

Pathophysiology

- Repetitive microtrauma irritates the cartilage
- Immune response causes swelling and softening
- Surface damage occurs
- Subchondral cysts, joint space narrowing, sclerosis, deformity and osteophytes in chronic cases

Causes

- Age
- Repetitive trauma (prolonged standing/sitting), heavy physical exertion
- FAI
- Obesity
- Male gender
- Congenital defects

Presentation

- Prolonged stiffness upon arising (<60 mins) and inactivity
- Inability to put their socks on, shave their legs, climb stairs
- Groin, anterior thigh and buttock pain
- C Sign (Index finger over anterior aspect of hip, near ASIS and thumb over posterior trochanteric region when they point to their area of pain)
- Pain below the knee can indicate saphenous nerve involvement
- Pain gradually progressive from dull to sharp and increases with weight bearing
- Crepitus can be present
- TTP over GT
- ROM Diminished in capsular pattern (PROM >15 degrees in internal rot, >155 in hip flexion)
- AROM flexion and extension painful
- Tight iliopsoas, adductors, QL, TFL, piriformis
- Weak gluts, Quads, external rotators of the hip
- +ve Trendelenburg, FABRE, Quadrant, FAIR, Thomas
- WOMAC
- HHS
- HOOS for symptoms and disability



Imaging

- Standard for Hip OA:

if >65 years old

Severe pain

Hx of trauma

Osteoporosis

Cancer

Corticosteroid use

Alcohol abuse (AVN)

Asphericity of the femoral head on x-ray = AVN **MRI NEEDED**

Any red flags

Blood tests (ESR, FBC, CRP, RF, ANA, WBCC) for infection/inflammatory arthropathy

Management

- EMT of the hip

- SMT/EMT of Lx, SI, LL

- Swimming, cycling, walking on safe and flat surfaces

- Stretching of psoas, adductors, quads, TFL and piriformis

- Strengthening of gluts, quads, ext rots of the hip, hip adductors, hip flexors and core muscles

- Lifestyle recommendations - avoid aggravating activities (require internal rotation) , overweight patients weight reduction program

- Temporary cane in opposite hand

- NSAIDs/1500mg of glucosamine and chondroitin

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Not published yet.
Last updated 19th January, 2021.
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