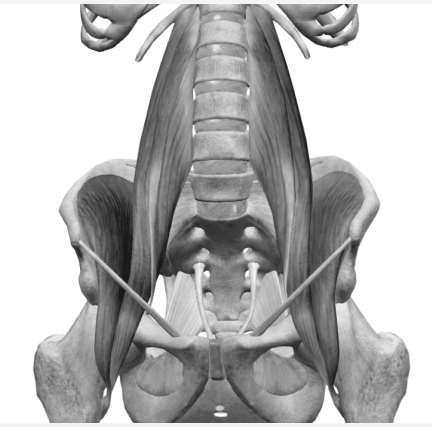
Psoas Tendinopathy Cheat Sheet

by Siffi (Siffi) via cheatography.com/122609/cs/27891/

Iliopsoas



- TVP of L1-L5, lateral surfaces of lx vertebra and intervertebral discs
- Iliacus - iliac fossa
- Lesser Tronchantar
- Hip flex and ext rot
- Bursa lies between ilipsoas musculotendinous junction and bony pelvis

A clicky Hip

- Consider muscular/tendinous causes if it happens everytime the hip moves
- Tightness of iliopsoas is the usual cause (rubbing of tendon over underlying bony landmarks - anterior capsule of femoral head, lesser trochanter, ilioectineal eminence and ASIS)
- Painless = asymptomatic internal snapping hip
- Painful = painful internal snapping hip, internal coxa saltans, iliopsoas tendinits, iliopsoas tendinosis, iliopsoas tendinopathy, bursitis, ilipsoas sydnrome
- External snapping hip should be considered too - iliotibial band/glut max tightness - rubs over GT
intraarticular snapping = loose bodies, labral tears, dislocation

Causes

- Irritation of tendon by injury (direct or eccentric contraction)/repetitive microtrauma (flex and ext rot)
- Dancers, jumpers, football, running, hurdling, gymnastics, rowing suspectable
- Adolescents (growth spurts - inflexability of the hip flexors)

Hx

- Palpable/audible snapping provoked by flex and ext of the hip
- Deep groin pain radiates to anterior hip/thigh
- Can have altered gait/weakness if chronic
- Lower back pain
- Difficulty standing straight

PE

- Hip in flex and ext rot and ant pelvic tilt (can be present in hip effusion - open packed position)
- Gait - shortened stride length and increased knee flexion
- TTP femoral triangle, lesser tronchanter
- Pain/limited PROM hip ext, AROM/RROM discomfort
- +ve Thomas test
- +ve ASLR
- Weakness/pain during ilipsoas strength test - look for patient rotating their body (core weakness)
- Assess for hip abductor weakness, LCS, spinal instabilty, dysfunctional breathing, foot hyperpronation

By **Siffi** (Siffi)
cheatography.com/siffi/

Not published yet.
Last updated 8th May, 2021.

DDx

- Colon cancer
- Diverticulitis
- Prostatitis
- Salpingitis
- Renal calculi
- Appendicitis
- Psoas abscess
- Tendon avulsion
- Muscle contusion
- Myotendinous strain
- Femoral bursitis
- Hip OA
- Lx disc

Imaging

- Not usually needed unless red flags (bony pathology, f#, avulsion, OA)
- Cause of anterior groin pain from GI, GU systems
- Rule out SCFE if child/adolescent
- US/MRI for bursitis/ iliopsoas tendinopathy

Management

- Exercise (hip flex & rotators - psoas inhibition, trunk curl, bum walk)
If abductor weakness/spinal instability consider single leg squats,monster walks, core strenghtening
- Reassurance and education
- Cross friction massage
- Acupuncture
- Laser therapy
- Ice
- Manipulation/mobilisation - LP and Lx
- STW iliopsoas
- Avoidance of prolonged hip flex (sitting)
- Orthotics for hyperpronators
- LL inequality
- Steroid injections and Sx if no better