Treatment of Common Hip Injuries

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Introduction

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• University of Pennsylvania
• Director of Physical Therapy of Two Acute Care Hospitals
• Athletic Trainer Lehighton High School
• Private Practice
• Coordinated Health
• 37 Years Experience
• Father of Five Children, Son - Physical Therapist, Wife - A.T.C., P.T.A., Daughter - Personal Trainer
Treatment of Common Hip Injuries and Conditions

Anatomy

Why a shoulder?

Hip is yesterdays shoulder!
<table>
<thead>
<tr>
<th>Comparison</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Shoulder</td>
<td>Hip</td>
</tr>
</tbody>
</table>
Quick look

1. Bone: ball/plate     ball/cup
2. Ligament: capsular   capsular
3. Muscle: rotators     rotators
     stabilizers       stabilizers
     movers            movers
4. Nerves: major        major
5. Injuries: similar     similar
6. Mechanics: influences same
     influenced        same
Topic

Problems/Questions:

1. One hour!
2. What are the common injuries and conditions?
3. What are the common treatments for injuries?
4. Who here does not know how to treat a hip?
5. What about uncommon hip injuries?
6. What about common hip injuries that do not respond to common treatment?
“My thoughts!”

1. What did Bob Ward want from me?
   a. The “little things”!

2. What do I want?
   a. Valuable hour spent vs. “oh-hum” lecture on hip treatment!
   b. Book, The Box Cutter’s Son, be the best that you can be!
   c. The “little things”!
The “Little Things”
An approach to the treatment of common hip injuries

1. Three concepts
   A. Why?
      1. Ask question, why will I do what I will do? Versus, what will I do?
      2. “Why” will be the key.
   B. Whole picture
      1. Learn before you treat!
      2. Commit to every bit of information available.
“Little things” cont.

C. Teach before treat!

1. What?
   a. Anatomy, biomechanics, physiology, etc.

2. How?
   a. Their level.
   b. Build a communication base.
   c. Develop team interaction.
Example:

1. Anatomy
   A. Names of the players
   B. Athletes, baby boomers, and grandmas.
     1. Athletes – scouting report
     2. Baby boomers – demand it, internet surfers
     3. Grandmas – want to learn
Medical Studies

1. Get them! Whatever it takes!
   A. Your road map, need them!
   B. Review and know!

2. Review with patient/client
   A. Teach results and findings at their level.

3. Best reference
   A. Remember?
   B. Tell me what you learned.
Messengers
The good guys

Pain and
Swelling
Pathologic → Cause → Pain and swelling → Cause → physiological
Bad guys

Pain and swelling

Pathologic

Physiological

Immobile

R.O.M

Strength

Cause

Cause
Cause

Pathologic

Pain and swelling

R.O.M

physiological

Mechanical (at)

above

below

Immobile

Strength
Visual utilization

A. Patient use
   1. Mechanical
      a. -itis (tendinitis, bursitis, myositis, capsulitis, etc.)
      b. Substitution patterns.
      c. examples:
         Why can’t I do this?
         When can I --------?
         Why does it still hurt / swell?
         What can I do to prevent?
Visual Continuation

• B. Staff use
  • 1. Answers to questions!
    • a. You tell me!
  • 2. Reassess:
    • a. Looking for answers.
    • b. What is missing?
  • 3. Staff and patient on same page.
Physical Evaluation

A. Physical information + studies = plan!

1. Evaluation
   a. none weighted
   b. static weighted
   c. dynamic weighted
A. None weighted
   1. R.O.M. – isolate, active and passive
   2. Strength - isolate
   3. Biomechanics
B. Static weighted

1. R.O.M. – kinetic chain/function

2. Strength

   a. squat – 2 leg/ 1leg

   b. balance – 2 leg/ 1leg standing

      - 2 leg/ 1 leg kneeling
C. Dynamic weighted

1. Walking
   a. single step- forward and back
   b. 10 steps- forward and back
      1. forward and backward
         a. vary speed and challenge

2. Jog
   a. vary speed and challenge proprioception
3. Running
   a. floor, treadmill, bike, Stairmaster
      1. vary speed and challenge
Treatment
Why to do, what you do

A. Teach rehab progression

- Success
- Activities
- Function
- Strength
- Range of motion
B. Versus

- ROM
- Strength
- Function
- Activity
C. Abnormal – can never be normal

1. Compare findings:
   a. “Normal”
   b. Opposite

2. Back to visual
   a. Plan
Treatment
R.O.M.

A. Controversy
  1. 37 years of debate
  2. Need it, get it!
     a. How?
     b. Varies by situation.
Treatment
Strength/Function

• A. Isometric/Isotonic/ etc.
  a. All have place in rehab.
• B. Today: new names.
  a. Core strengthening
  b. Functional training
Treatment

Sport specific

• A. Know the sport demands!
  • 1. Creative!
• B. Back to visual!
  • 1. What needed.
Conclusion
“The little things”

• A. Get all the information
  • 1. Studies
  • 2. Eval
  • 3. Whole picture
• B. Teach/Teach/Teach
  • 1. Their level to understand
• C. Visual
  • 1. Patient understanding
  • 2. Your assistance