SOFT TISSUE CONDITIONS AROUND THE HIP

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Trochanteric Pain Syndrome (TPS) also known as “Trochanteric Bursitis” refers to conditions that lead to lateral hip pain over the greater trochanter due to (bursitis) and tendinopathy. The main tendons involved are that of the gluteus medius and gluteus minimus muscles.
Greater trochanter pain syndrome

- Ilium
- Gluteus medius muscle
- Deep trochanteric bursa
- Iliotibial band
- Greater trochanter
- Iliopsoas bursa
- Inflamed trochanteric bursa
- Ischium
CAUSES

- 1-direct injury e.g. falling or jumping
- 2-prolonged pressure to the hip area
- 3- repetitive movements (walking/running)
- 4- medical conditions
- 5- hip surgery complications
- 6- tightness of the iliotibial band; it can inflame and irritate the bursa associated with the gluteal tendon
- 7-Leg-length inequality.
The main symptom and sign of GTPS is **pain and tenderness** along the lateral zone of the thigh. It is often characterized by the ‘jump’ sign where palpation of the greater trochanter causes the patient to nearly jump off the bed.

- Pain is usually episodic and will worsen over time with:
  - lying on the affected side especially at night,
  - Prolonged standing, following weight-bearing activities,
  - Sitting with crossed legs and Repetitive motions
- faulty posture
- painful gait
- decreased muscle flexibility
Differential Diagnosis

- Gluteus medius partial tear
- Gluteus medius tendinitis
- Stress Hip Fracture
- Iliopsoas syndrome
- Piriformis syndrome
History and physical examination are usually enough. But occasionally, X-ray of the hip are used to rule out other conditions of the bone and joints, such as arthritis. Sometimes X-ray testing can highlight areas of calcium deposits in an inflamed bursa. These areas of calcification indicate a past history of inflammation of the bursa.
TREATMENT

- Activity modification. Avoid the activities that worsen symptoms.
- Nonsteroidal anti-inflammatory drugs (NSAIDs)
- Physical therapy
- Steriod injection
- Surgical intervention
Snapping hip: audible clicking or snapping sensation with hip movement due to muscle or tendon moves over a bony structure in your hip. It may with or without pain and can occur in different conditions of the hip: internal, external and intra-articular.
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.
1-internal type; Snapping of the iliopsoas tendon,

It is felt in front of the hip, occur over the iliopectineal eminence or over the pelvic brim

- MRI, US usually normal, but may reveal bursal fluid anterior to the hip
- Hearing a click when abduction and external rotation of the hip may be useful.
2-external type: The most common site of snapping hip is at the outer side where the iliotibial band passes over the greater trochanter. Eventually, snapping hip may lead to hip bursitis, gluteus maximus inflammation or edema. Ober’s test is useful for diagnosis.
Ober Test

- Therapist abducts leg at hip as much as possible then flexes knee to 90°
- Therapist slowly releases leg down
- If leg drops to adducted position no contracture exists (negative Ober)
- If leg remains abducted, contracture exists (positive Ober)
Intra-articular type: snapping due to pathologies include acetabular labral tears, cartilage defects, loose bodies. MRI orthogram use to diagnosis.
The doctor will first determine the exact cause of the snapping by discussing your medical history and symptoms, and conducting a physical examination.

Although imaging of people with snapping hip do not typically show anything abnormal, the doctor may order x-rays along with other tests to rule out any problems with the bones or joint.
**TREATMENT**

- Most people do not see a doctor for snapping hip unless they experience some pain. Conservative treatment options:
  - Reduce your activity levels and apply ice to the affected area.
  - Use non-steroidal anti-inflammatory drugs, such as aspirin or ibuprofen, to reduce discomfort.
  - Modify your sport or exercise activities to avoid repetitive movement of the hip. For example, reduce time spent on a bicycle, and swim using your arms only.
  - Physical therapy
  - Steroid injection
  - Surgical intervention (Hip arthroscopy is most often used to remove or repair fragments of a torn labrum.)
THANK YOU