

Clinical diagnosis of hip dysfunction

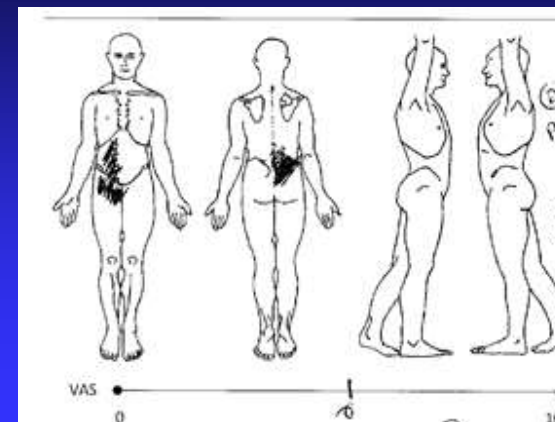
Trish Wisbey-Roth

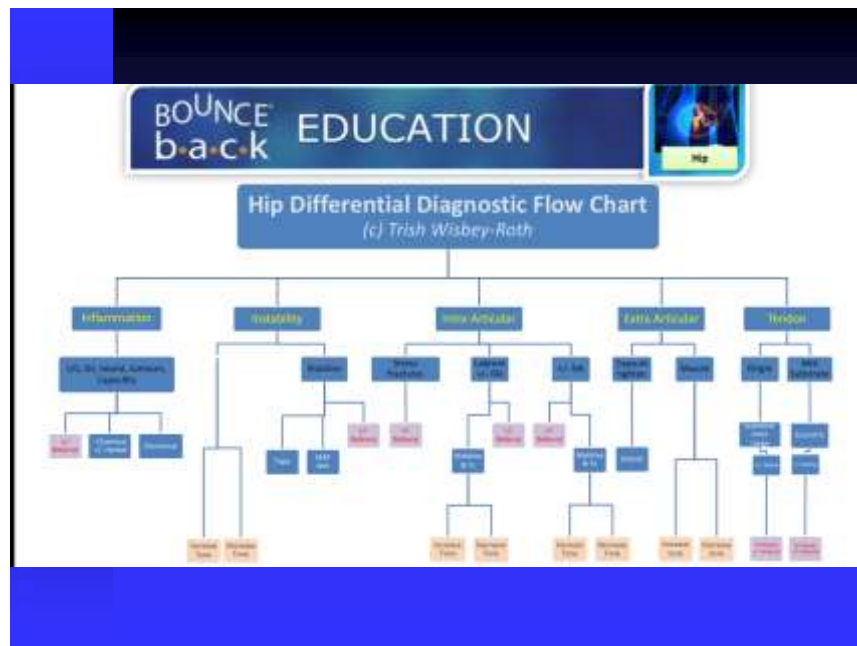
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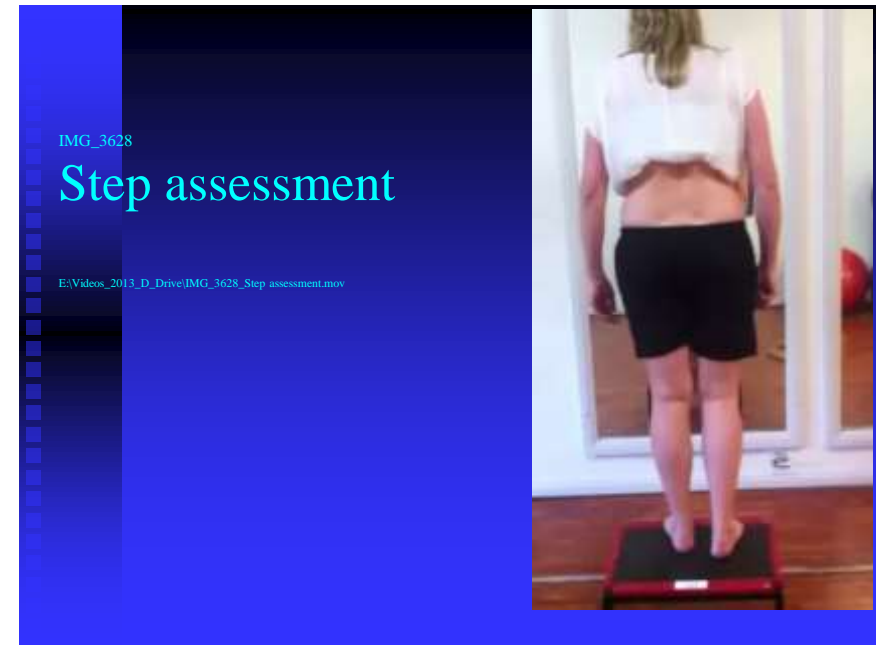
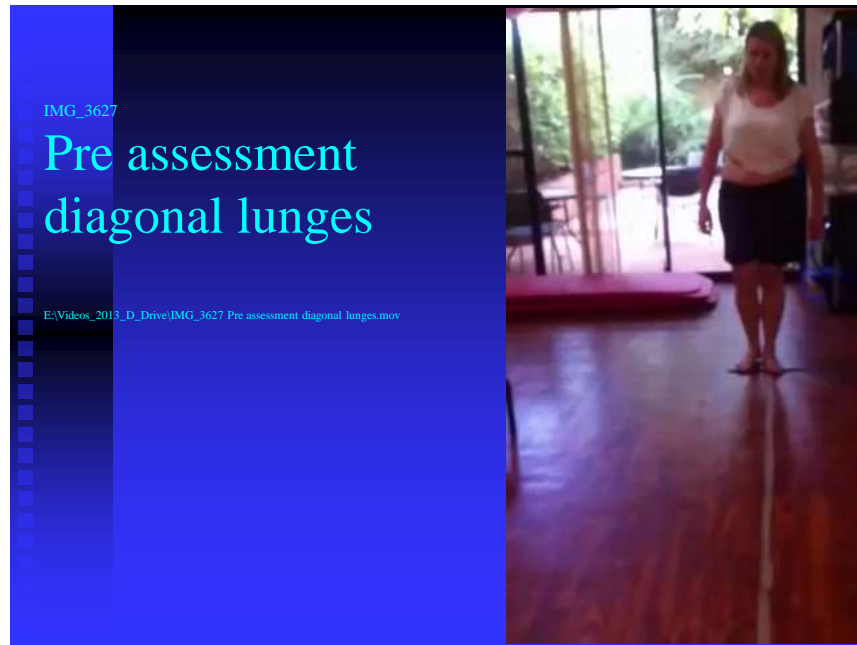


