

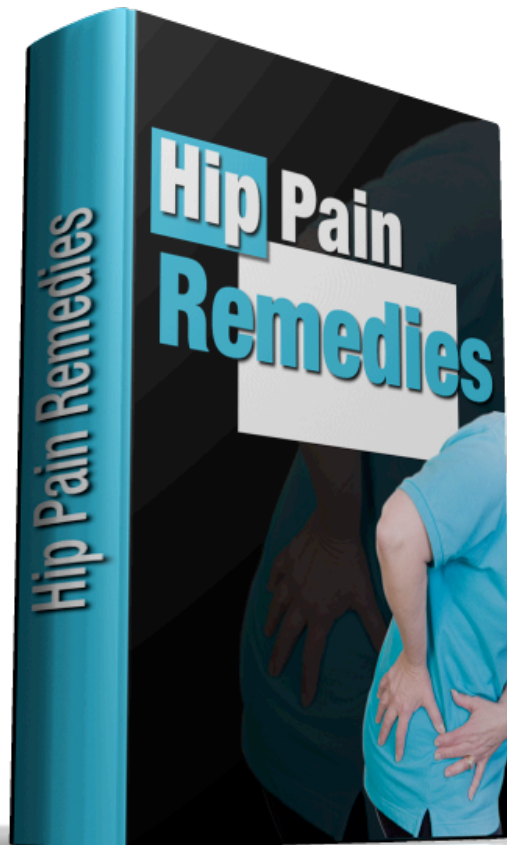
# HIP PAIN

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# CHAPTER ONE

## ✔ Definition

Hip pain involves any pain in or around the hip joint.

## ✚ Considerations

Pain related to the hip is not necessarily felt over the hip itself. Instead, you might feel it in the middle of your thigh or in your groin. Likewise, pain felt at the hip may indicate a back problem, rather than in your hip itself.

See: Low back pain

## ✔ Causes

Pain can originate from structures that are inside the hip joint or from structures around the hip. The hip joint has a space within it, which means that there is a very small amount of fluid inside it to allow the head of the femur to slide in the socket of the acetabulum (hollow inside the pelvis). Any illness or injury that results in inflammation will cause this space to fill with fluid or blood, and this will stretch the hip capsule and cause pain.

The head of the femur and the acetabulum are lined with cartilage that allows the bones to move in the joint with little friction. Also, the socket area is covered with tough cartilage called the labrum. In the same way as with any other joint cartilage, these areas can tear or wear away and cause pain.

There are thick bands of tissue surrounding the hip joint, forming a capsule. These help to maintain joint stability, especially with movement.

Movement at the hip joint is enabled due to the muscles surrounding the hip and the tendons that are attached across the hip joint, allowing movement in different directions. Apart from controlling movement, these muscles act together to maintain stability of the joint. There are large closed fluid-filled sacs (bursas) that surround the areas of the hip where muscles cross each other and allow the muscle and tendon to slide more easily. Any of these structures can get inflamed.

Pain from other sources can be felt at the hip, meaning that while the hip hurts, the problem originates somewhere else. Inflammation of the sciatic nerve as it comes down from the back can cause pain at the hip, especially if the L1 or L2 nerve roots are involved. Other types of nerve pain may show themselves as hip pain, including pain arising in the lateral femoral cutaneous nerve of the thigh, which is often inflamed in pregnancy. Pain from an inguinal hernia can also cause pain that is felt in the hip.

Hip pain is therefore not caused by only one disease or injury and it needs a doctor to find the underlying cause. Without any obvious injury, the diagnosis of hip pain requires an open mind.

### **Symptoms**

Hip pain is often difficult to describe, and patients may just complain that their hip hurts. The location, description, and intensity of the pain and what makes it better and what makes it worse depend upon what particular structure is inflamed or injured

