



Surrey Total Health
Your Health. Our Reputation.

Oh no another Hip pain

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Objectives



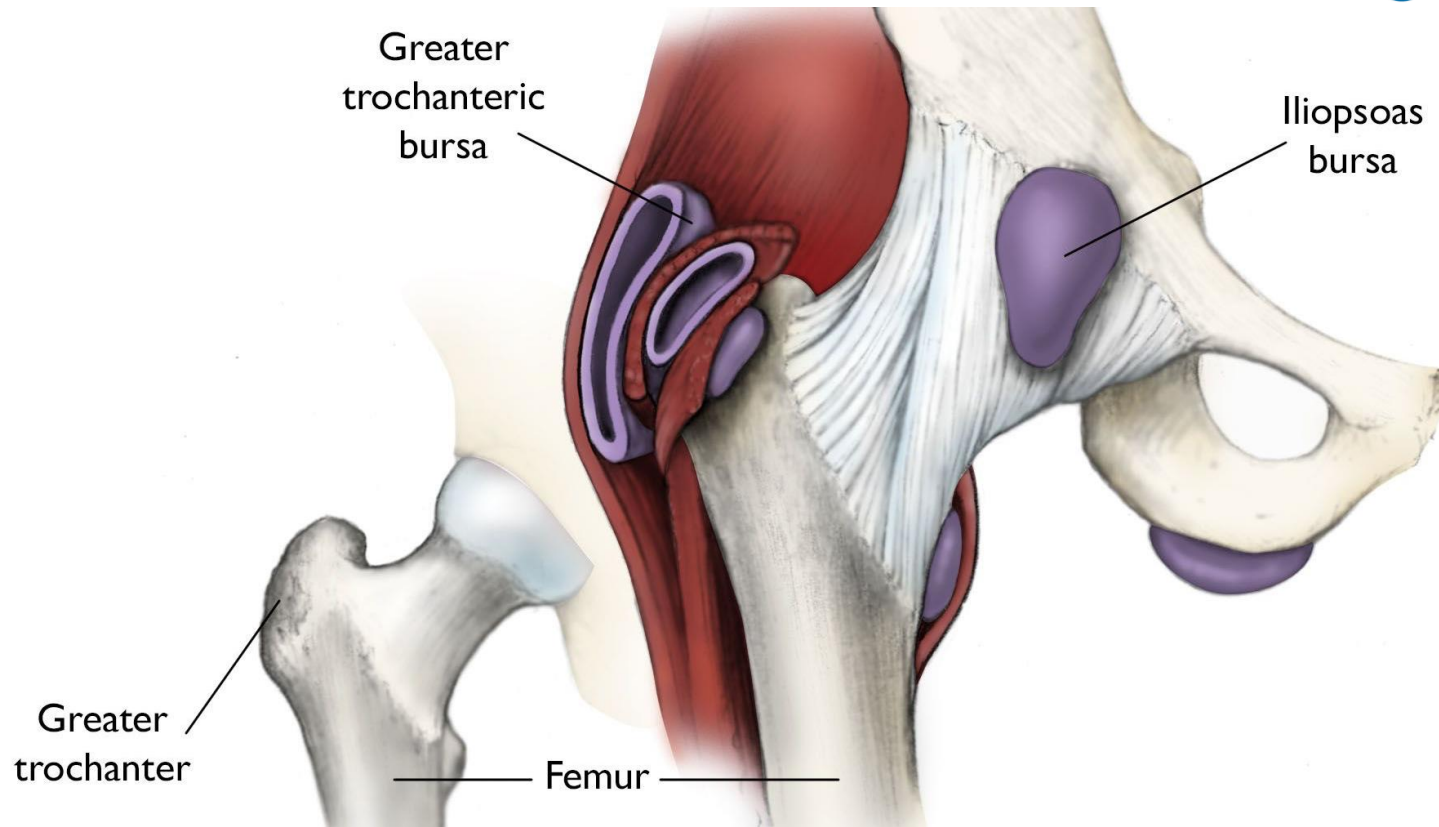
- Bursitis
- **Femoral Acetabular Impingement (FAI)**
- Osteoarthritis
- Fractures
- Unhappy THR
- Peri-prosthetic Fractures
- Stem cells
- Groin Injuries

