lunging at raquetball
- Touch footy / kicking a big problem
- At 3 months – night pain



Listening to the patient

- Pain features
 - Mechanism
 - Acute, sub-acute, overuse
 - Prodrome?
 - Site – good luck!!
 - Quality
 - Sharp 'like a knife'
 - Aching 'like a toothache'
 - Constant
 - Burning; heavy
 - With clunking / clicking
 - Associated features
 - Night pain, sleep position, morning stiffness
 - Modifying features
 - Exercise related
 - ?affected by treatment
 - Chapters 1-3, Practical Orthopaedic Medicine Corrigan and Maitland



Hip Joint

Examination - passively

- Compare with other side
- Does it reproduce pain?
- Passive internal rotation
 - Differing positions
- Added adduction
- Quadrant test
- **Seated IR overpressure test**



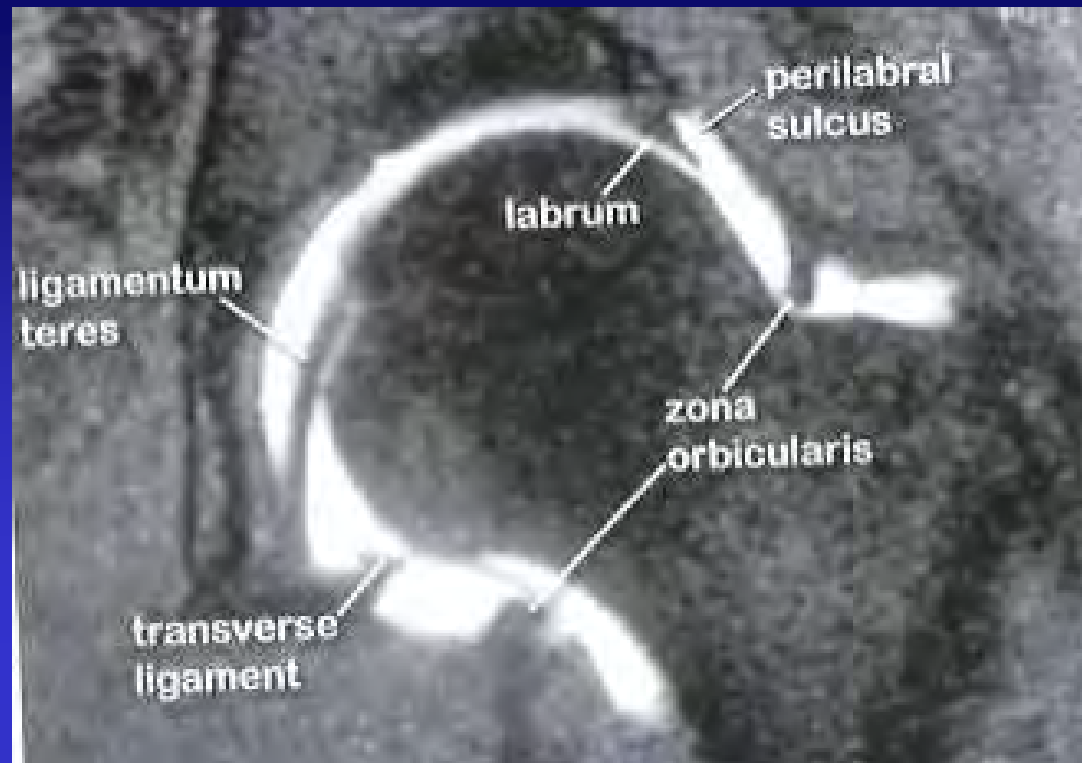
Hip Joint

Investigations

- X-rays
 - Weight-bearing films
 - Frog views
- Ultrasound – tendinosis, cysts, burs
hernia – unhelpful with hip joint
pathology
- Bone scan – inflammation, infection
tumour
- Role for CT with stress fractures
- MRI +/- arthrography
- Injection and response



