

EXAMINATION OF THE HIP

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Extended Scope Physiotherapy Practitioners

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Sussex MSK Partnership

Subjective Assessment

- ▶ History
 - ▶ Age (elderly – ? OA, middle aged – ? labral, young – ? developmental)
 - ▶ Mechanism of injury – Sudden / insidious onset
 - ▶ Pain distribution? Lateral, anterior (C–sign), posterior (refer to case studies)
 - ▶ Is there a snapping/pop/click/grinding?
 - ▶ 24 hour pattern
 - ▶ PMH / DH / SH
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Characteristic Hip Symptoms

- ▶ Symptoms worse with activities
 - ▶ Twisting, such as turning or changing directions
 - ▶ Seated position may be uncomfortable, especially with hip flexion
 - ▶ Rising from seated position often painful (catching)
 - ▶ Difficulty ascending and descending stairs
 - ▶ Symptoms with entering / exiting cars
 - ▶ Difficulty with shoes, socks, toe nails etc
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Differential Diagnosis

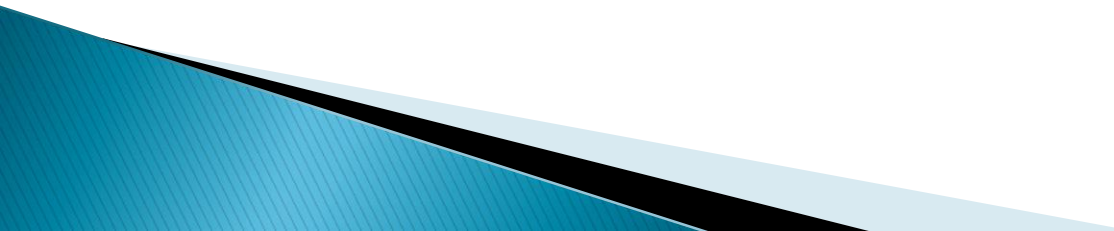
Intra-articular

- ▶ Femoroacetabular impingement
- ▶ Labral tears
- ▶ Chondral damage / OA
- ▶ AVN
- ▶ Developmental dysplasia

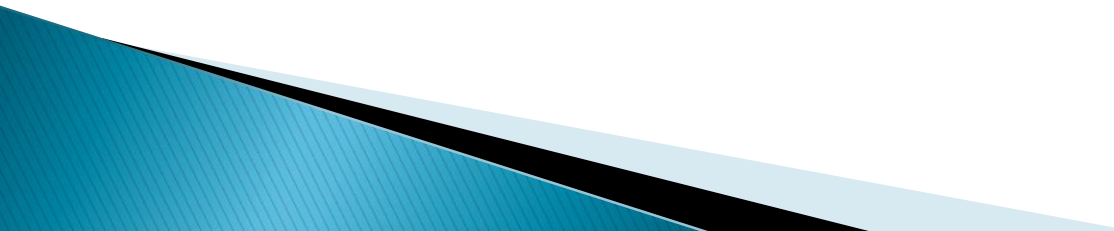
Extra-articular

- ▶ Iliopsoas tendon
- ▶ Snapping hip / Iliotibial band friction
- ▶ Gluteus medius/minimus tendonopathy
- ▶ Trochanteric bursitis
- ▶ Adductor strain
- ▶ Piriformis syndrome
- ▶ SI joint / Lsp pathology

Groin Pain Masqueraders

- ▶ Pancreas > Pancreatitis
 - ▶ Aorta Abdominal aortic aneurysm
 - ▶ Kidney > Mass benign or malignant, urethritis
 - ▶ Small bowel / colon > Crohn's, diverticulitis
 - ▶ Appendix > Appendicitis
 - ▶ Gynaecologic > Endometriosis
 - ▶ Spinal Pathology
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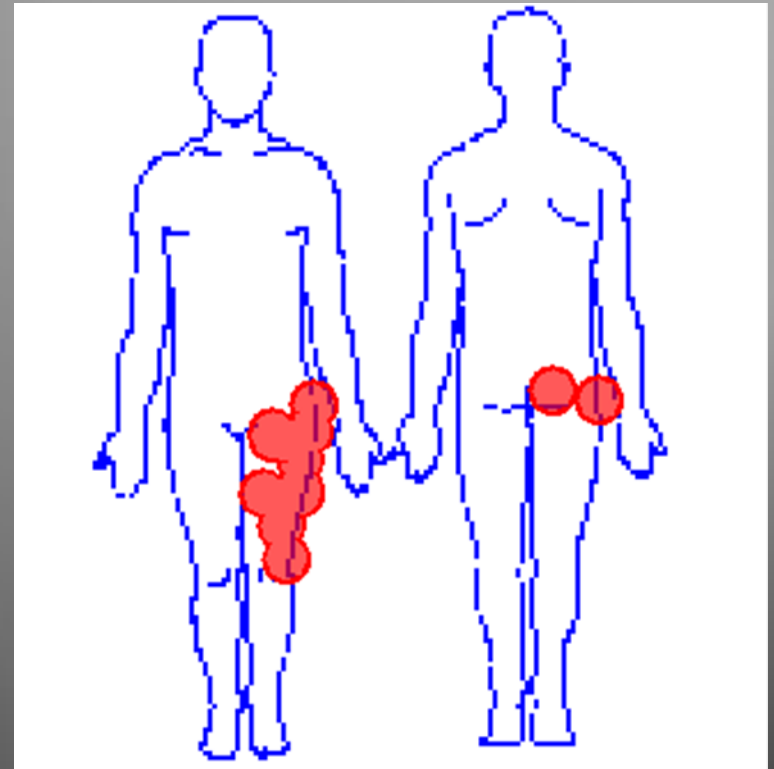
Other clinical Q's