GP practice

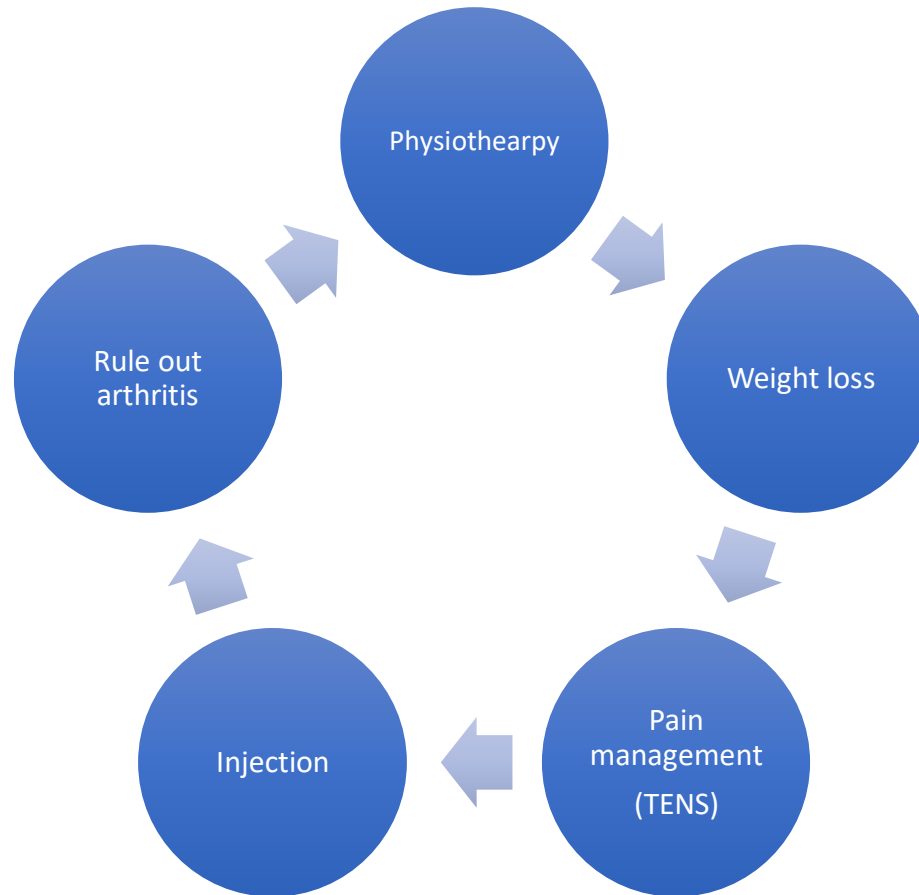


- 2 clinics/month.
- 240 patients seen in 6 months.
- 9 patients referred to secondary care.
- Very rewarding much more difficult than operating.
- Talk based on common conditions presenting to me.

Bursitis



Treatment



Physiotherapy



Gluteal stretch



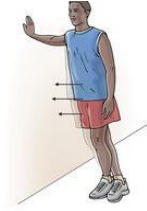
Straight leg raise



Side-lying leg lift



Iliotibial band stretch (standing)



Iliotibial band stretch (side-leaning)