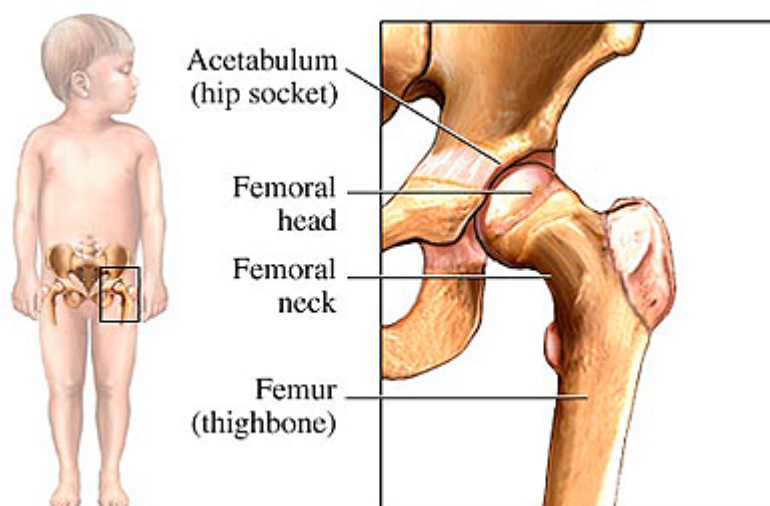
Pain from the hip joint may be felt at the front side of the body as groin pain, over the greater trochanter (place where muscles are attached to the thigh bone) at the side of the body, or at the rear of the body in the buttock. Sometimes the patient may complain of knee pain which has actually originated at the hip.

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**Trauma to the hip:** As a result of a fall, direct blow, twist, or stretch, the pain is felt almost immediately.

- ✦ **Overuse injury:** The start of pain may be delayed by hours or minutes as inflammation of the muscles surrounding the hip joint go into spasm, or joint surfaces inflame, causing an accumulation of fluid.
- ✦ **Pain:** Most often, pain is felt at the front of the hip, but the joint is three-dimensional, and so, pain may also be felt along the outside part of the hip or even in the area of the buttocks.
- ✦ **Limp:** Limping is the body's way of compensating for pain by trying to reduce the amount of weight the hip has to support when walking. Limping is always abnormal. Also, when limping happens, greater stresses are placed on other joints, including those at the back, knees, and ankles.
- ✦ **Fracture:** With a hip fracture, there is an immediate start of constant pain after the injury and this pain is usually made worse with almost any movement. The leg may appear shorter and turned outward. Pelvic fractures may cause similar pain.
- ✦ **Sciatica pain:** Pain from sciatica tends to start in the back and spread to the buttocks and to the side or front of the hip. It may be described in various ways because of nerve inflammation. Some typical descriptions used for sciatica pain include sharp, burning, or stabbing. The pain of sciatica may get worse when straightening the knee because this stretches the sciatic nerve and may make it hard to stand up from a sitting position, or walk with a full stride. There may also be numbness and tingling. Loss of bowel and bladder function accompanying the pain may warn of a neurosurgical emergency and the presence of cauda equine syndrome, in which the spinal cord is at risk of permanent damage.

- ✚ **Arthritis:** If arthritis narrows the hip joint or impinges on the way the femoral head can glide in the acetabulum (concave surface at the pelvis), or if there is a tear in the cartilage or labrum, the pain may be accompanied with a "catch," or a feeling that there is something impeding hip movement.



Pain from arthritis tends to worsen after a period of inactivity and gets better as the joint "warms up" with use. But as activity increases, the pain returns.



## CHAPTER TWO

### HIP PAIN DIAGNOSIS

#### ✔ History

Diagnosing the cause of hip pain starts with the doctor talking with the patient and taking a careful history of the what, where, and when of the pain as well as reviewing any other underlying complaints. By including the past medical history of the patient, the doctor can make a list of what potential causes might be considered possible. The physical examination helps to make that list more precise, and tests may be done to confirm any specific diagnosis.

Sometimes the diagnosis is simple. The patient fell, hurt their hip can't bear weight, and X-rays show a fractured hip. Sometimes the diagnosis needs more searching and may take time and further visits to find the source of the hip pain.

The history will involve many questions about everything from the start of the hip pain to what makes it better or worse. The aim is for the doctor to understand the context, frequency and duration of the pain in relation to the regular activities of the patient.

Apart from the history of the pain, other information concerning the possibility of a systemic illness may be collected. Has there been any injury? Is there a history of fever or chills? Weight loss? Abdominal pain? Diarrhea? Do any other joints hurt or swell? While the questions do not seem related to the hip, it is essential for the doctor to consider all the possibilities.

