Clinical diagnosis of hip dysfunction

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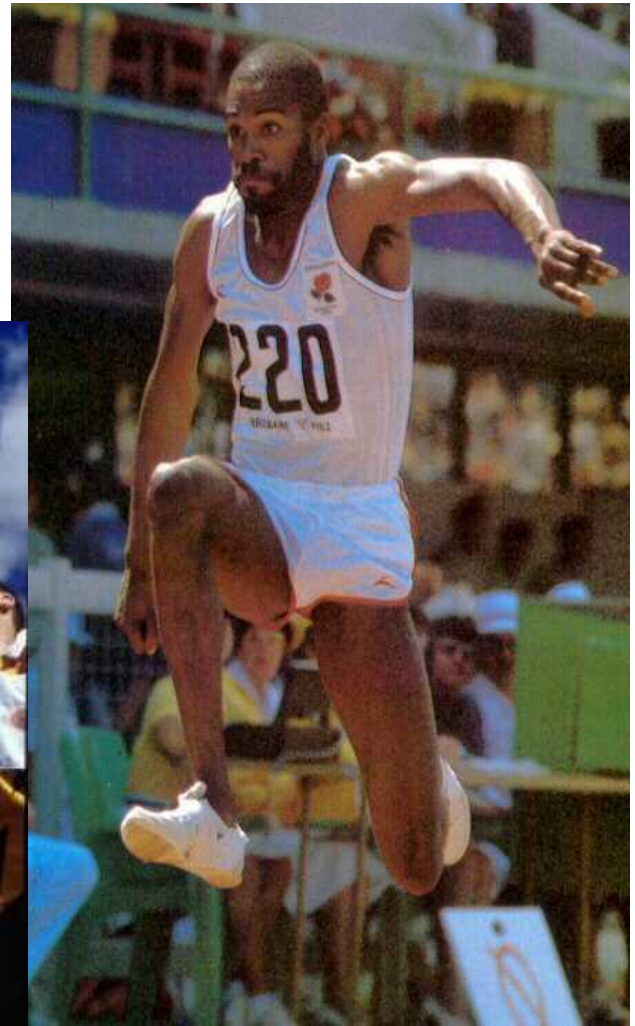


Case Study: Jane, presented April 2014

- Female 38 years old. Reported major problem areas as low back, pelvis anterior and posterior, right hip. No referred symptoms or pins and needles in legs.
- Occupation: Physiotherapy Practice Manager. Referred by Physiotherapist (owner of practice) after plateau of improvement and increasing symptoms over past 12 months. Pain Specialist recommended SIJ Prolotherapy after clear X Ray of hips.
- Constant pain VAS 6/10. Unable run for the past 12 months. Anti inflamatories, valium helps.

