- Hip’s Soft Tissue Conditions
- Toes Conditions

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GREATER TROCHANTERIC PAIN SYNDROME

GLUTEUS MEDIUS MUSCLE

DEEP TROCHANTERIC BURSA

GREATER TROCHANTER

INFLAMED TROCHANTERIC BURSA
Greater Trochanteric Pain Syndrome:
It includes both gluteal (buttock) tendon injuries (tendinopathy) and bursitis (inflammation of the bursa) surrounding the hip joint. The main tendons involved are that of the gluteus medius and gluteus minimus muscles. The most common bursitis associated with GTPS and lateral hip pain is Trochanteric Bursitis.
Causes of GTPS

- An injury such as a fall on to the side of your hip area.

- Repetitive movements involving your hip area, such as excessive running or walking.

- Prolonged or excessive pressure to your hip area (for example, sitting in bucket car seats may aggravate the problem).

- Some infections (for example, tuberculosis) and some diseases (for example, gout and arthritis) can be associated with an inflamed fluid-filled sac (bursa).

- Having a difference in your leg length.
Symptoms and signs

- Pain is usually episodic and will worsen over time with continued aggravation.

- Pain is worse when lying on the activities affected side especially at night.

- Pain following weight-bearing, walking or running.

- There may be hip muscle weakness.

- Tenderness on the lateral thigh.
Diagnosis

History and physical examination are usually enough but investigation (such as MRI and US) may be used to confirm or to exclude other diseases.
Treatment

greater trochanteric pain syndrome will usually resolve without any specific treatment. However, it often takes several weeks or more and for some unlucky people, may last months or even longer. Reducing or avoiding activity (such as running or excessive walking) for a while, may help to speed recovery. In addition, the following may be useful:

- Early on, applying an ice pack (wrapped in a towel) for 10-20 minutes several times a day may improve your symptoms.
- Taking paracetamol or non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen may help to reduce the pain.
- Losing weight.
- Injection of steroid and local anesthetic. If the above measures do not help then an injection into the painful area may be beneficial.
Snapping tendon or Snapping Hip Syndrome:

Snapping hip is a condition in which you feel a snapping sensation or hear a popping sound in your hip when you move your hip. The snapping sensation occurs when a muscle or tendon moves over a bony protrusion in your hip. Can originates from the lateral, frontal or the back side of the hip.
Outside of the hip: The most common site of snapping hip is at the outer side where the iliotibial band passes over the portion of the thigh bone which is the greater trochanter.

Front of the hip: Another tendon that could cause a snapping hip runs from the front of the thigh up to the pelvis (rectus femoris tendon). Snapping of the rectus femoris tendon is felt in the front of the hip.

Back of the hip: Snapping in the back of the hip can involve the hamstring tendon. This tendon attaches to the sitting bone, called the ischial tuberosity. When it moves across the ischial tuberosity, the tendon may catch, causing a snapping sensation in the buttock region.
Causes

Snapping hip is most often the result of tightness in the muscles and tendons surrounding the hip. People who are involved in sports and activities that require repeated bending at the hip are more likely to experience snapping hip. Dancers are especially vulnerable.

Young athletes are also more likely to have snapping hip. This is because tightness in the muscle structures of the hip is common during adolescent growth spurts.
Diagnosis:

History and Physical examination:
the patient says that he hears and/or feel a snap when he or she moves the hip in a specific motion.
Radiology such as X ray maybe usefull to exclude other diseases.
Ultrasound during hip motion may visualize tendon subluxation and any accompanying bursitis.
Treatment

-Rest and activities modification
-Physical therapy
  Such as Iliotibial band stretching
-Corticosteroid injection: in case of inflammation such as bursitis
-Surgery
Meralgia Paresthetica

It’s also called Lateral Femoral Cutaneous Neuritis. The lateral femoral cutaneous nerve is purely a sensory nerve and doesn't affect your ability to use your leg muscles. ... But in meralgia paresthetica, the lateral femoral cutaneous nerve becomes trapped — often under the inguinal ligament, which runs along your groin from your abdomen to your upper thigh. This condition is characterized by tingling, numbness and burning pain in your outer thigh.

Tight clothing, obesity or weight gain, and pregnancy are common causes of meralgia paresthetica. However, meralgia paresthetica can also be due to local trauma or a disease, such as diabetes.
Symptoms:

These symptoms commonly occur on one side of your body and might intensify after walking or standing:

- Tingling and numbness in the outer (lateral) part of your thigh.
- Burning pain on the surface of the outer part of your thigh.

Diagnosis:

- History and physical examination
- Imaging studies and Electromyography are sometimes used to exclude other disease.
- Nerve blockade: Pain relief achieved from anesthetic injection into your thigh where the lateral femoral cutaneous nerve enters into it can confirm that you have meralgia paresthetica. Ultrasound imaging might be used to guide the needle.
Treatment

For most people, the symptoms of meralgia paresthetica ease in a few months. Treatment focuses on relieving nerve compression...

Conservative measures:
- Wearing looser clothing
- Losing excess weight
- Taking pain relievers such as acetaminophen and ibuprofen.

Medications:
Corticosteroid injections
Tricyclic antidepressants.
Gabapentin (Gralise, Neurontin), phenytoin (Dilantin).

Surgery: surgical decompression used in the long standing severe cases.
Hammer toe:
A hammer toe is a deformity that causes your toe to bend or curl downward instead of pointing forward. This deformity can affect any toe on your foot. It most often affects the second or third toe. Although a hammer toe may be present at birth, it usually develops over time due to arthritis or wearing ill-fitting shoes, such as tight, pointed heels. In most cases, a hammer toe condition is treatable.
Claw toes:
A claw toe is a toe that is contracted at the PIP and DIP joints (middle and end joints in the toe), and can lead to severe pressure and pain. Ligaments and tendons that have tightened cause the toe’s joints to curl downwards. Claw toes may occur in any toe, except the big toe.
Hallux valgus/Bunion

A bunion is a deformity of the joint connecting the big toe to the foot. The big toe often bends towards the other toes and the joint becomes red and painful. The onset of bunions is typically gradual. Complications may include bursitis or arthritis.
Valgus Rigidus

Hallux rigidus is a disorder of the joint located at the base of the big toe. It causes pain and stiffness in the joint, and with time, it gets increasingly harder to bend the toe. This condition, which occurs in adolescents and adults, can be associated with previous trauma. The true cause is not known. Most commonly, hallux rigidus is thought to be caused by wear and tear of the first metatarsophalangeal joint.