- ▶ Bilateral pins and needles or numbness in the LL.
 - ▶ Problems with bowel and bladder function
 - ▶ Sensory loss in the groin region.
 - ▶ Loss of pulses in the LL (Vascular compromise).
 - ▶ Obvious deformity following trauma.
 - ▶ Systemic health / fever
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Case Studies

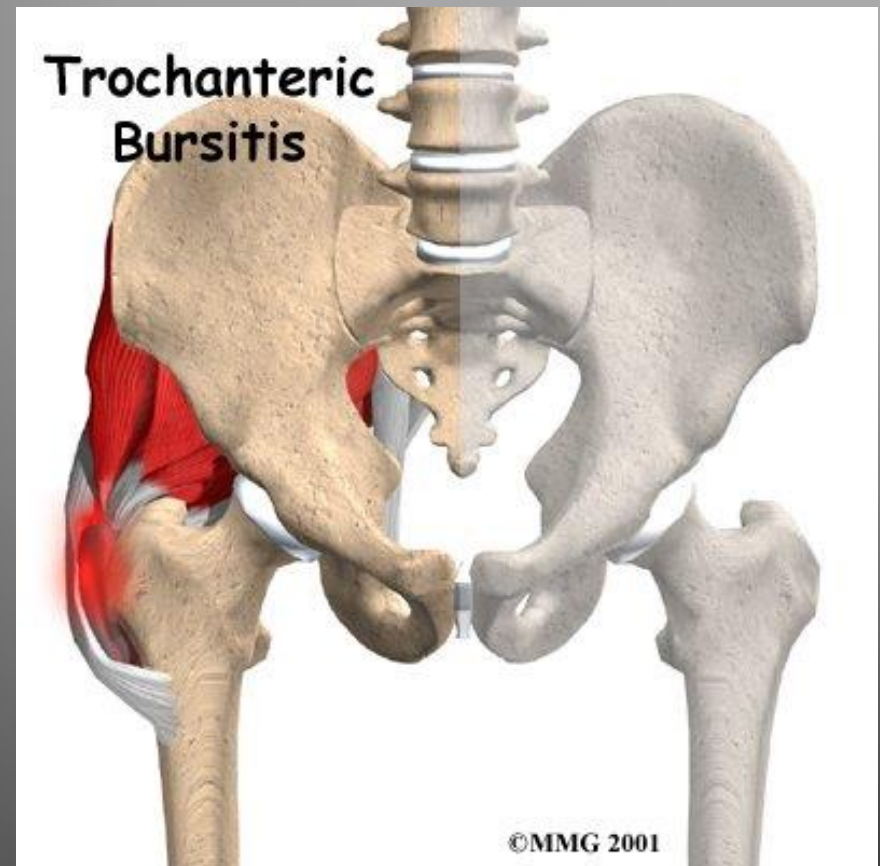
Lateral Hip Pain

- ▶ F – 66yr, Previous Left Lateral hip pain last year.
- ▶ 3/12 History worsened after pilates.
- ▶ Pain in Left SL, limping, stairs, sit to stand.