---

## ✔ Physical Examination

Physical examinations for hip pain focus on the hip, leg, and back. However, the rest of the body will not be ignored; doctors will be looking for linked findings that may help explain the patient's complaints.

Looking at the hip at rest and while walking or standing, feeling the hip and surrounding structures, testing for the range of motion and strength, and checking for sensation and pulses may all be appropriate.

## ✔ Imaging

Often, plain X-rays of the hip and pelvis are taken to look at the bones and the joint spaces. After a fall, this may diagnose an acute fracture, but occasionally, the break is not to be seen on routine films. If a suspicion for fracture is high, computerized tomography (CT) or magnetic resonance (MRI) imaging may be needed to confirm or disprove the presence of a fracture.

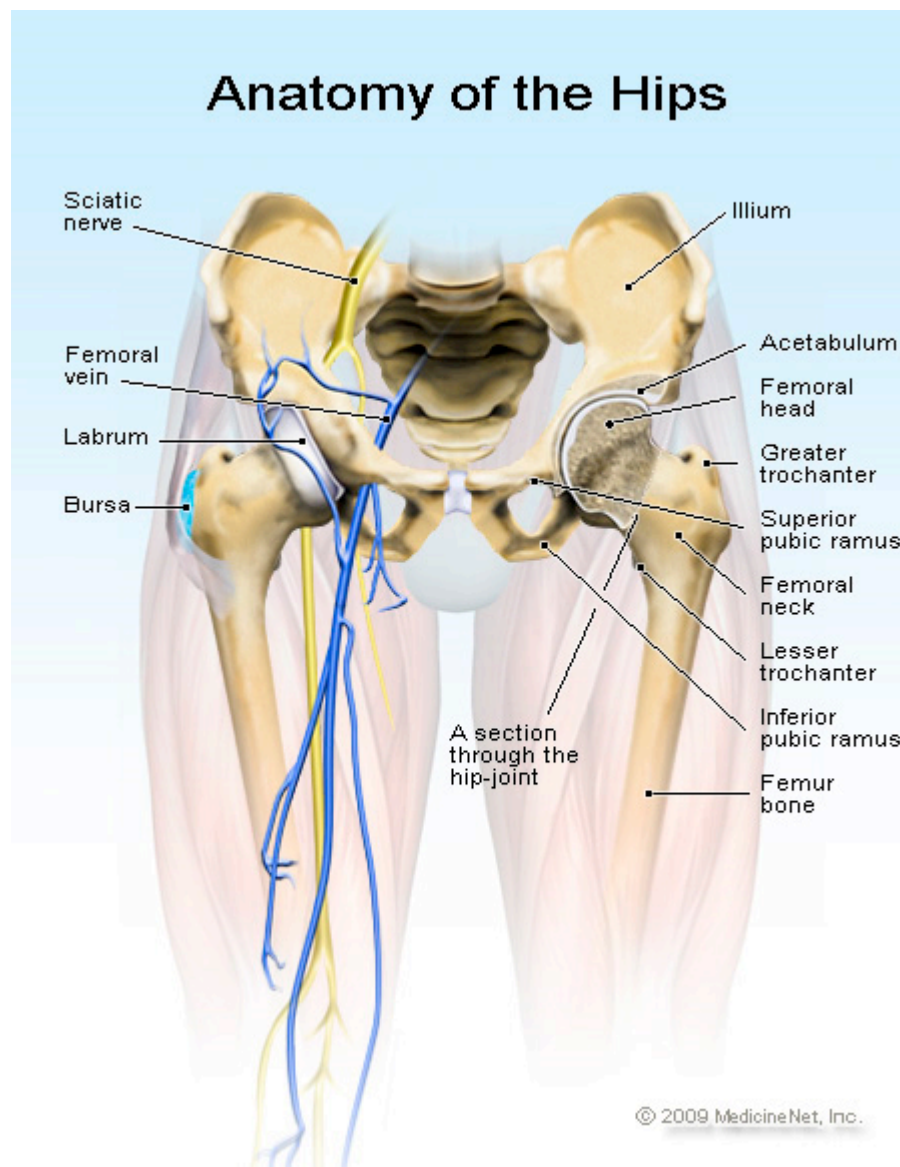
Narrowed joint spaces and arthritis can be seen by plain X-rays and help to confirm the diagnosis of osteoarthritis and degenerative joint disease.