Prone hip extension



Clam exercise



Wall squat with a ball

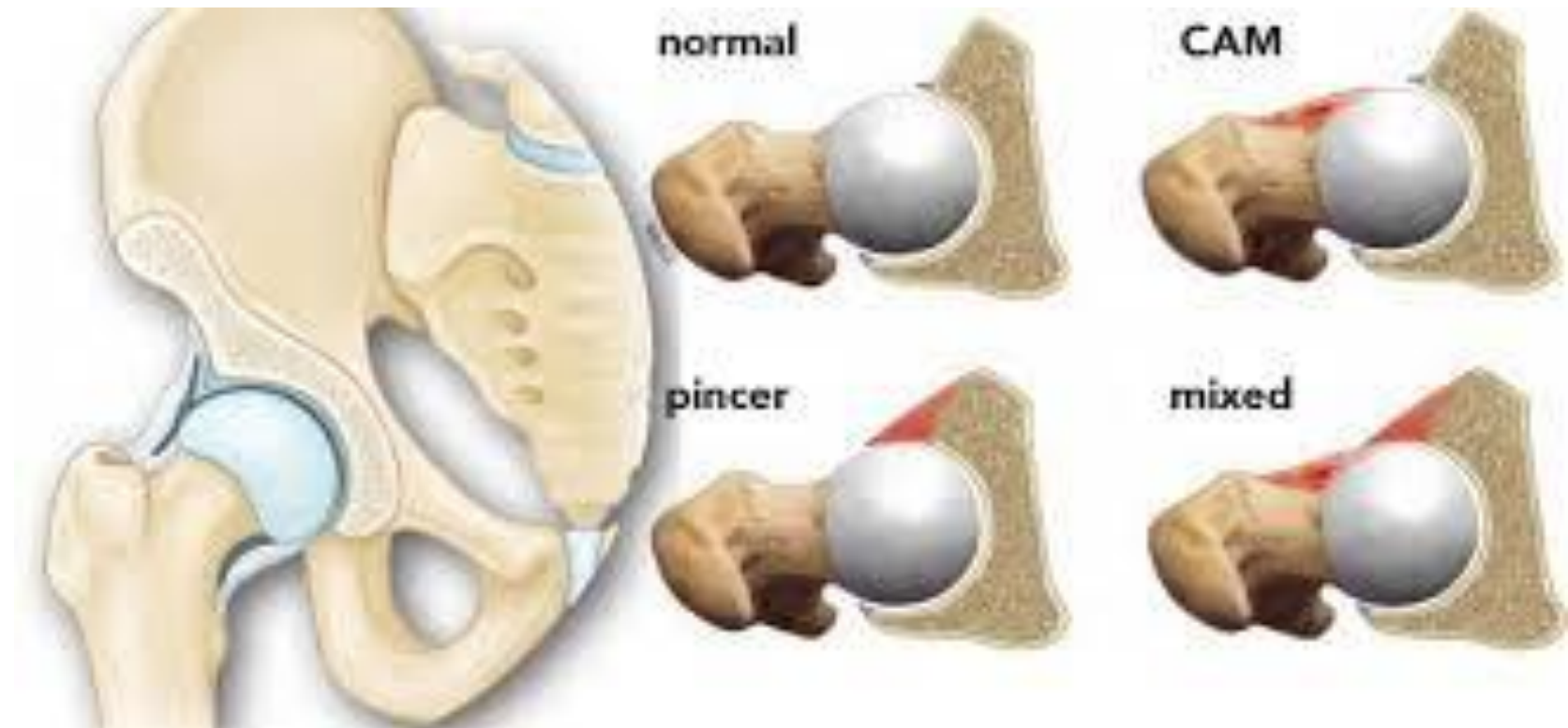


Side plank



Plank

Femoral Acetabular Impingement (FAI)



