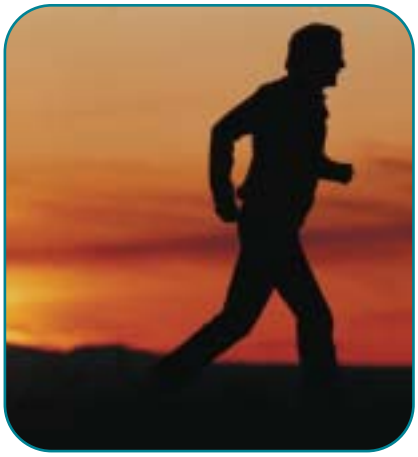

It's Not Hip to Limp

Howard A. Winston, MD, CCFP, FCFP, Dip. Sport Med. (CASM)

Rita, 47, is a housewife who comes to see you because she has been having pain over her right hip for the last two months, ever since she started a regular exercise class.

She has pain while sitting for any length of time and while driving.

Rita is distraught, since a friend told her that she probably has arthritis of her hip, and she thinks that she is too young to have arthritis.

You think about all your important pain questions, but before this, you must know whether this is a traumatic injury or caused by overuse. The pathophysiology can be quite different, depending on the mechanism of injury.

Rita has suffered no trauma from her new exercise regimen. She exercises on the treadmill, the elliptical machine and does some light weights. She doesn't spend very much time stretching, but does do a little warm-up stretching before her aerobic exercises.

The symptoms can disturb her sleep, if she lies in the right lateral decubitus position. Rita has taken an anti-inflammatory, with minimal relief. She tried applying heat, and this felt good, but her pain continues.

You ask Rita more directed questions in regards to her pain. You ask her whether she has any radiation of her pain, and whether she has any groin pain.

Rita indicates that she has no groin pain, but the pain does extend down the outside of her lateral thigh. This is important, as hip joint pathology usually refers pain into the groin. With this information, you are quite confident it does not involve the hip joint proper.

You determine that there are no other contributing points from the history and proceed to examine her hip.

You notice that Rita walks with a slight limp and has an equal range of motion between the two sides, but has definite pain at the extreme of external rotation of her hip. She has no pain with resisted testing, but is weak in both of her external rotators.

The pathophysiology can be quite different, depending on the mechanism of injury.

There is no evidence of neural tension. She is particularly tender over her right hip. She has tightness of her quadriceps, and hamstring muscles and iliotibial band. She is able to go into a squat position and do the duck walk without pain. She has a positive Trendelenberg test for weakness of her right hip abductors. She also has a valgus alignment of her lower extremity.

Clearly, Rita has the signs and symptoms of a right trochanteric bursitis, which is quite distinct from an osteoarthritic hip.

There are a number of issues to highlight in this scenario. The first is to avoid the need to call this an arthritic hip, as many doctors do.

Secondly, this is a perfectly treatable and reversible condition. Rita's exercise life has been on the shelf, collecting cobwebs over the years, and she has been left quite vulnerable for developing this type of overuse injury.

The tightness of her hip muscles will magnify the valgus alignment and cause greater friction of the musculature over the greater trochanter of her hip, irritating the bursa.

This condition is inflammatory-based, and Rita should be using the application of ice/cold, rather than heat. Her weakness will also add to the risk factor for this condition.

The treatment for this sports injury is:

- modifying activity (keeping to non-weight-bearing activities),
- icing for 10 to 15 minutes at a time, three to four times per day,
- using an anti-inflammatory within the first few weeks of symptoms, or a significant degree of nighttime pain,
- undergoing physical therapy,
- assessing footwear,
- using a topical anti-inflammatory in conjunction with the physical therapists' (PT) ultrasound (known as sonophoresis) and
- stretching appropriately, as shown by the PT.

You see Rita in followup after four weeks of physical therapy, and the first thing you notice is that her limp is gone. She is sleeping better, having less pain while sitting and has no nighttime pain. She is not 100% better, but is much happier with her life.

She is very appreciative of your efforts, and now has adapted her exercise program with all the great exercise tips that she learned from her PT. She continues with her treatments, and is left in the care of the PT.

Rita realizes the benefit of icing over heating. She uses the topical gel on her own, in addition to ultrasound treatment.

You will notice that no X-ray was ordered in this scenario. Why expose the patient to X-rays when the condition to be treated points to a bursitis much more than an arthritis?

Keep these points in mind when seeing patients with hip pain. It is not common to have an osteoarthritic hip at this age, but it is not impossible.

Based on the physical examination, one is more convinced that it is not an arthritic hip that we are dealing with. Aside from assisting her get better, your job is to reassure Rita that she has not been given a life sentence to limp.

We want our patients to walk in their gyms with a bit of a swagger. Everybody knows "it's not hip to limp."

cme

Dr. Winston is an Assistant Professor, Department of Family & Community Medicine, University of Toronto, and Medical Director, Centre for Health and Sports Medicine, North York, Ontario.