If looking for cartilage or labrum tears in the hip, an arthrogram may be done, for which a radiologist injects contrast dye into the hip joint using a long thin needle. Either MRI images or even plain X-rays are taken to look at the joint surfaces revealed by the dye.

A bone scan may be performed, looking for inflammation. Radioactive dye is injected into a vein and the whole body is scanned. The radiologist looks for abnormal accumulations of the dye that may help a diagnosis.

## ✔ Blood Tests

If the doctor suspects that a body-wide illness is the cause of the hip pain, blood tests may be ordered. Some indicators for inflammation include a high white blood cell count or high erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP). These are tests not specifically related to any illness but can help



## CHAPTER THREE

### HOME CARE

- ✔ Try to avoid activities that make the pain worse.
- ✔ Take over-the-counter pain medications, like ibuprofen or acetaminophen.
- ✔ Sleep on your non-painful side with a pillow between your legs.

A hip fracture is a medical emergency. Therefore, if suspected, you should get medical help straightaway.

As the pain improves, gradually begin or return to exercise. It is wisest to work with a physical therapist to learn proper exercises and how to take your activity forward. Swimming might be a good option because it stretches the muscles and builds good muscle tone without straining the hip joint. However, swimming does not build bone mass. When you are ready (don't forget a physical therapist can help you determine that), slowly and carefully resume walking or some other activity against the resistance of gravity. Schedule an evaluation with us so we can help you return to fitness.

As we age, our body tends to tolerate falling less easily. Falls can often cause contusions (or bruising) and inflammation of the tissues that are damaged. This pain may not be felt straight away, and the injured area may begin to get stiff and sore within a few hours. If the patient can stand and walk fairly easily with only a slight limp, then it is reasonable to rest and apply ice to the injured areas and begin activity as soon as can be tolerated. Over-the-counter pain medications may be used. Using crutches or a stick may be useful tools for the short term; these needs to be fitted to suit the patient and some may need training to use them correctly. Usually, the pain and stiffness will goes away after a few days. If the pain persists

or starts to get worse instead of getting better, medical assessment may be advisable.

Hip pain and the soreness that develops through overuse but without any specific injury may be looked after at home with rest and a gradual return to full activity. While rest is important, it is also important to maintain the range of motion, which means that patients should attempt to stretch their legs, hips, and back and keep the whole body moving.

Care for hip pain that is caused by an underlying medical condition should be arranged with the doctor. Often, the hip pain will be intermittent, depending on the control of the medical condition.

We can help you with a suitable home care program for your hip problems. Schedule an appointment today.

## CHAPTER FOUR

### WHEN TO CONTACT A MEDICAL PROFESSIONAL

#### ✔ Go to a hospital or call 911 if:

- ✦ Your hip pain is caused by a fall or other injury
- ✦ Your hip is misshapen, badly bruised, or bleeding
- ✦ You are unable to move your hip or bear any weight on it

#### ✔ Call your doctor if:

- ✦ Your hip is still painful after one week of home treatment
- ✦ You also have a fever or rash
- ✦ You have sudden hip pain, plus sickle cell anemia or long-term steroid use
- ✦ You have pain in both hips or other joints

#### ✔ What to Expect at Your Office Visit

Your doctor will perform a physical examination, with careful attention to your hips, thighs, back, and gait.

To help diagnose the cause of the problem, your doctor will ask medical history questions, such as:

- ✦ Do you have pain in one or both hips?
- ✦ Do you have pain anywhere else, like your lower back or thigh?
- ✦ Do you have pain in other joints?
- ✦ Did your pain begin suddenly, or slowly and mildly?
- ✦ Did the pain begin after an injury, fall, or accident?
- ✦ Does any particular activity make the pain worse?

- ✚ Have you done anything to try to relieve the pain? If so, what helps?
- ✚ Are you able to walk and bear weight?
- ✚ What other medical problems do you have? Osteoporosis or other signs of bone loss? Sickle cell anemia?
- ✚ Do you take any medications? If so, which ones? If taking steroids, for how long have you been taking them?



X-rays of the hip may be required.