FADIR Test



**Anterior
Impingement**

FABER Test



**Posterior
Impingement**

Treatment



Physiotherapy / Activity
modification

Orthopaedics / MRI

Hip injection

Arthroscopy

Learning point



Choose the right
patient for
arthroscopy

Osteoarthritis

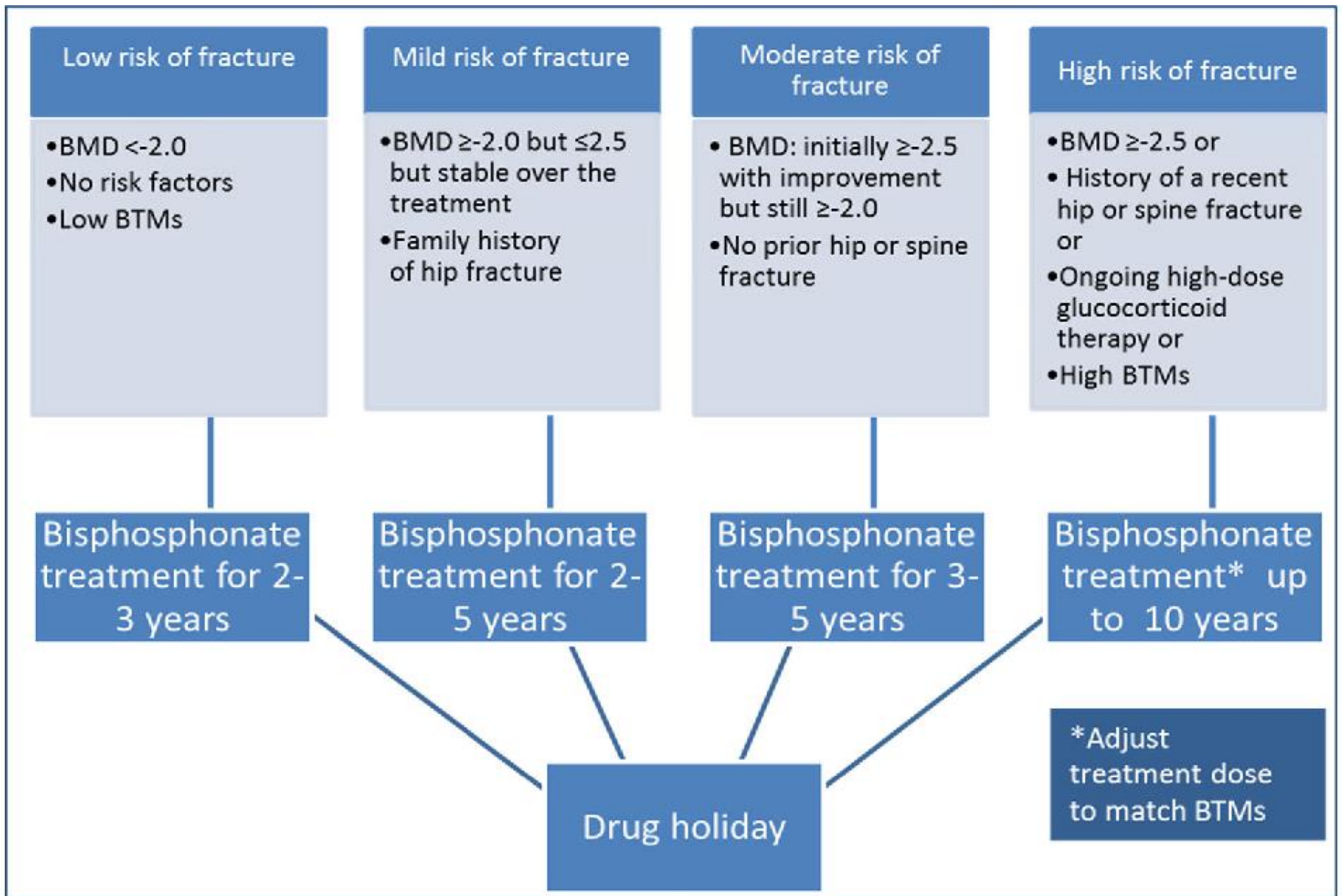


- Weight loss
- Exercise bike
- AVN
- Age does not matter for THR
- Rule out spine pathology
- Hip and knee pathology – hip first
- Pre-optimisation (Hb)

Hip Fracture



- Stress fracture
 - Bisphosphonate related Fractures
 - Sudden loss of mobility
 - Metastasis
 - Post Pregnancy
-



Metastasis



Case history

- 68-year-old man
- Completed treatment for Lung cancer 2 years ago.
- Repeated visits to the GP and oncologist with leg pain

CT scan scout view



Reported as showing
no cause for right hip
pain

X-ray pelvis



Reported as normal

Femur x-ray



Lytic lesion in femoral shaft

Femur Fracture



Internal Fixation



Learning point



- Always consider metastasis in patients with hip pain and a history of cancer.
- Do not assume that someone else has adequately investigated the problem.
- Increasing analgesia requirements should not be ignored.

Unhappy THR



- Failure of implant
- Infection
- Malposition of implant
- Expectations of the patient

Unhappy THR



Failure of implant



- 90yr male. Lives alone.
- 6 weeks unable to walk (wheel chair)
- Telephone consultation with Private GP
- Sent for 6 weeks of the physiotherapy