Lateral Hip Pain – Examination

- ▶ Good hip ROM
- ▶ Pain on full lateral rotation
- ▶ Pain on over greater trochanter
- ▶ Pain on resisted Abd
- ▶ Pain on single leg stance but no true trendelenburg
- ▶ Xray – no OA, some periosteal reaction



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Procedure Code: XPELV

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Acq Time: 09:09:41
DoB: 29/11/1949

Sex: F

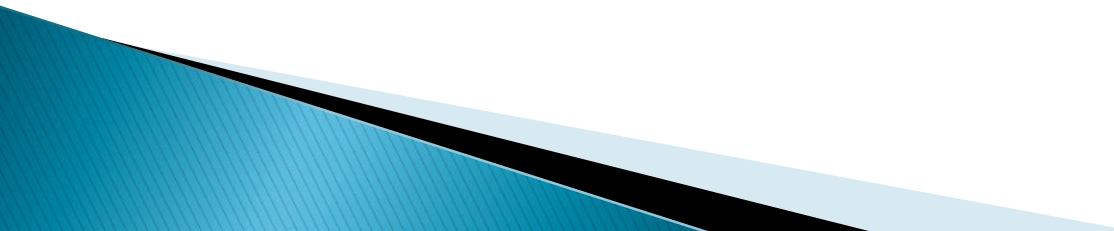
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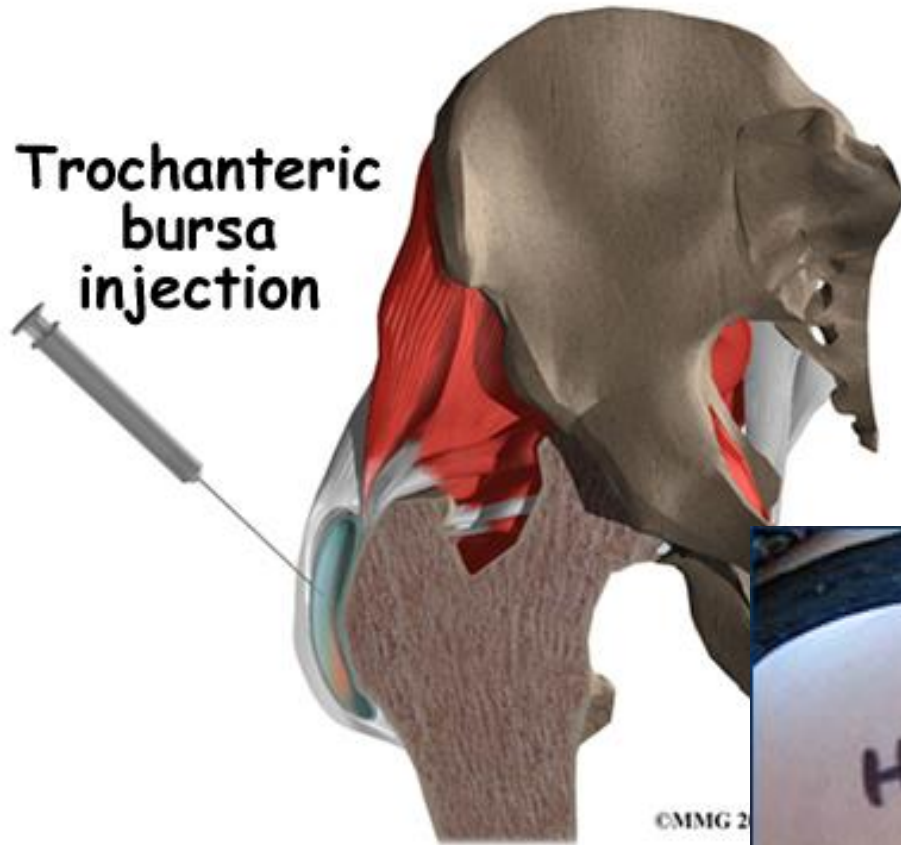