online links & APA handouts etc.
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Body Chart on Initial Examination







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Decline board assessment

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Hip Objective assessment

LUMBAR/SI		L	R	ASLR		L	R	Piriformis		L	R
Standing IFT			ne	✓	ne	✓	ne	✓	ne	✓	ne
Stork (stance)			ne	ASLR + core		✓	ne	Gemelli		✓	ne
FABER			ne	ASLR + comp		✓	ne	TFL		✓	ne
Gaensfen			ne	Sacrosub lig		✓	ne	Obt Ext		✓	ne
P4			ne	LDSU		✓	ne	Hamstrings		✓	ne
SI glide AP			ne	Iliolumbar lig		✓	ne	ql		✓	ne
SI glide long			ne	Coccygeus		✓	ne	Psoas		✓	ne

HIP		L	R	Flex/IR		L	R	Pectineus		L	R
Flexion		90		30	5°	✓	ne	✓	ne	✓	ne
Extension		0°		Flex/ER		✓	ne	Add Mag		✓	ne
Abduction		30	15	Ext/IR		25°	30°	Add Long		✓	ne
Adduction		15	30	Ext/ER		15°	5°	Ant hip capsule		✓	ne
Quadrant		✓	✓	HS length		90°	90°	Iliacus		✓	ne

Hip flexor tendon: ✓ ne
 Tension Tests: ✓ ne
 Note: base cap 4
 Note: 4/10 = 50%
 Note: 1/10 = 10%

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Part 1 Anterior hip assessment test

- Passive hip extension 0 degrees (pelvis stabilised).
- Hip external rotation approx 10-15 degrees.
- Effort with active hip extension without anterior hip support 9.5/10.



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Part 2 Anterior instability with anterior hip support.

- Passive hip extension 20 degrees (pelvis stabilised).
- Hip external rotation 25-30 degrees.
- Effort with active hip extension with anterior hip support 4/10.

