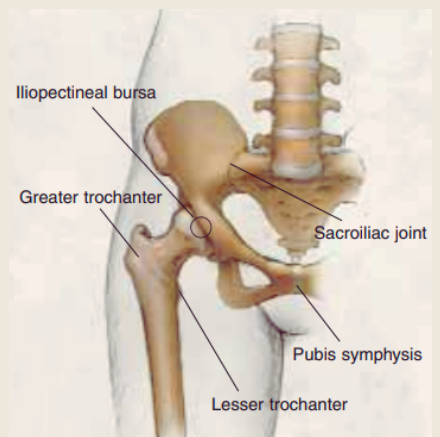
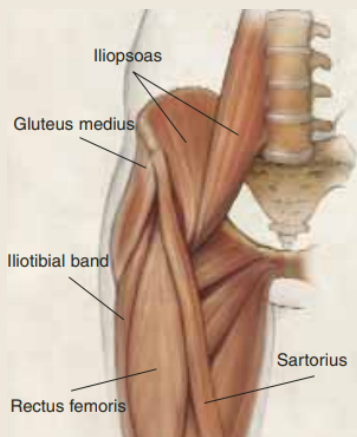


Young doctor's approach to

HIP PAIN



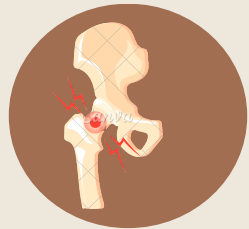
01

Anatomical location

Likely aetiology

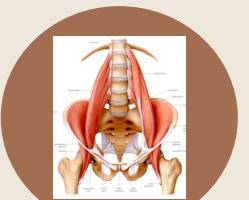
Anterior

(most common)



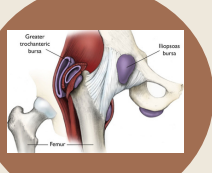
Joint pathology

(Degenerative arthritis = most common)



Hip flexor pathology

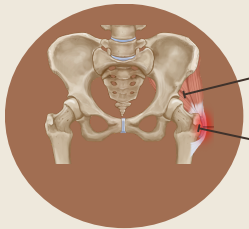
Can be flexor muscles or tendon



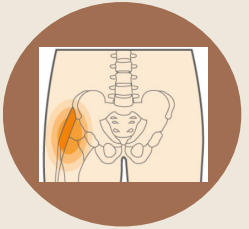
Iliopsoas bursitis

Lateral

Greater trochanteric pain syndrome

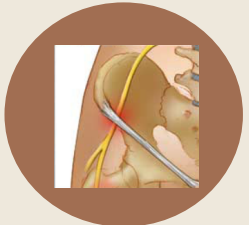


Gluteus medius pathology
Greater trochanteric bursitis



Iliotibial band syndrome

Continuous friction of ITB over greater trochanter



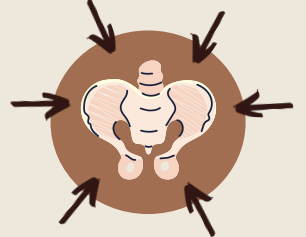
Meralgia paresthetica

Entrapment of lateral cutaneous femoral nerve by inguinal ligament

Posterior

(least common)

"O for outside the hip"



Lumbar spine

- Degenerative disc
- Facet arthropathy
- Spinal stenosis



Sacroiliac joint



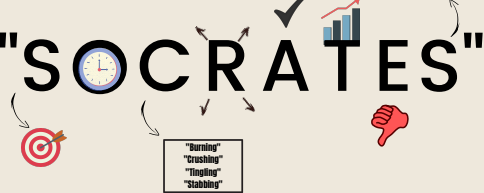
Hip extensors



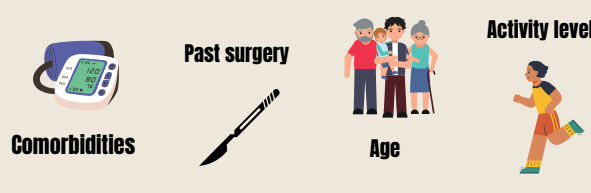
02

History

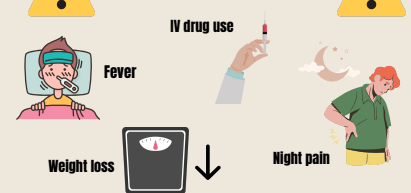
Pain character



Medical history



Warning signs



03

Physical exam

LOOK

GAIT



TENDERNESS

FEEL



localise source of pain

MOVE



RANGE OF MOVEMENT

which muscles are affected?

trendelenberg test

ober's test

POWER

OTHER TESTS

thomas test
snapping hip test

04

Investigations & indications



X-RAY

- suspected:
- fracture
 - avascular necrosis
 - osteoarthritis



MRI

- conservative mx ineffective
- unclear x-ray findings
- occult bony injuries suspected
- soft tissue abnormalities



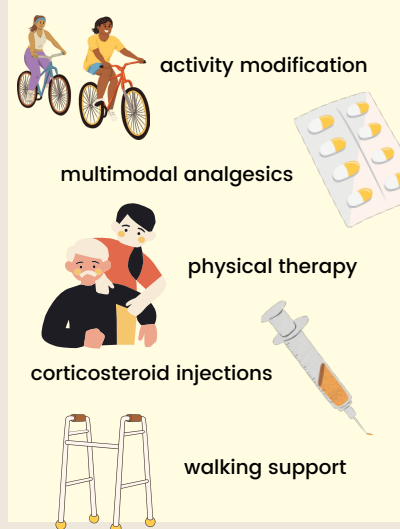
LABORATORY

- FBC
- ESR & CRP
- U&E

05

Treatment

CONSERVATIVE



SURGICAL