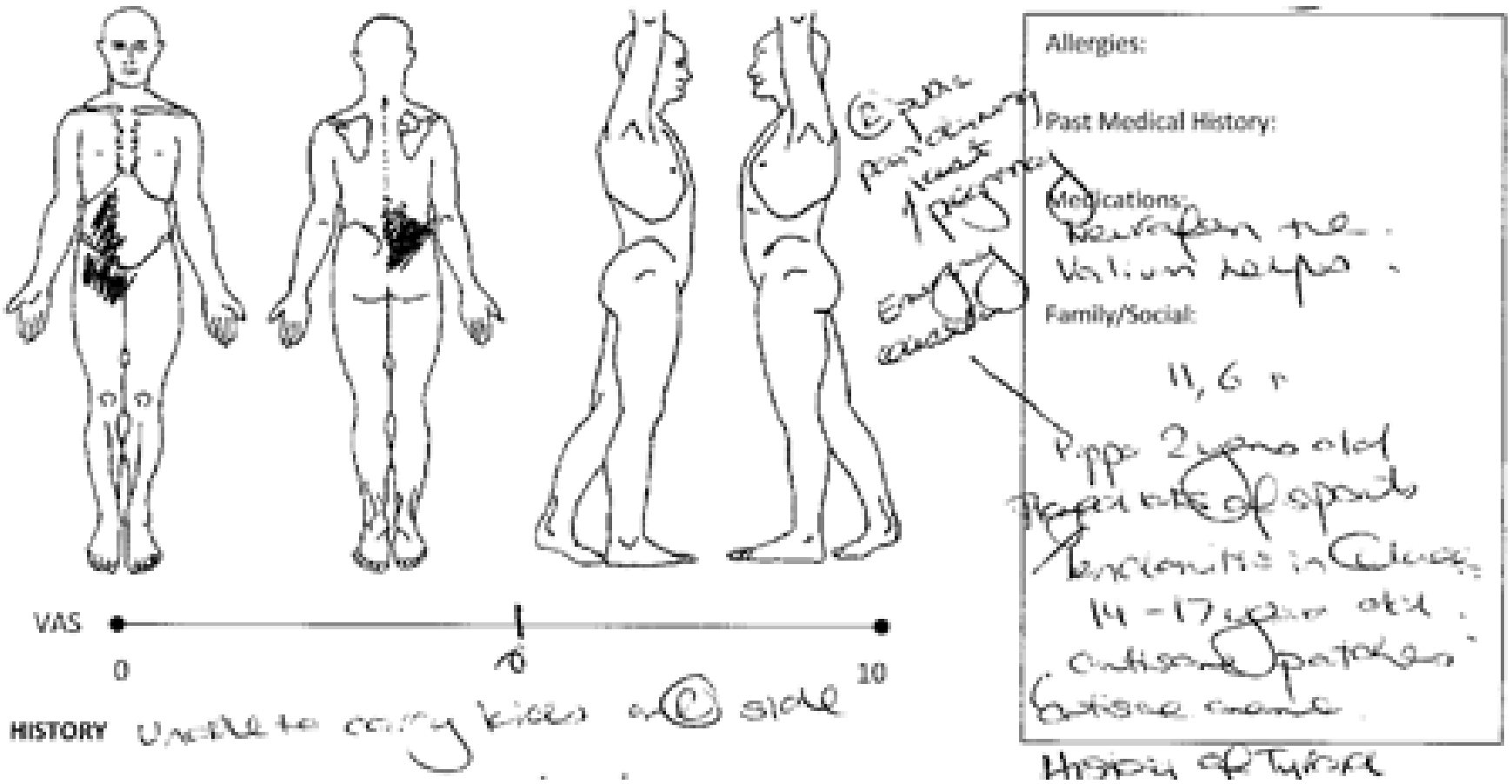
History

- Played moderate to high level sport as adolescent. Reported tendon issues in knees 14-17 years old, helped with patches.
- Has 3 children 11,6 and 2 years old.
- May 2012 when 3rd child 6 months old, commenced running 6-10kms, 3-4/7 days.
- 6-8 weeks later developed anterior/posterior right hip pain and low back/posterior pelvic pain.
- Had surgery August 2012 for 8cm linea alba diastasis to help back pain: symptoms worse post surgery.