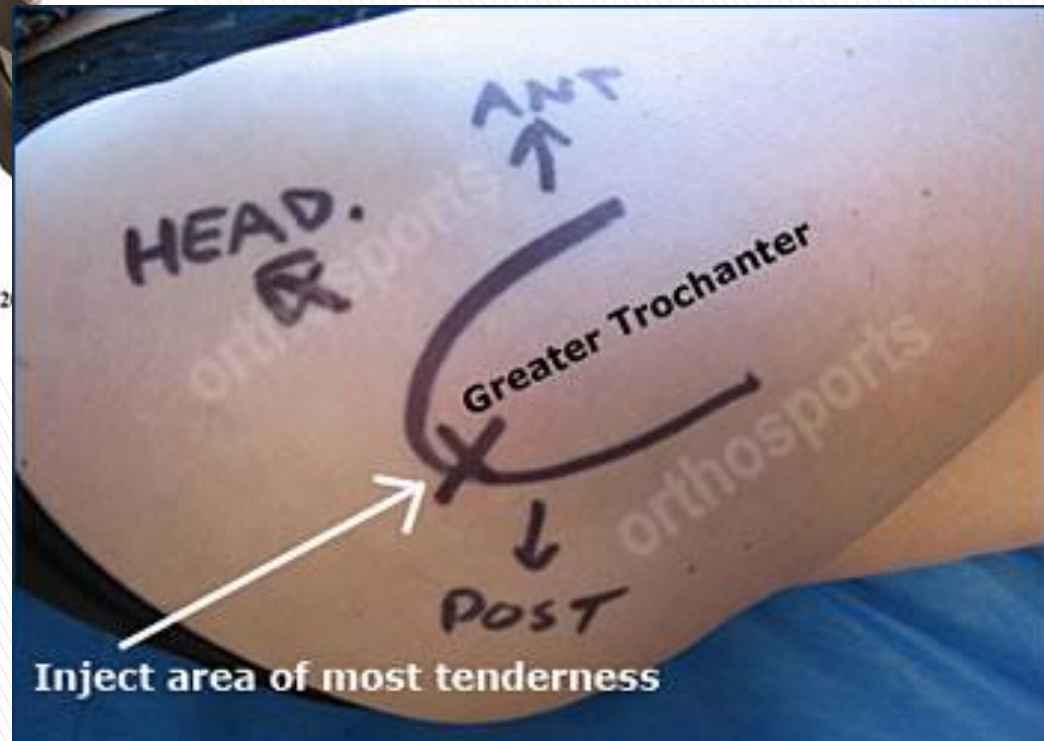
Lateral Hip Pain – Management

- ▶ Rarely true Bursitis, more gluteal tendinopathy – Greater Trochanteric Pain Syndrome.
 - ▶ Due to Gait, muscle degeneration
 - ▶ Correct cause – Physio
 - ▶ Can inject for symptomatic relief only
 - ▶ Refer if ongoing pain/severe despite physio
 - ▶ Limited surgical options.
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Trochanteric
bursa
injection

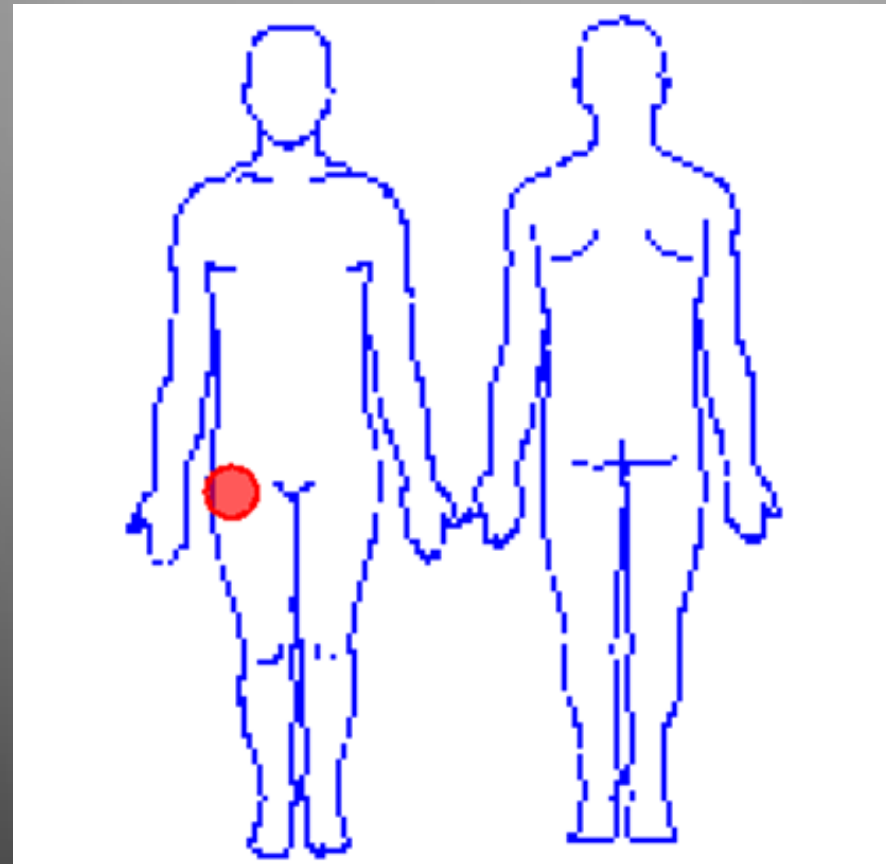


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Young Adult Anterior Hip Pain

- ▶ M 43yr – Few months
Hx – groin and lateral
- ▶ After heavy activity –
knocking in posts.



Anterior Hip/Groin pain – examination

- ▶ Positive impingement test
- ▶ Positive FABERs
- ▶ All else NAD





Anterior Hip/Groin pain – Management

- ▶ Modify behaviour (this case)
- ▶ Physio – able to reduce pain on FABERs with AP glide
- ▶ Surgery – increasing evidence arthroscopic. May not stop OA, may reduce rate or delay it. Should allow return to sport and reduce symptoms.