Your doctor may tell you to take a higher dose of over-the-counter medication, or give you a prescription for anti-inflammatory medication.

Surgical repair or hip replacement may be recommended for osteonecrosis. Hip replacement is required for hip fracture and severe arthritis. With current technology, an artificial hip should last at least ten to fifteen years. Expect recovery from surgery to take at least six weeks. Plates and screws may be used to fix fractures around the hip.

Complications can occur after surgery. A blood clot in the leg is the most common complication, and that can lead to a blood clot in the lungs.

## CHAPTER FIVE

### ✔ **MEDICATIONS**

Discomfort may often be managed with over-the-counter pain medications. Acetaminophen, ibuprofen, and naproxen may all be used. Even though the dispensing of these drugs does not require a prescription, each has its own potential for side effects if there are underlying medical conditions. It is worth asking for help from a pharmacist or advising your doctor that you are taking a new nonprescription medication. For example, acetaminophen (Tylenol) should not be taken by people with liver disease, while non-steroidal anti-inflammatory medications like aspirin, ibuprofen, and naproxen should be taken only with care by people taking blood thinners or who have peptic ulcer disease.

Prescription medication use depends on the reason for the hip pain. Most often, the medications are directed at treatment of the underlying illness or injury causing the pain. Depending on the situation, a short course of narcotic or non-narcotic pain medications with or without muscle relaxants may be used until the underlying condition is gone.

### ✔ **SURGERY**

Hip fractures usually require surgery to fix the fracture. The type of surgery depends on the location of the fracture within the hip joint. The underlying health of the patient needs to be assessed, and the risks of general anesthesia need to be considered.

Hip replacement is probably the most common joint replacement surgery. It is considered for patients with progressive arthritis that affects the patient's ability to do daily activities. Hip resurfacing is an alternative to hip replacement. The choice



of procedure is a joint decision made by the orthopedic surgeon and patient to be able to restore the patient to the level of activity that they would like to achieve.

Hip arthroscopy has become more widely available to assess and treat hip joint damage, including labrum and cartilage tears, loose bodies within the joint and early arthritis

 **FOLLOW-UP**

The aim of hip pain therapy is to treat the underlying cause and restore the patient to full function. Follow-up care will depend on the illness or injury and the particular medical treatment or surgery that is required to reach that aim.

## CHAPTER SIX

### PREVENTION

- ✦ Avoid activities that raise one of your hips above the other for extended periods of time, like running on an uneven surface. Running on a treadmill can keep your hips level.
- ✦ Warm up before exercising and cool down afterward. Stretch your hips, low back, and thighs.
- ✦ Avoid falls.
- ✦ Wear hip pads for contact sports like football and hockey. For those at high risk of a hip fracture, pads with a streamline design can be worn in undergarments.
- ✦ Learn how to prevent osteoporosis.

The body is a machine that needs to be well looked after over its lifetime. By maintaining a normal body mass index and avoiding obesity, providing a good diet to build strong bones and by routinely exercising to preserve the normal range of motion of the hip, osteoarthritis of the hips and back pain may be avoided.

Medications that prevent osteoporosis in women should be thought about to minimize the risk of hip and back fractures in at-risk women. These include, calcium, vitamin D, and bisphosphonates (Actonel, Boniva, Fosamax). Bone mineral density screening may be an appropriate screening tool.

For older people, it is important to minimize the risk of falling and breaking a hip or sustaining other injuries resulting from a fall. Preventive measures include, wearing good shoes with a good tread, using a stick or walker for stability, if needed and making certain that walking areas in the home are free from clutter, including slippery area rugs.

For people of all ages, it is important to maintain good strength, flexibility, and posture throughout life to allow the hip to move and function normally.

Please contact us to learn more about maintaining good strength, flexibility, and posture.

## **CHAPTER SEVEN**

### **HIP PAIN PROGNOSIS**

The most common cause of hip pain is the aging process of the joint, causing arthritis and loss of calcium content in the bone and making fractures more likely. As people improve their diet and increase their exercise programs to maintain healthy bodies (including healthy bones and joints), the aim is to allow people to be as active as possible, as late in life as possible.

Our specialized treatment program is the **ONLY** solution you need to maintain a healthy body.

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