MRI



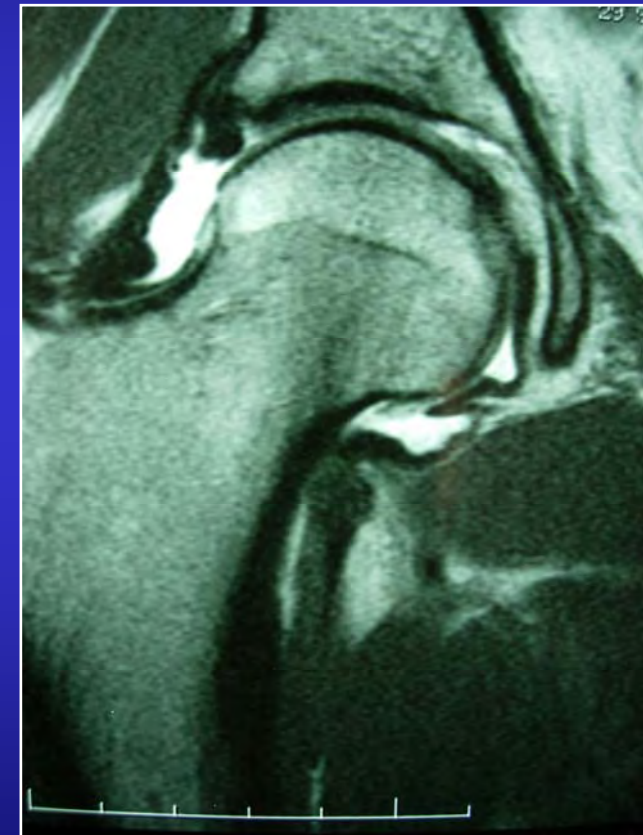
- Sensitivity 50-80%
- Quality varies
- Gadolinium improves sensitivity (Byrd and Jones 2004)
- Difficult to comment on size of labral tear or chondral injury
 - False negatives

Hip Joint

Labral tear / chondral injury

■ Acute

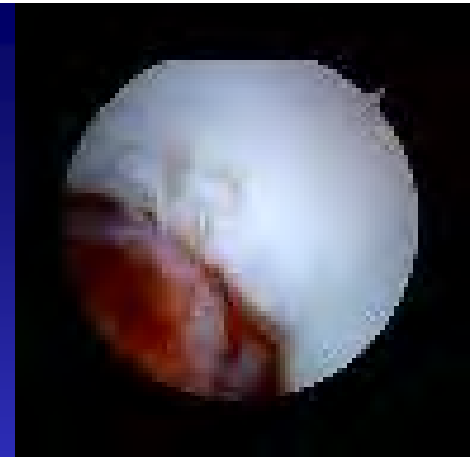
- Pain
- Instability
- Compression
- Twisting



■ Chronic

- Secondary to acetabular dysplasia
- Part of “rim lesion” complex

Summary of Presentations



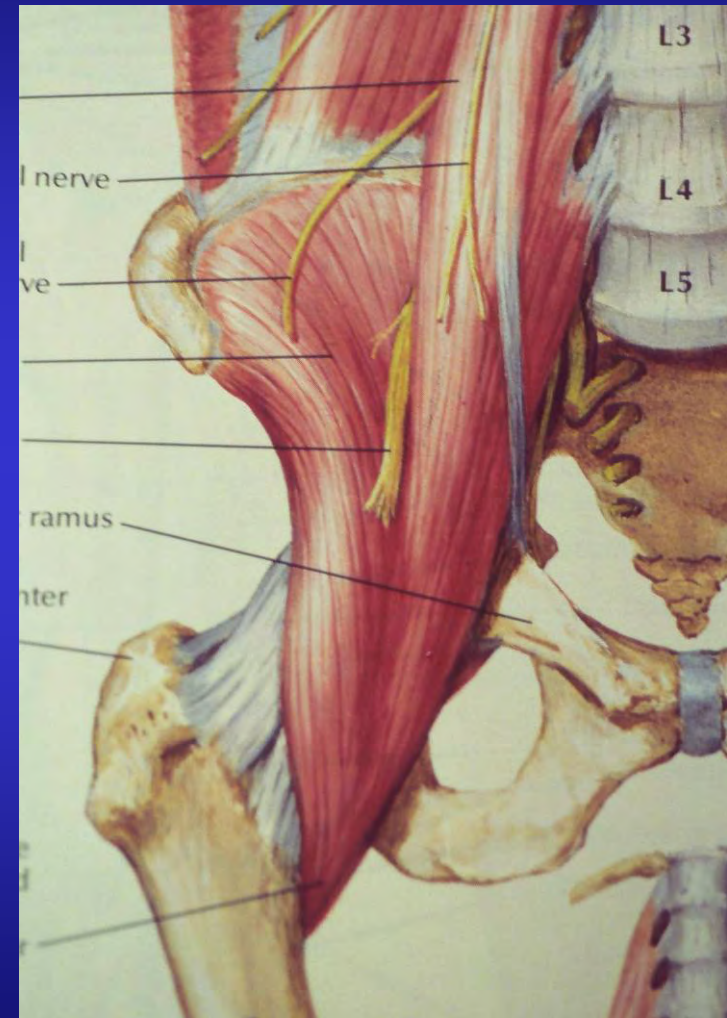
- Where is it?
- How bad is it?
 - Pain scores
 - HOOS score
- Activity related suggests mechanical (ie; OA / labrum)
- At rest suggests inflammatory