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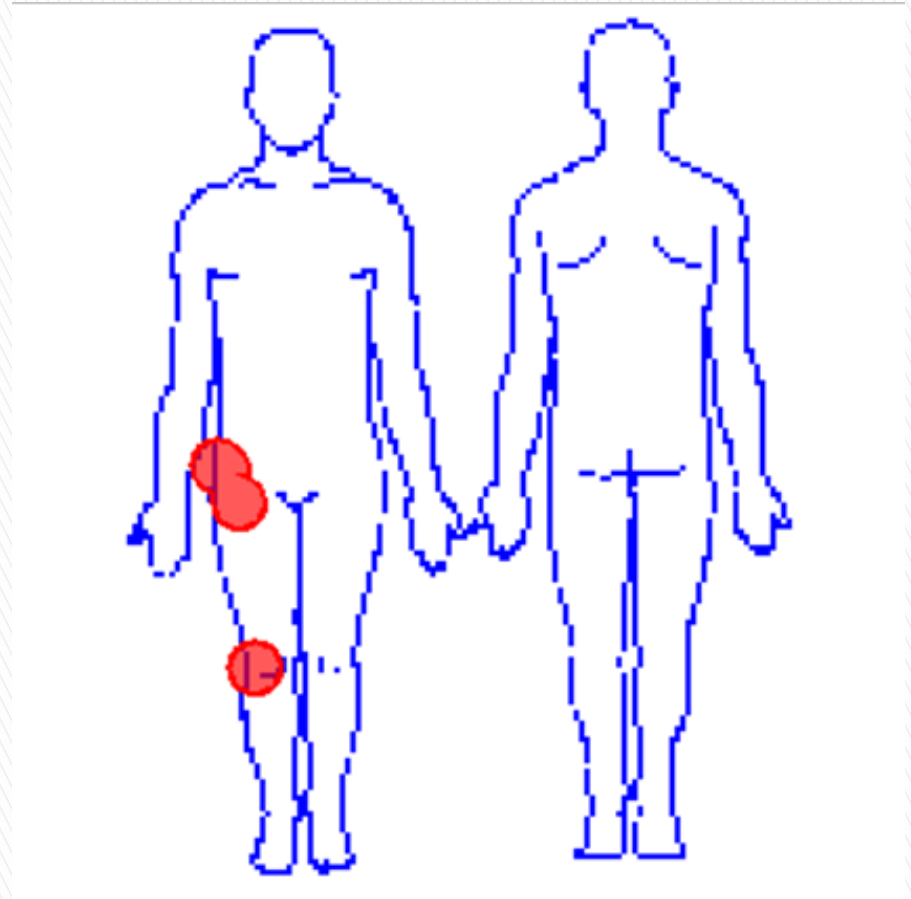
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Young Adult Anterior Hip Pain

- ▶ F 36 yr 9 yr Hx of pain
– told to lose weight.
- ▶ Pain on standing and walking.
- ▶ Trunk lean, positive Trendelenburg
- ▶ Full ROM
- ▶ Pain on FABERS and Quadrant
- ▶ Xray – told worn out.



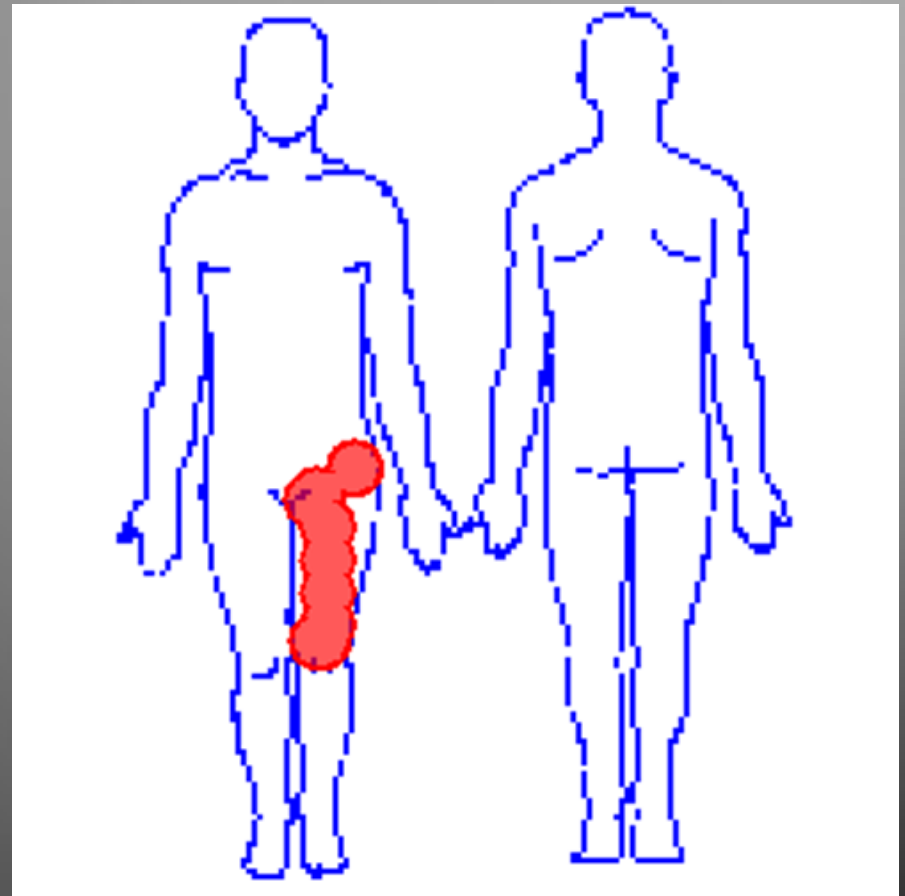
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Procedure Code: XHIPR