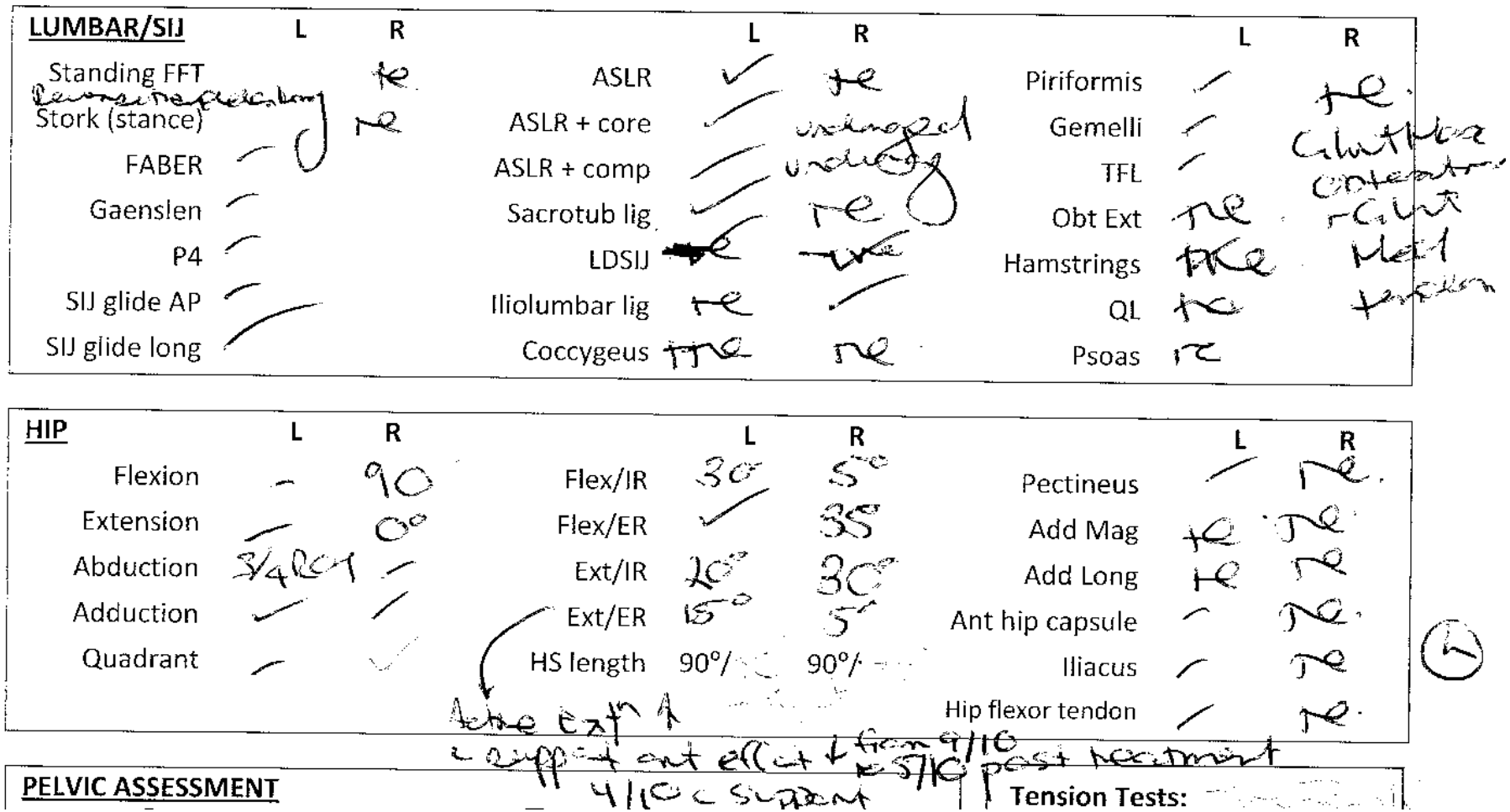
History-2

- Increased pain with: stairs and hills; wakes with change of position at night. Can only sleep on left side. Anterior groin pain with cough/sneeze. Running and swim kicking increase pain significantly.
- No issues with sitting, driving.
- Clinical Pilates for 2-3 months with no change in symptoms.
- MRI showed L4/5 and L5/S1 disc degeneration without disc herniation, canal stenosis or nerve root compression. Early OA L4/5 facet. SIJ normal. X Rays hips normal.

Body Chart on Initial Examination



Hip Objective assessment



LUMBAR/SIJ

	L	R
Standing FFT		
Stork (stance)		
FABER		
Gaenslen		
P4		
SIJ glide AP		
SIJ glide long		

	L	R
ASLR		
ASLR + core		
ASLR + comp		
Sacrotub lig		
LDSIJ		
Iliolumbar lig		
Coccygeus		

	L	R
Piriformis		
Gemelli		
TFL		
Obt Ext		
Hamstrings		
QL		
Psoas		

HIP

	L	R
Flexion		90
Extension		0°
Abduction	3/4	
Adduction		
Quadrant		

	L	R
Flex/IR	30°	5°
Flex/ER		35°
Ext/IR	20°	30°
Ext/ER	15°	5°
HS length	90°/	90°/

	L	R
Pectineus		
Add Mag		
Add Long		
Ant hip capsule		
Iliacus		
Hip flexor tendon		

PELVIC ASSESSMENT

Tension Tests:

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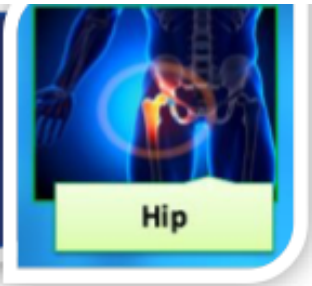

Hip Differential Diagnostic Flow Chart

(c) Trish Wisbey-Roth

- Inflammation
  - L/S, SIJ, neural, tumours, Capsulitis
    - +/- Referral
    - - Chemical +/- Herbal
    - Hormonal
- Instability
  - Increase Tone
  - Decrease Tone
  - Stabilise
    - Tape
    - SERF belt
    - +/- Referral
- Intra-Articular
  - Stress fractures
    - +/- Referral
  - Labrum +/- FAI
    - Mobilise & Tx
      - Increase Tone
      - Decrease Tone
    - +/- Referral
  - +/- OA
    - +/- Referral
    - Mobilise & Tx
      - Increase Tone
      - Decrease Tone
- Extra Articular
  - Capsule tighten
    - Stretch
  - Muscle
    - Increase tone
    - Decrease tone
- Tendon
  - Origin
    - Isometric Inner range
      - +/- taping
        - 10 Weeks +/- Referral
  - Mid Substrate
    - Eccentric
      - +/- taping
        - 10 Weeks +/- Referral

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 signs 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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