More features of labral or articular cartilage injury

- Worse with twisting or changing direction
- Getting up and down from seats or in and out of cars
- Difficulty with shoes and socks

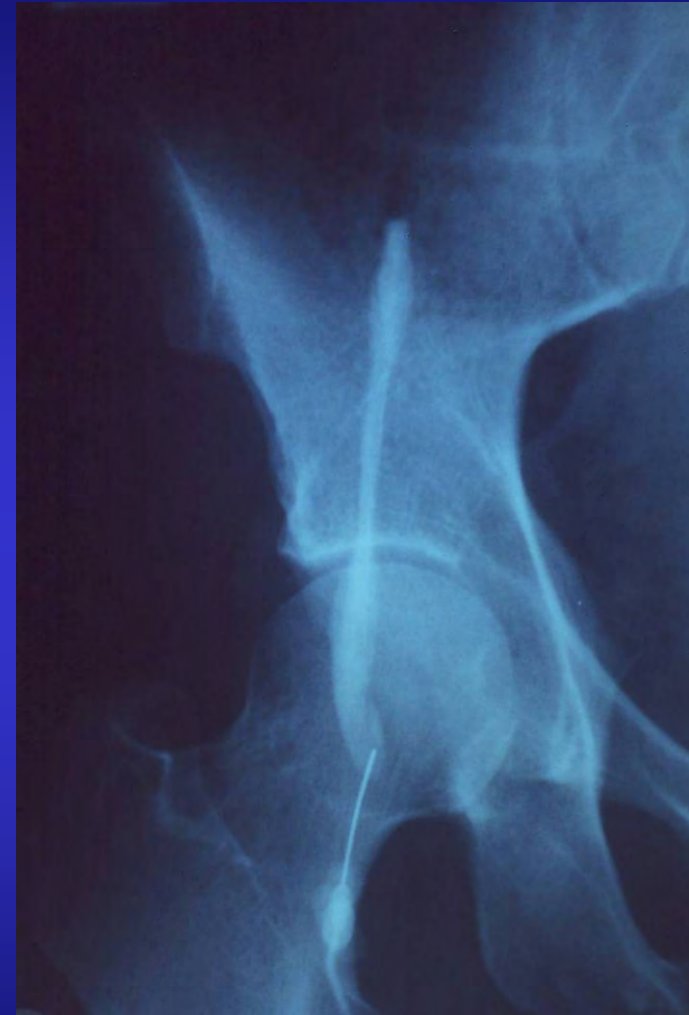
A comment on iliopsoas

- Key hip flexor
- Origin lumbar spine
- Femoral nerve passes within
- Crosses hip joint & SIJ
- Spasm secondary to lumbar, pelvic, hip pathology
- Can cause lumbar, pelvic, hip symptoms
 - 72% acetabular labral tears present with ipsilateral lumbar pain (Byrd and Jones 2004)
- Palpate abdominally for tightness
- Palpate in proximal thigh for tightness and tenderness