Anterior Hip/Groin Pain

- ▶ F 68 yr – 4 yr Hx difficult bending to reach feet, gardening etc. Reduced walking tolerance. Now using stick
- ▶ Groin and thigh pain.



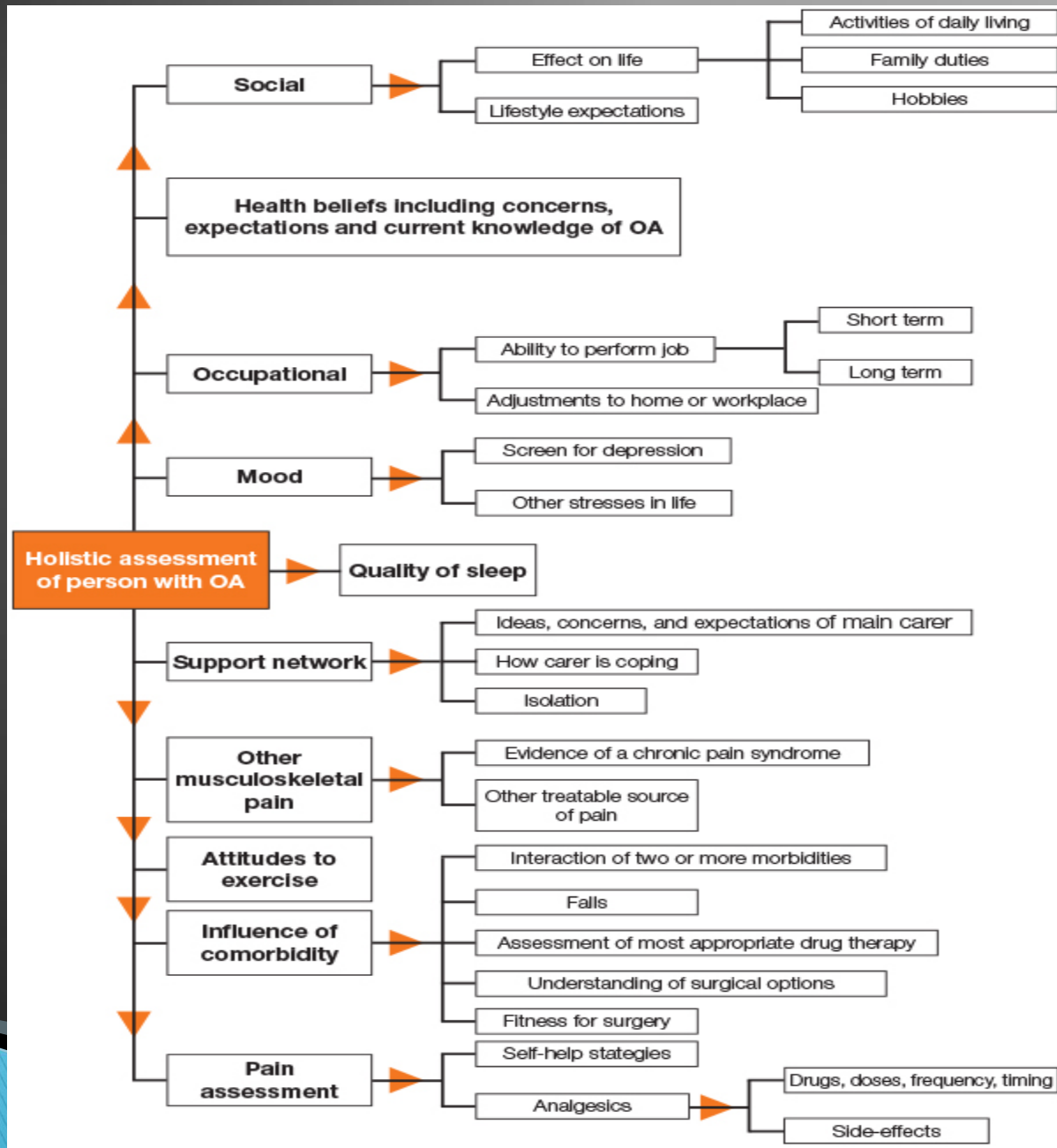
Anterior Hip/Groin Pain – Examination

- ▶ C-Sign location of pain
- ▶ Fixed flexion deformity 15 degrees (unable to rest leg on bed),
- ▶ Flex 45 deg
- ▶ Abd 10 degree
- ▶ No rotation

