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
- Many causes
  - Osteitis Pubis, Hip joint pathology, Iliosposas 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

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, bursa, 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
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