Psoas – treatment options

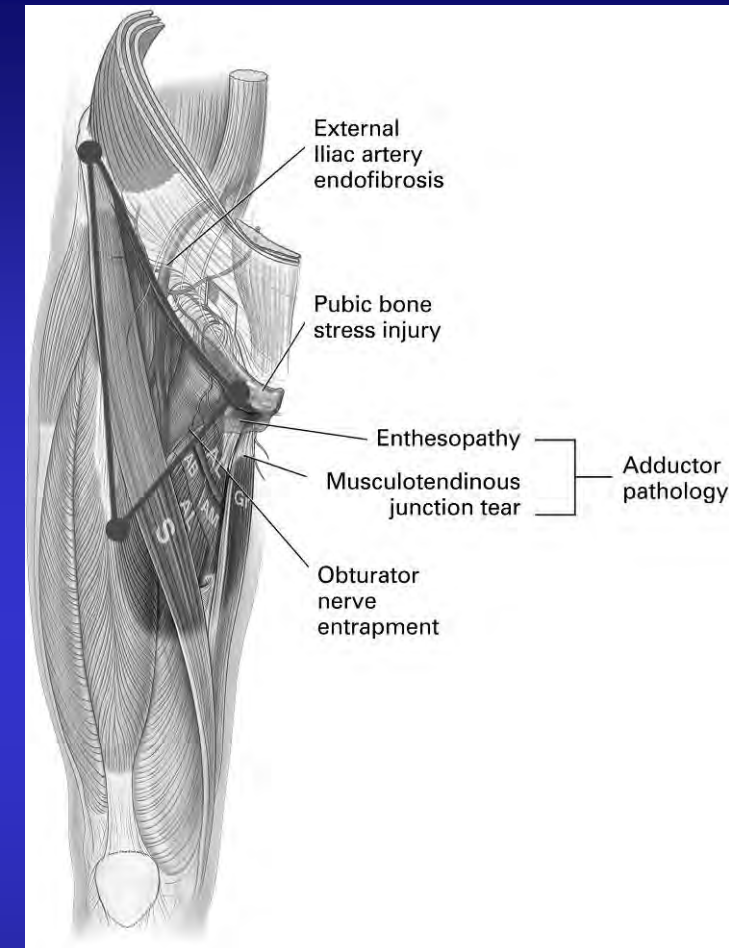
- Massage / release
- Neuromeningeal stretches
- Psoas injection
- Surgery – release / lengthening



Adductor Dysfunction

Tear, strain, tendinopathy

- Point tenderness
- Pain with resisted movements
- Some hip joint features (F/Add/IR)
- May test with local anaesthetic block