RT Implant failure



Post-op revision RT Hip



Learning point

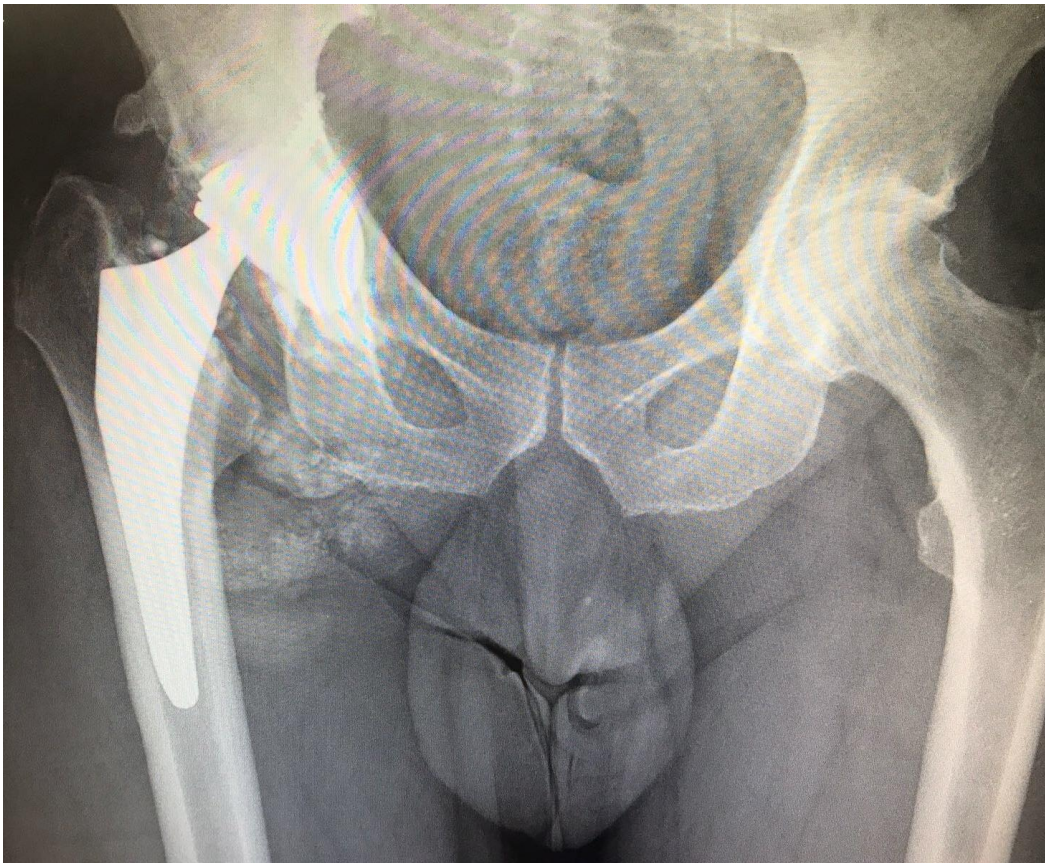


- Sudden loss of mobility
- Needs imaging ASAP
- Time is ticking
- Very difficult to get patient out of wheel chair

