Complicated Hip Case Studies: A Review of the Literature
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Objectives

• Discuss appropriate imaging for various hip conditions.
• Describe typical presentation of glut med tears.
• List common misdiagnoses of glut med tears.
• Define appropriate referral for suspected hamstring avulsion.
• Perform appropriate special tests for common hip diagnoses.
• Describe typical presentation of femeroacetabular impingement.
• Describe typical presentation of sports hernias.
Rhythm for the Day

9am-915am: Introductions, Housekeeping, Course Overview
915am-950am: Glut Med Tears
950am-10am: Break
10am-1030am: Hamstring Avulsions
1030am-1050am: Sports Hernias
1050-11am: Break
11am-1145am: Femeroacetabular Impingement
1145am-1155am: Questions

Introductions

Name
Clinic / Affiliation
What percentage of your caseload is hips?
What do you hope to get out of this presentation?
**Greater Trochanteric Pain Syndrome**

- Term “trochanteric bursitis” may be a misnomer
  - Gluteal tendonopathy/tendonosis, partial or full thickness gluteal tears, iliotibial band syndrome, arthritis, labral pathology
  - Patient presentation: Lateral hip pain that may radiate to knee or distal to knee,
  - Subjective report: pain with sidelying, pain with sitting, pain with repetitive activities like walking, stairs, squatting, running

**Hamstring Avulsion / Repair**

- Traumatic onset of pain
- Significant ecchymosis
- REFER TO HIP SPECIALIST!
Sports Hernias

- CAM impingement
- Pincer Impingement
- Labral Tear
- Chondral Lesion
- Osteoarthritic changes?
CAM Impingement

- Occurs when femoral head has an abnormally large radius, with a loss of the normal spherical junction between the femoral head and neck
- "Cam" refers to the cam effect caused by a nonspherical femoral head rotating inside the acetabulum
- May occur as a sequel of childhood disorders such as SCFE, but mostly commonly attributed to eccentric closure of capital physis in adolescence
- This will lead to abnormal contact between femoral head and acetabulum, especially with combined flex, add, IR causing shear force on anterolateral edge of acetabular articular surface
- With repetitive motion, this eventually results in articular delamination and failure of acetabular articular cartilage
- Recognized to be a cause of anterosuperior labral tears and chondral lesions
- 3:1 predilection for males; problems often appear in young adulthood

Pincer Impingement

- Refers to an abnormal acetabulum with increased over coverage
- The over coverage can be general (coxa profunda) or local (acetabular retroversion)
- Will cause persistent abutment of femoral head into acetabulum and could be a cause of posteroinferior chondral lesions
- Can occur from overgrowth of anterior edge or retroversion of acetabulum, which is a condition in which the face of the acetabulum tilts slightly backward instead of its normal forward position
- With hip flexion, the prominent rim of the acetabulum impinges the labrum against the femoral neck
- This repetitive microtrauma leads to breakdown and failure of the acetabular labrum
- Occurs just about equally in males and females
- More commonly starts to cause symptoms in middle age
Labral Tears

- The labrum, because of its function in distributing weight-bearing forces, is susceptible to traumatic injury from shearing forces that occur with twisting, pivoting, and falling.
- Due to its nerve innervation, an isolated labral tear can result in pain production.
- Majority of tears are located anterosuperiorly.
- Labral tears can lead to increased joint instability, leading to increased stresses between the femur and acetabulum.
- Instability can also lead to chondral lesions and degeneration.

Women’s Health Screening Questions

- Do you experience frequent urination?
- Do you experience any urine leakage?
- Do you have pain or discomfort in lower abdomen?
- Do you have difficulty completely emptying bladder or bowels?
- Do you have a bulge or something falling out that you can see or feel in pelvic floor region?
- Do you have pain or difficulty inserting a tampon?
- Do you have pain with sexual intercourse?
QUESTIONS?

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THANK YOU!