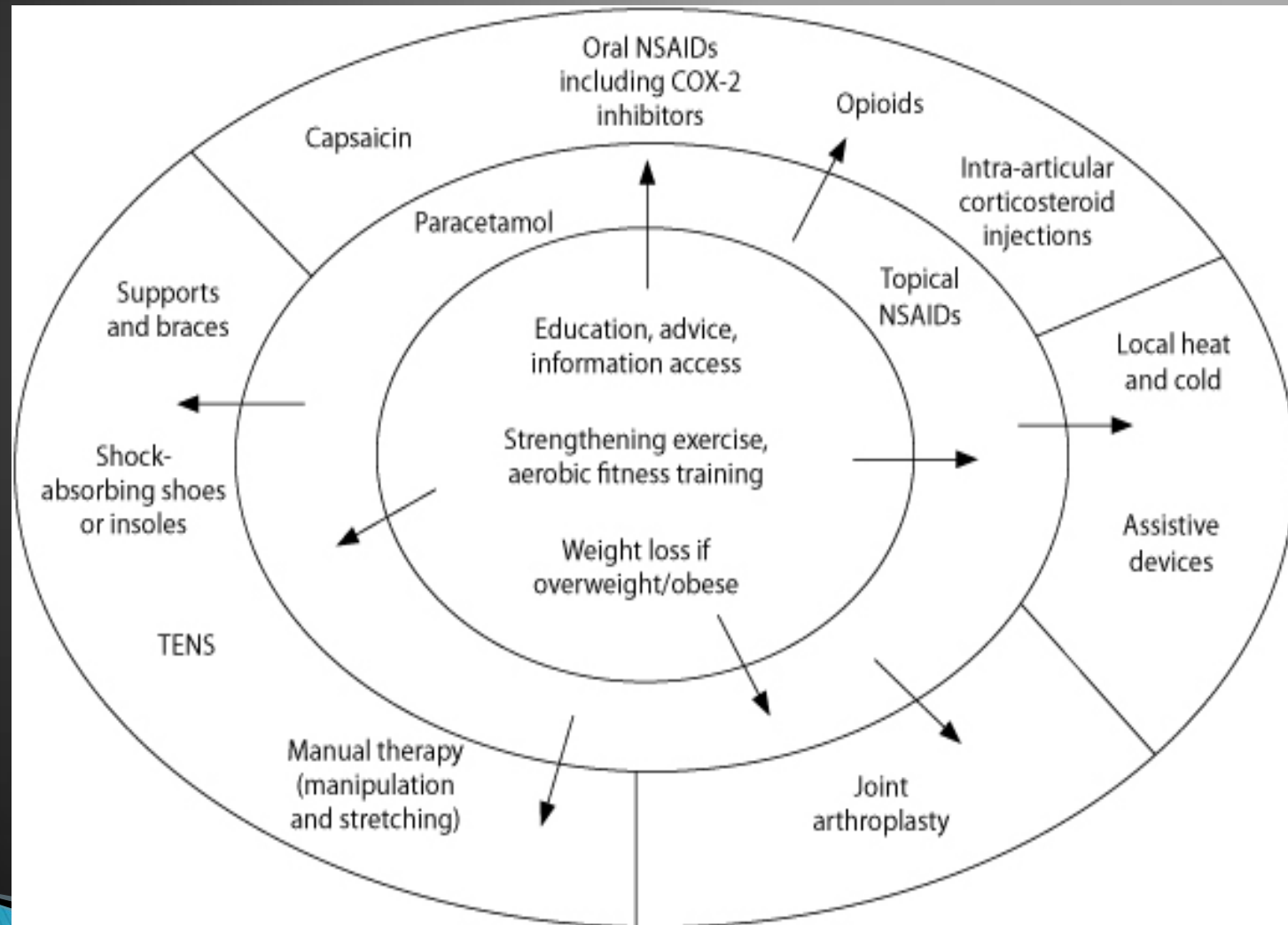




Holistic Assessment

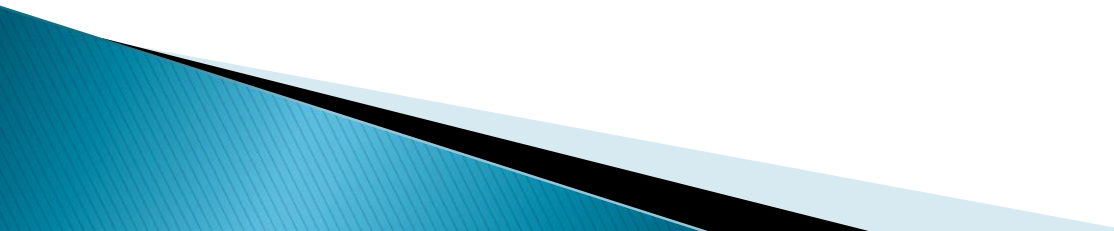


Management OA

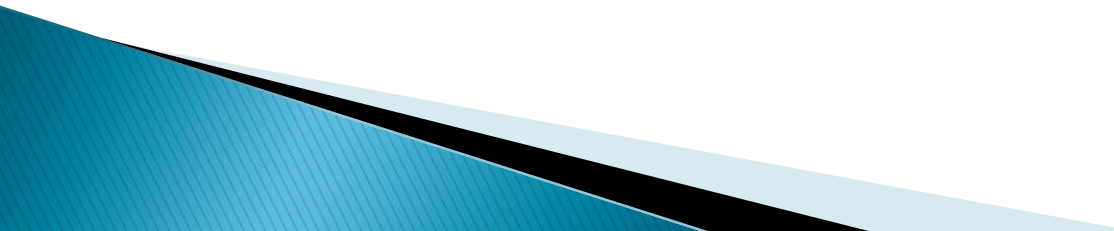


Central Core Treatments

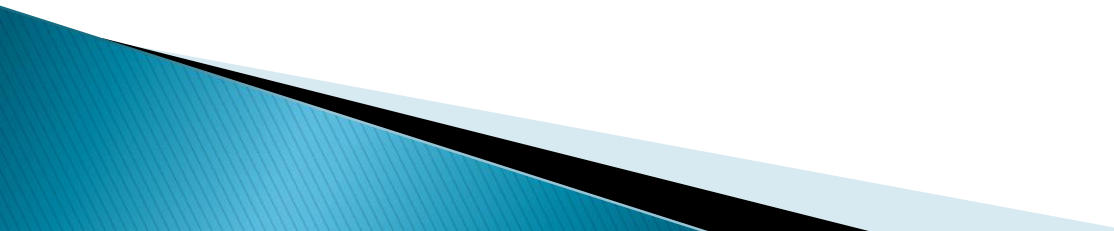
Agree individualised self-management strategies with the person with osteoarthritis

- ▶ Offer accurate verbal and written information to all people with OA to enhance understanding of the condition.
 - ▶ Advise people with osteoarthritis to exercise as a core treatment, irrespective of age, comorbidity, pain severity or disability.
 - ▶ Weight loss (if needed).
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Consideration of joint replacement surgery

- ▶ Ensure that the person has been offered at least the core (non-surgical) treatment options.
 - ▶ Pain is inadequately controlled by medication.
 - ▶ There is restriction of function.
 - ▶ The quality of life is significantly compromised.
 - ▶ Refer before there is prolonged and established functional limitation and severe pain.
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Research recommendations?

- ▶ Evaluation of symptom scoring systems to guide referral and management.
 - ▶ Effectiveness of non-surgical treatments.
 - ▶ Effectiveness of assessment and management in primary care.
 - ▶ Effectiveness of non-replacement surgery for the arthritic hip.
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Useful Resources

- ▶ <http://sussexmskpartnershipcentral.co.uk/msk-learning-zone>
- ▶ <https://www.arthritisresearchuk.org>
- ▶ Hip replacement NHS Choices www.nhschoices.nhs.uk
- ▶ Hip joint replacements EMIS www.patient.co.uk
- ▶ Hip OA decision aid Right Care
<http://sdm.rightcare.nhs.uk/pda/osteoarthritisof-the-hip>
- ▶ NHS Evidence NHS www.evidence.nhs.uk/
- ▶ NICE OA Guideline <http://guidance.nice.org.uk/CG/Wave0/685>
- ▶ Hip osteoarthritis NHS Clinical Knowledge Summaries
www.cks.nhs.uk
- ▶ Hip pain Map of Medicine healthguides.mapofmedicine.com