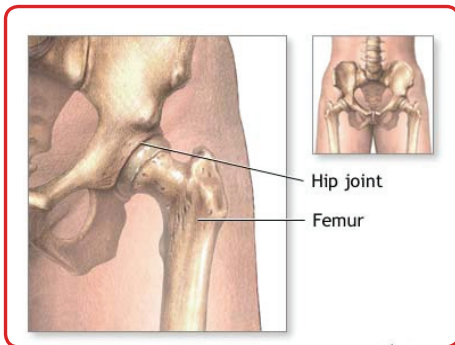


WHAT IS THIS AND WHAT CAUSES THIS?

The hip is located on the outside of the buttock, below the pelvis. In adults, three of the bones of the pelvis have fused into the hip bone which forms part of the hip region.

The hip joint is the joint between the femur (upper leg bone) and acetabulum (deep socket) of the pelvis and its primary function is to support the weight of the body during walking and standing.



Hip pain is a common problem, and it can be confusing because there are many causes. It is important that an accurate diagnosis of the cause of your symptoms is made so that appropriate treatment can be directed at the underlying problem. If you have hip pain, some common causes include:

- **Lumbar Pain - Referred Symptoms** Many back and spine problems can cause symptoms around the buttocks and hip. The most common problems that refer pain to the hip region are herniated discs and sciatica.
- **Snapping Hip Syndrome** Snapping hip syndrome is a word used to describe three distinct hip problems. The first is when the iliotibial band snaps over the outside of the thigh. The second occurs when the deep hip flexor snaps over the front of the hip joint. Finally, tears of the cartilage, or labrum, around the hip socket can cause a snapping sensation.
- **Muscle Strains** Strains of the muscles around the hip and pelvis can cause pain and spasm. The most common strains are groin and hamstring strains.
- **Hip Fracture** Hip fractures are most common in elderly patients with osteoporosis. Treatment of broken hips usually requires surgery to either replace the broken portion or repair it with a metal plate and screws.
- **Stress Fracture** Stress fractures of the hip are most common in athletes who participate in high-impact sports, such as long distance runners. Successful treatment usually involves avoiding and addressing any biomechanics / Muscle imbalances.
- **Labral tear** A hip labral tear involves the ring of soft tissue that follows the outside rim of the socket of your hip joint. This ridge of cartilage, called a labrum, works a little like a suction cup to help hold your hip joint together. Athletes who participate in sports such as soccer, netball, golfing and rugby are at higher risk of developing a hip labral tear. Structural abnormalities of the hip can also lead to a hip labral tear. Signs and symptoms include hip pain or a “catching” sensation in your hip joint. Initial treatment may include pain relievers and physiotherapy



CHILDHOOD HIP PROBLEMS:

- **Developmental Dysplasia** When the hips are dislocated or out of position in infancy, the joint may not develop properly. While this is not usually painful as a child, it will lead to early arthritis and problems with walking as the child develops.
- **Legg-Calve-Perthes Disease** Is a degenerative disease of the hip joint, where an addition/loss of bone mass leads to some degree of collapse of the hip joint, that is, to deformity of the ball of the femur and the surface of the hip socket. Also called Perthes disease, but in childhood. If severe, it can lead to permanent damage to this hip joint and early arthritis.

HOW CAN PHYSIOONE ASSIST?

- Treatment depends entirely on the cause of the problem. Therefore, it is of utmost importance that you understand the cause of your symptoms before embarking on a treatment program.
- Some common treatments for hip pain are listed here. Not all of these treatments are appropriate for every condition, but they may be helpful in your situation.
- We can diagnose the problem
- We can educate you on why it is occurring and show you how to manage it
- We can provide stretches for areas which are too tight
- We can do soft tissue therapy to release the tight muscles
- We can provide strengthening for core areas which are weak and are affecting the alignment of the body
- We can provide joint mobilisation. Research has shown that a combination of strengthening exercise and joint mobilisation performed by a physiotherapist is effective at reducing pain and improving activity levels in hip osteoarthritis.

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