



UNDERSTANDING HIP PAIN

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Introduction

Hip pain is common. In younger people hip pain is most likely due to an acute injury/accident or from repeated activity leading to overload. In the older people age related changes occur in the hip joint and surrounding soft tissue structures (e.g. gluteal tendons).

The good news is that research has shown that physiotherapy is often effective in the management of hip pain and getting you back to doing the activities you enjoy.

This guide aims to educate you about some common conditions and their treatment and to let you know what you should expect from a treatment provider.



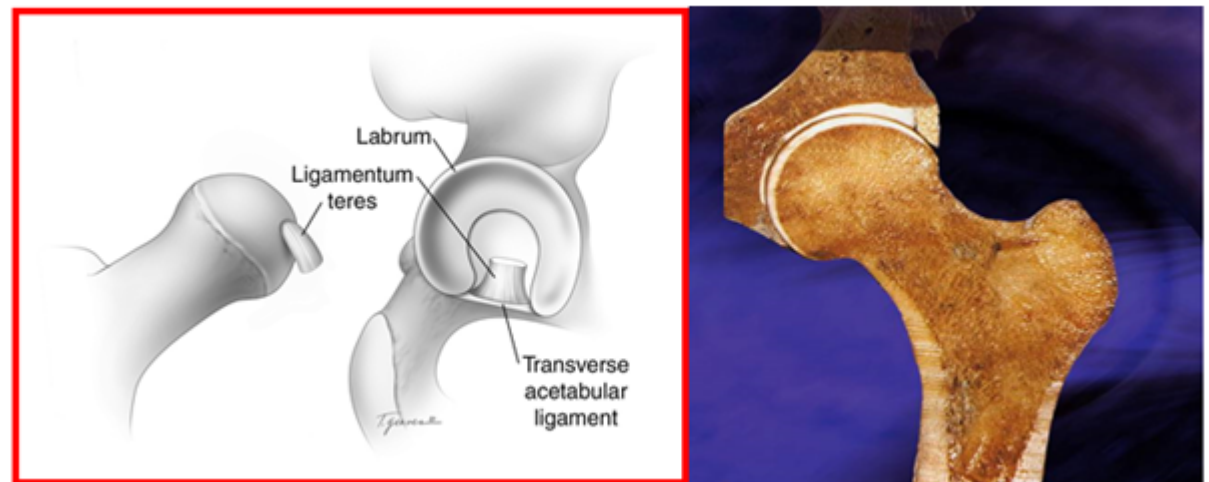
Basic anatomy

The hip joint is a ball and socket joint. The socket is deepened by an important structure called the labrum which attaches to the rim of the hip.

The labrum deepens the socket and assists to maintain a negative pressure inside the hip joint, keeping it stable.

Muscles which attach between the pelvis and the femur provide movement at the hip. Strong ligaments work with these muscles to also hold the hip joint in place.

The surfaces of the ball and socket are lined with “articular cartilage”. Articular cartilage is a smooth white substance that assists with smooth movement and absorbs load. Fluid in the joint called synovial fluid helps provide nutrients to the cartilage but also assists the joint in absorbing shock.



The role of your physiotherapist

Physiotherapy is a broad field, meaning that it is impossible to be up to date with the latest information on every problem. It is important that your therapist has an interest in the area which you are seeing them for or has access to a colleague who can give an opinion. In general, the role of the Physiotherapist is to:

- Diagnose your problem
- Provide exercises, treatment modalities and advice which can:
 - Minimise negative hip joint and soft tissue loading by optimising postural habits and movement habits
 - Provide exercises to assist with this



What to expect from your treatment provider



01

An explanation of your problem

02

Alternative explanations if the actual diagnosis is not clear

03

Advice on what to do and what to avoid

04

An estimate of how long treatment will take and how much this will cost

05

A discussion of your goals for this problem and whether they are realistic

06

A program tailored to your individual needs.

07

A discussion with other treatment providers, who can assist in your management.

What to do if you have hip pain?

- 01 Let a professional assess you.** Hip pain has many causes and even though you may feel pain around your hip it at times could be caused by another source e.g. the low back or sacroiliac joint.
- 02 Manage your pain.** This may include medication, exercises and hands on treatment. Activity modification is also very important to allow hip symptoms to settle.
- 03 Don't stress about it.** Psychological stress can actually increase pain. The majority of hip problems will settle if managed appropriately.
- 04 Trial conservative management first** - Unless in severe cases (e.g. fracture) where surgery is required, a trial of conservative management approach such as exercise should be trialled first before surgical options are explored.