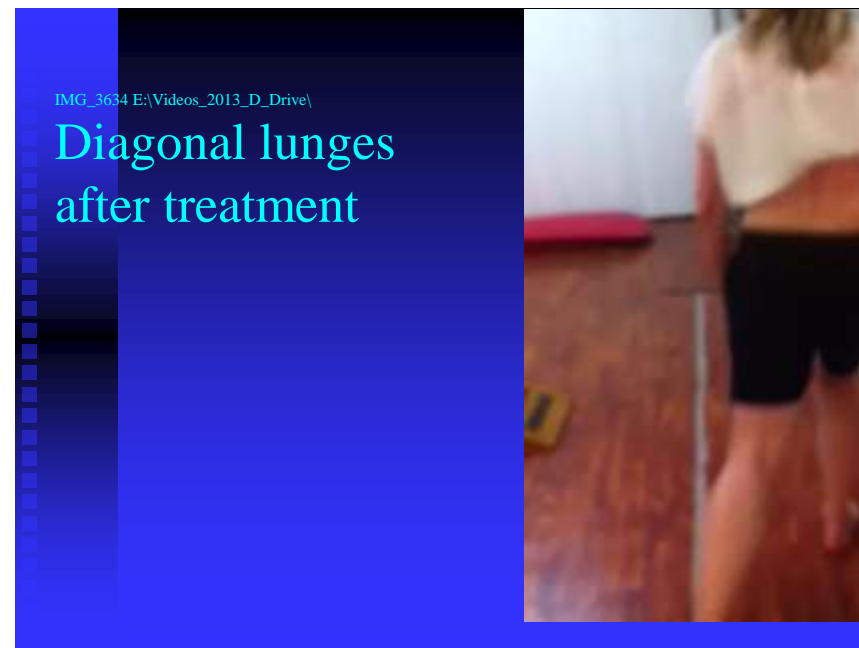


Initial treatment and Correspondence.

- Release of obturator externus anterior and posterior.
- Taught self relaxation of deep hip muscle spasm.
- Taught postural cues in standing of hips back over heels and lumbar flexion. Proprioceptive taping of hips from Greater trochanter posterior.
- Muscle retraining with detailed handout :Pelvic Floor/TA; Iliacus; Quad fem; Ext rots + glut med G1-11.
- Detailed Letter to Treating Physio , GP, Pain Specialist.
- Letters requesting further blood tests, trial of medication and SPEC CT, +/- hip tendon Ultrasound.
- Post Rx: Hip int rotn /flex and ext rotn in extension 35 degrees. hip extension 20 degrees, active effort 4/10.

Treatment goals and Management plan.

Area	Treatment plan
Clinical right glut max, medius tendinopathy	Postural re-education into spinal and hip flexion, Muscle re education Iliacus QF, Isometric high load, inner range for glut med, max and hip external rotators. proprioceptive taping. Possible women's health assessment.
Right Hip anterior dynamic control issues	Releases obturator externus, lateral hip traction. Self relaxation of muscle spasm. Hips back over heel postural exercises. Retrain muscular slings: Posterior oblique, anterior oblique and lateral slings for conc/ecc control.
Upper lumbar/thoracic stiffness into flexion/rotation	Mobilisation of stiff upper lumbar/ thoracic/ ribs particularly into flexion and rotation.
Mid/low lumbar excessive mobility	Stabilisation exercises. Retrain pelvic floor, TA. Retrain thoracic rotation combined with hip function.
Right sided neural tension and ankle/ calf issues	Spinal flexion exercises and neural unloading techniques around posterior hip region. Gentle active neural mobility exercises. T/C and foot mobilisations, eccentric calf exercises as tolerated.
Further tests	Glucose, cholesterol, SPEC CT scans, Gluteal tendon US.



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Step assessment after treatment



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Decline board after assessment




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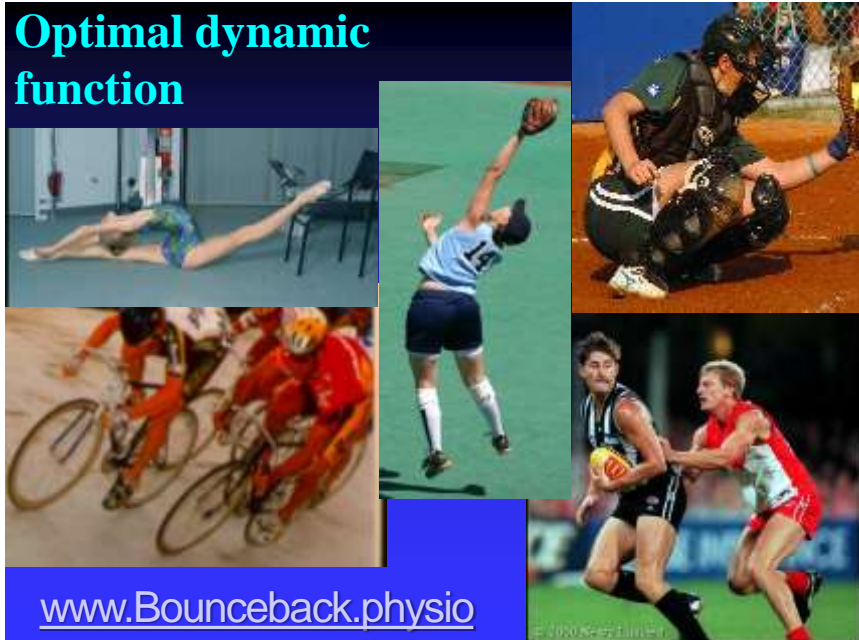
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