Osteitis Pubis

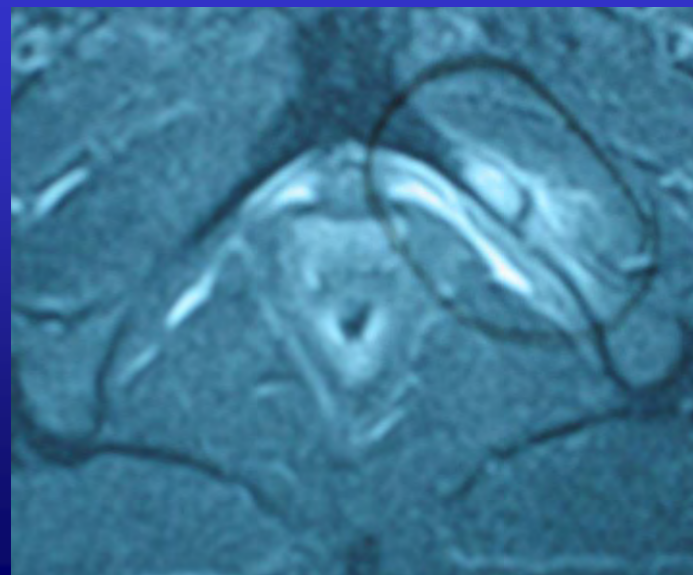
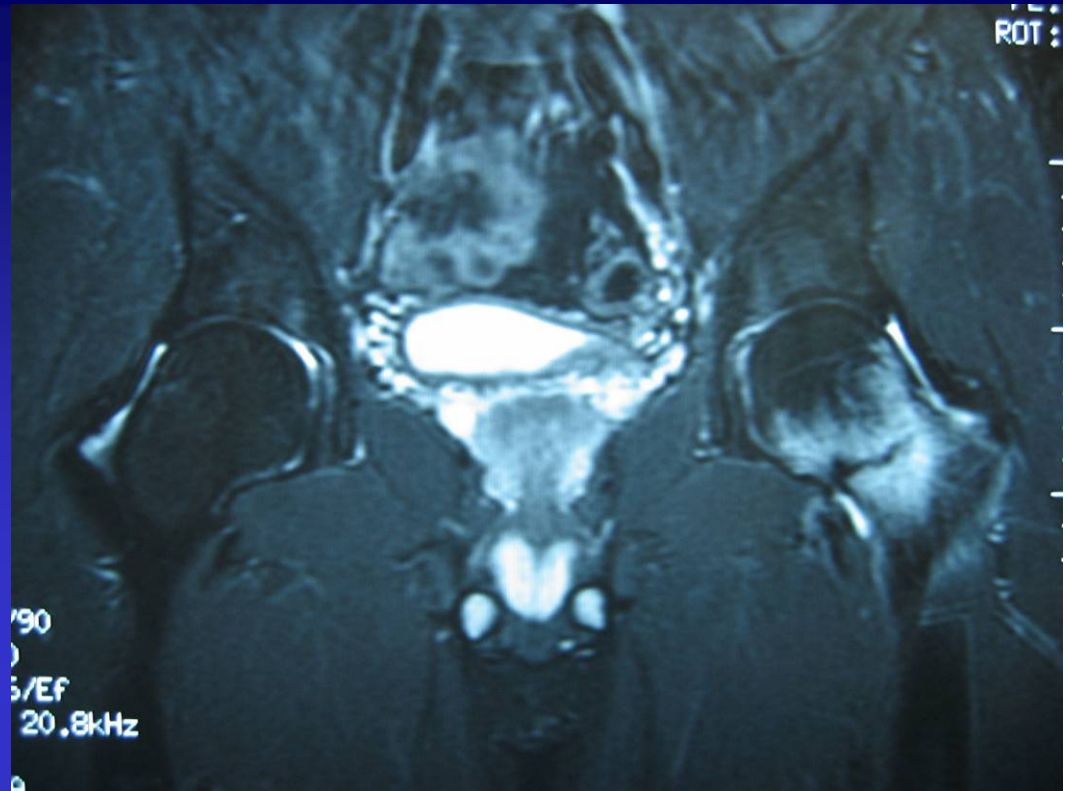
Inflammatory, bone stress, degenerative

- Mixed signs including
 - Pubic tenderness
 - Adductor weakness
 - Adductor guarding
 - Hip irritability
- **“Squeeze” test**
- Various investigation results
 - Plain X-rays (including “flamingo” views), bone scan, CT scan, MRI scan



Bones Stress

- Neck of Femur
- Pubic Ramus
- Endurance athletes
- Non-specific hip/groin pain
- Pain with impact
- Hip signs
- Bone density, dietary and menstrual issues
- **Positive hop test**



Treatment Pathway for Irritable Hip - Negligible OA

- Non-Invasive
 - Medications options
 - Night pain
 - Physical treatment
 - In line traction
 - Hip flexor release
 - Glut / ITB releases
 - Glut strength
 - Avoid quadrant mobs
 - Lifestyle change
 - Weight loss
 - w-b activity / sitting
 - Review 6-12 weeks
- Minimally Invasive
 - As per non-invasive
 - Intra-articular corticosteroid (> 2mLC in 10ml)
 - Post injection stretch
 - Prone IR, extension
 - Post-injection unload
- Invasive
 - Scope
 - Arthroplasty
 - Pre-surgery prep



- Thanks
 - Dr P Walker and Prof W Bruce
 - Dr C Bradshaw
 - Pure Sports Medicine
 - The physios and manual therapists I have learnt from