Potential causes of hip pain

These are numerous and include more serious diseases such as injured growth plates, loss of blood supply to the bone, fractures, nerve compressions, tendon ruptures and tumours. Although these are not common, their presence indicates that a trained health professional should assess you if you have symptoms around the hip region. More common causes of hip pain include:

- Labral Tears
- Osteoarthritis
- FAI
- Gluteal tendinopathy

Remember, always seek professional advice. Your Physiotherapist is the best person to guide your treatment.

We hope this guide is helpful. Please feel free to share it with anyone you think would benefit from it.

Labral tears

The labrum is a structure that deepens the hip socket. It has several important roles including maintaining a seal around the hip joint, effectively allowing the hip to be held into the socket by negative pressure (or suction). It strengthens the joint and helps maintain the ball in a good position in the socket.

A labral tear can be degenerative or traumatic. Degenerative tears occur after years of repetitive minor injuries and are usually associated with arthritis of the hip. Traumatic injuries can occur with any sporting activity that causes rapid hip motion especially associated with sudden stopping or turning.

The symptoms of a torn labrum may be sharp but sometimes they are dull. They can occur in the groin or buttock during certain activities or certain movements of the hip joint.

Treatment should probably start with simple medication and a course of exercises prescribed by your Physiotherapist. If this is not successful then surgery can be performed. These are difficult to treat and labral tears can lead to osteoarthritis later.

Osteoarthritis

Or wear and tear arthritis as it is often referred to, is a form of degenerative arthritis that usually affects people after middle age. In this condition the hip joint surface gradually wears away, movement is lost and pain is produced.

There is no single cause but it can be related to trauma, obesity, family history, developmental problems in the joint and increasing age.

The main symptoms are pain and stiffness, and you may notice that your hip movement has reduced.

There is no cure, but Physiotherapy and weight loss can assist. Modifying aggravating activities such as stair climbing, running or even walking can assist. Lower impact activities such as swimming and cycling can replace the painful ones. Some medications can assist with symptoms, and there is no good evidence for glucosamine, chondroitin and MSN.

Surgery, usually hip replacement is used when non-surgical treatment fails and can be very successful. Hip replacements do not last indefinitely, and are typically offered to more severe problems.

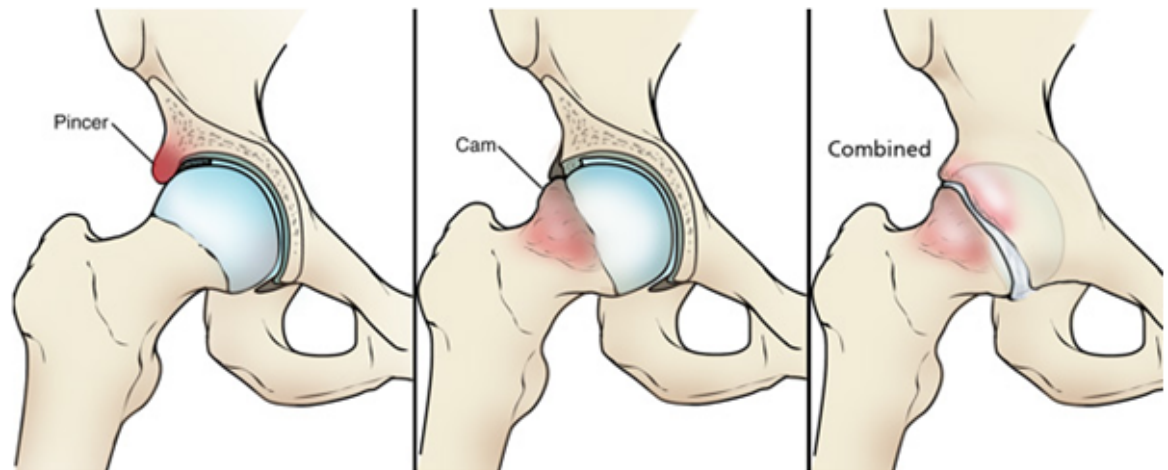
Femoroacetabular impingement

Is a condition where the bones of the hip are abnormally shaped.
There are three types: cam, pincer and combined.

Although the causes have not been clearly identified there is emerging evidence that the Cam impingement is probably acquired as a response to vigorous hip loading while the growth plates are still open. There seems to be a genetic component with siblings more likely to have this.