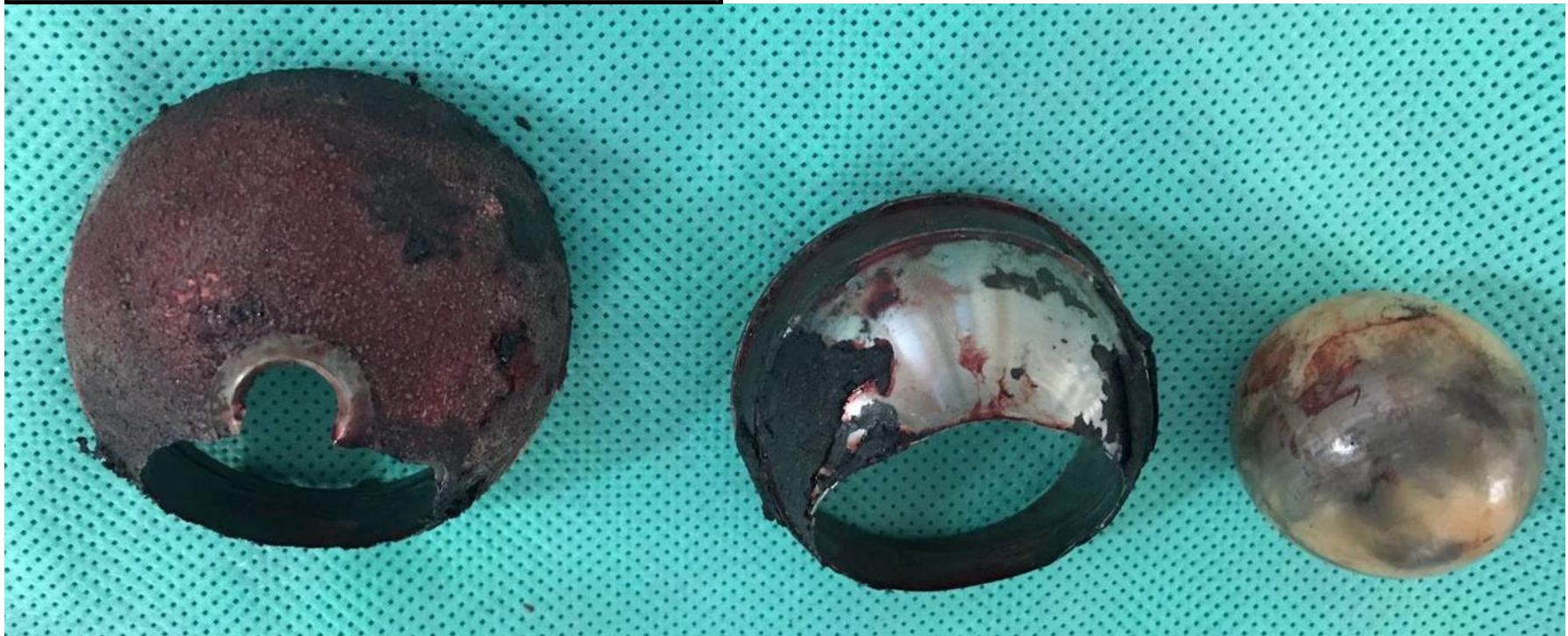
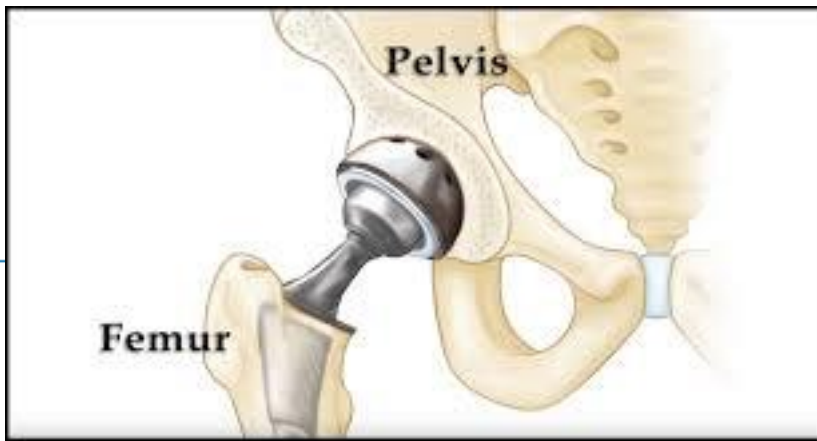
Proximal femoral replacement



Failed implant RT hip



X-ray reported
hip joint in-situ.



Learning point



- X-ray reports with implant in-situ are difficult
- Patient symptoms are more important