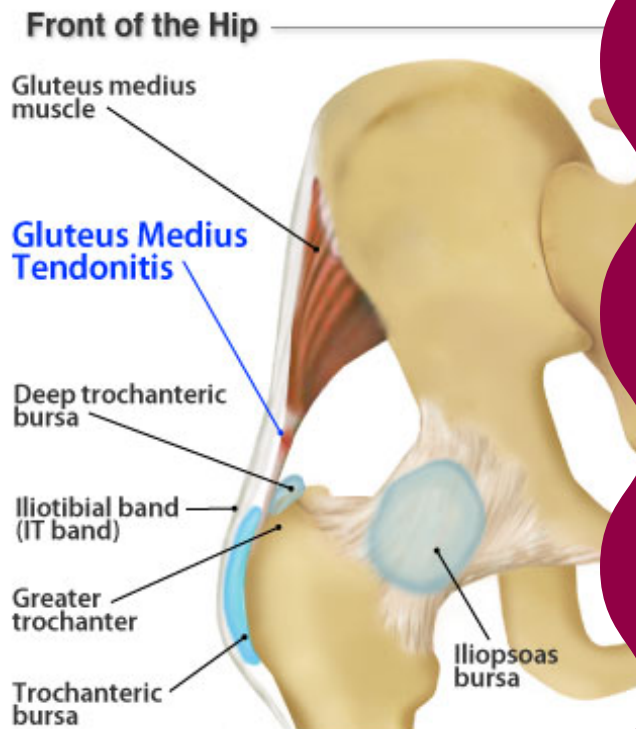
People with FAI are more likely to have labral tears and there seems to be an association with Cam impingement and the development of osteoarthritis.

Treatment can include medication, activity modification and Physiotherapy initially. Surgery can assist in some cases with range of movement and symptoms.



(Left) Pincer impingement. (Center) Cam impingement. (Right) Combined impingement.

Greater trochanteric pain



Pain on the outside or lateral part of the hip was traditionally thought to come from the greater trochanteric bursae, and give the term trochanteric bursitis. Improved medical imaging has recently shown that the bursae is only one of the structures potentially involved, and the tendons of the gluteus minimus and gluteus medius are often involved with or without the bursa.

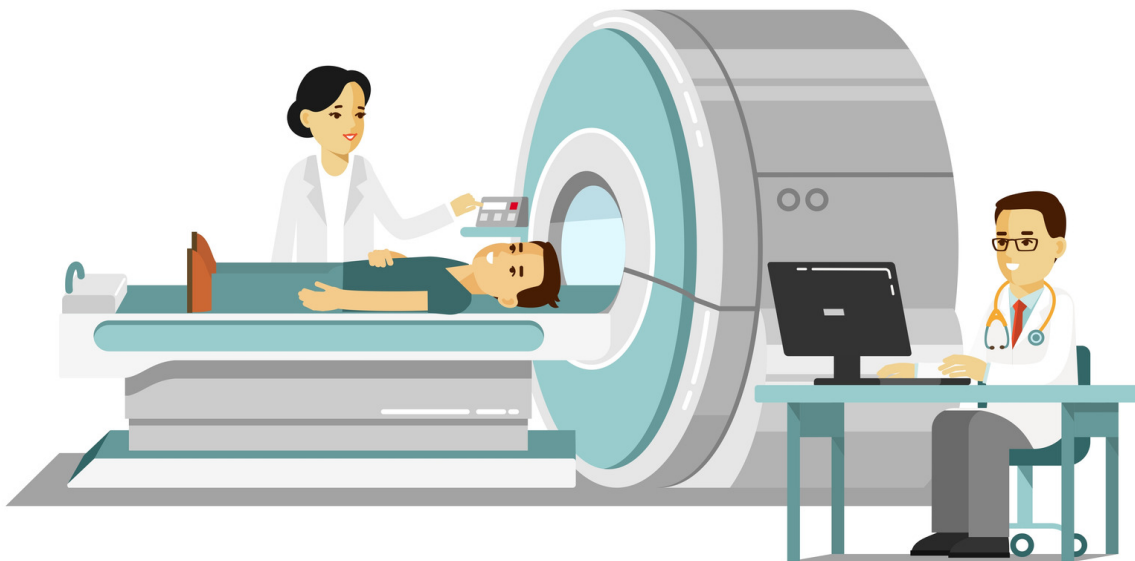
The pain is felt on the outside of the hip. It is made worse by lying on it climbing steps and walking. The typical patient is a middle age female. Risk factors include, a history of other tendon disorders and obesity.

Initial treatment should consist of activity modification, physiotherapy and sometimes medication. There is some evidence for extra-corporeal shock wave therapy. Injections, typically cortisone can be used into the bursae, but there is a risk of increasing tendon degeneration as a side effect of cortisone. Surgery can be used for resistant cases.

Medical imaging

X-Rays, MRIs and CT scans are commonly used in hip pain. They are vital tools in the diagnosis of some problems. However they produce a lot of misleading information. The information from imaging needs to be looked at as one piece to the diagnostic puzzle only. Don't stress about imaging findings, your Physiotherapist or Doctor can explain if they are relevant.

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