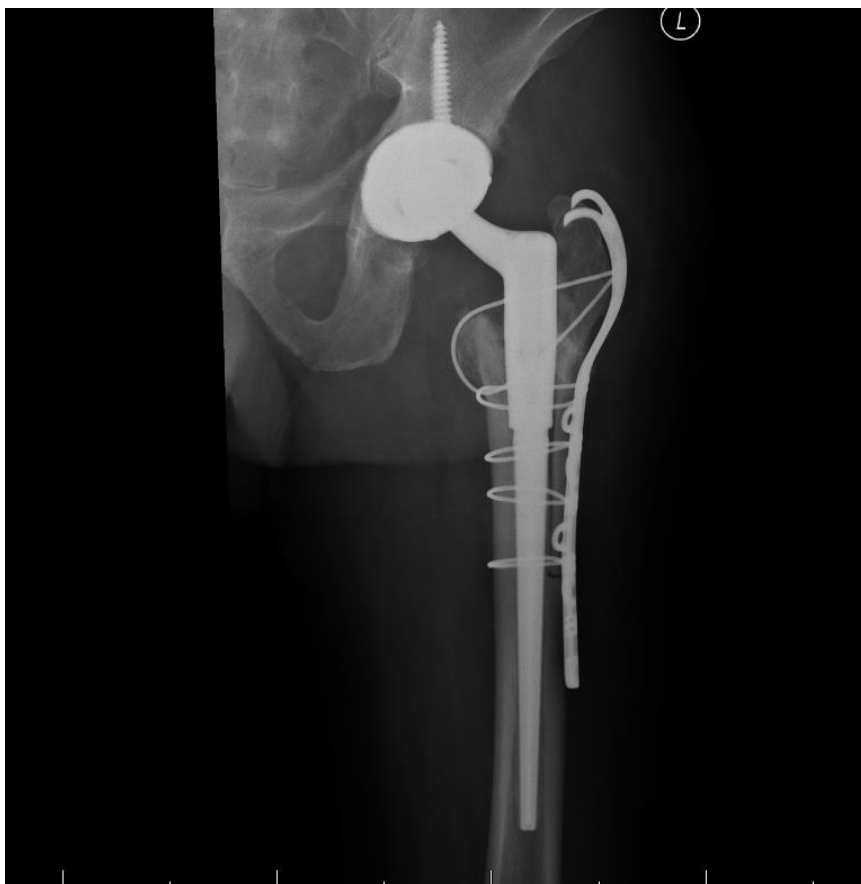
Infection



- 79yr, Male
- Calls GP practice with groin pain and feeling unwell
- ABx prescribed for UTI
- He calls the ambulance next day
- Collapse and brought to A&E
- Unwell, needing inotropes







Learning point



- Consider infection in patients with a prosthesis in situ and symptoms suggesting infection.
 - Time elapsed since surgery irrelevant.
 - Low threshold for referral.
 - Time critical.
-

Complex fracture



- Fragility fractures
- Obesity
- Lack of rehabilitation services
- Co-morbidities

78-yr lady



Fixation



Implant fractures





Learning point



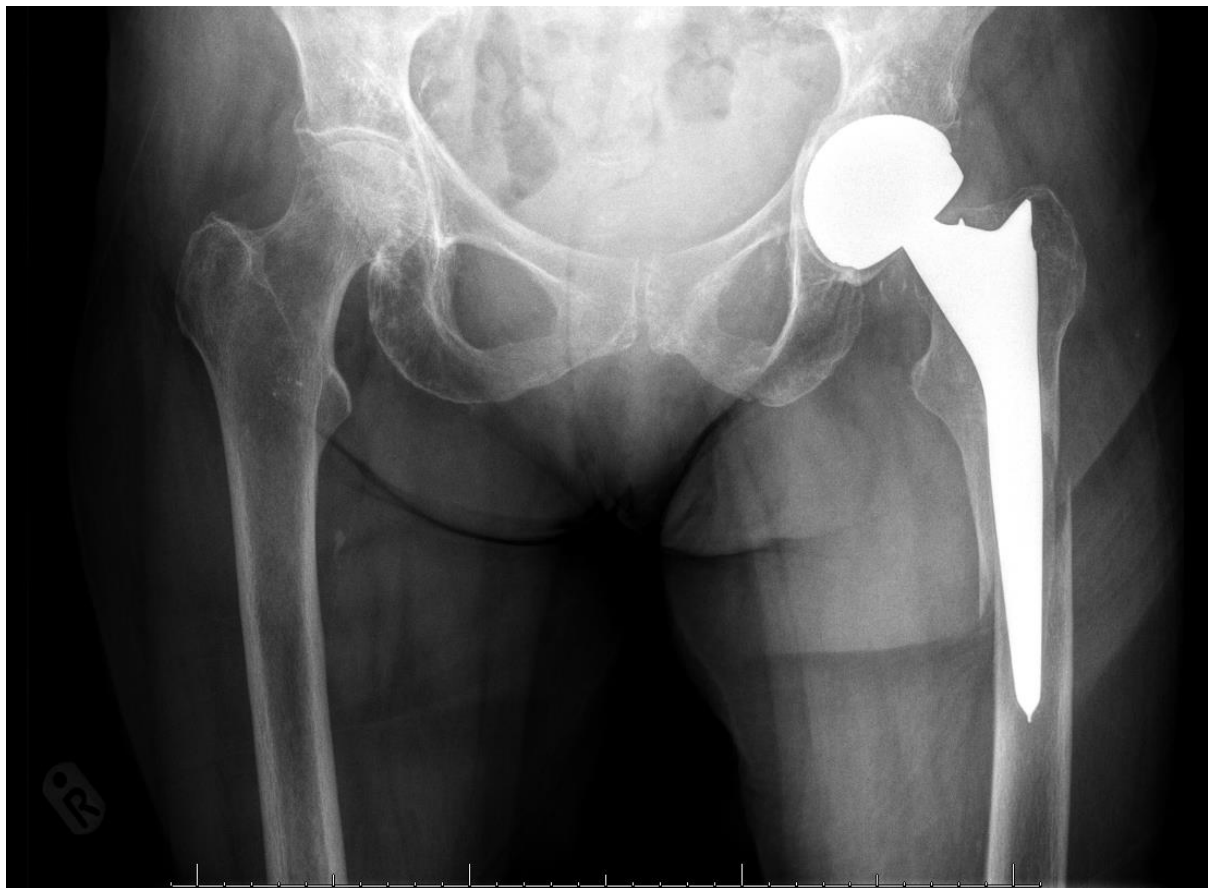
- Mobility is key.
- Hoist is the last resort

Peri-prosthetic Fractures



- Epidemic
- >50 a year
- 10% mortality
- Skilled surgery
- Rehab is much more labour intensive

Prosthetic Fractures



Revision surgery



2nd Fall



Further surgery



Learning point



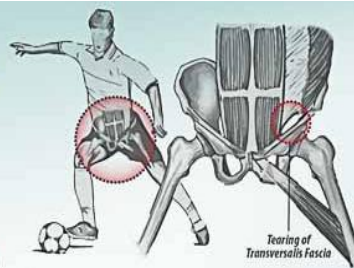
- Falls prevention
- Patient education

STEM CELLS Injection



WHAT IS A SPORTS HERNIA?

The phenomena of chronic activity-related groin pain that is unresponsive to conservative therapy and significantly improves with surgical repair



1 OCCURS IN SPORTS WITH CUTTING, PIVOTING, KICKING AND SHARP TURNS

These types of motions are commonly found in soccer, hockey, tennis, football, and field hockey.



2 SPORTS HERNIAS HAVE A SLOW ONSET



A slow onset means it is not traumatic.



No body has to hit you.



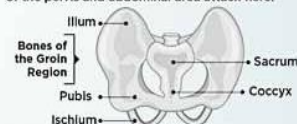
You don't have to fall.



You don't have to hear a pop.

3 PAIN IS ONE SIDED (UNILATERAL) AROUND THE GROIN/ PUBIC BONE

The pubic bone is the bone at the very bottom section of the abdominal area. Many muscles of the pelvis and abdominal area attach here.



4 PAIN CAN RADIATE TO THE UPPER THIGH

"Referred pain" happens with many different types of conditions.

Examples: Heart Attacks & Kidney Stones



5 THE PAIN IS "HARD TO PIN POINT"

Not being able to find the source of pain is extremely common and a very characteristic symptom of a sports hernia.



6 PAIN OR TIGHTNESS CAN BE FELT IN THE SCROTUM



7 OTHER NAMES FOR A SPORTS HERNIA

Gilmore's Groin

Sportsman's Hernia

Athletic Pubalgia

8 TOP 4 DIAGNOSIS IT CAN BE CONFUSED WITH ARE:



Adductor Longus dysfunction



Osteitis pubis



Hip Joint Pathology



Hernia

9 ULTRASOUND IMAGING WILL CONFIRM A DIAGNOSIS



- Cost effective
- Highly Sensitive
- Visualization of the tear
- Real-time moving image
- No injections or radiation required

10 REHAB CAN BE SLOW, FRUSTRATING AND EVEN UNSUCCESSFUL

That's the nature of the beast. Rehab can be very slow. Hang in there.



11 REHAB CAN INCLUDE:



6-8 weeks rest



Ice/heat



Sports massage



Electrical stimulation



Gradual return to play



Hip stretching exercises



Correction of movement patterns



Incorporation of sports motions starting slow to quick



Progressive hip strengthening



Thank you
Any Questions?



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