



WesternOrthopaedics

HIP • KNEE • SHOULDERS

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Extra-Capsular Causes of Hip / Groin Pain

There are many causes of hip / groin pain. These can be divided into orthopaedic and non-orthopaedic causes. The non-orthopaedic causes can include hernias, scrotal / genital pathology, nerve entrapments and iliac fossa related pathology.

Orthopaedic causes can be divided into intra-capsular and extra-capsular causes. In this issue we will deal with extra-capsular causes and we will deal with intra-capsular causes in the next issue.

The extra-capsular causes can include the following:

Anterior	Lateral	Posterior
Internal snapping hip and psoas impingement	External snapping hip	Piriformis syndrome
Anteroinferior iliac spine impingement	Trochanteric bursitis	Hamstring tendinopathy

Internal Snapping Hip and Psoas Impingement: Deep seated groin pain with resisted flexion, straight leg raise, iliopsoas tenderness, sensation of snapping. MRA may show inflamed ilio-psoas tendon +/- labral tear at 3'Oclock. Injection around the tendon can be diagnostic and therapeutic. Treatment includes physiotherapy and surgical release.

AllS Impingement: "grinding sensation" in flexion and rotation of hip, and pain with athletic activity and prolonged hip flexion. Xrays show a low lying AllS, often a result of prior avulsion. Surgical decompression may be necessary.

External Snapping: caused by thickening of fibres of the iliotibial band. Can present as "dislocating hip". Diagnosed by ultrasound. Treatment is physiotherapy and if that fails, surgical release.



Trochanteric Bursitis: most common cause of lateral hip pain. NSAIDS, Corticosteroid injection, physiotherapy and finally surgical bursectomy.

Gluteus Medium Diseases: including tendinosis, partial tears and complete tears. MRI. Physiotherapy, surgical debridement or repair.

Piriformis Syndrome: sciatic nerve entrapment by piriformis >> buttock pain and radicular pain associated with hip flexion combined with ER or IR. Nerve conduction studies and MRI. Surgical release.

Hamstring Avulsion and Tendinopathy: acute is tear often traumatic (sports or a fall) whereas tendinopathy is chronic overload. Hip is forced into extreme flexion with knee extended. Painful to extend knee, +/- sciatica symptoms. MRI. Physiotherapy. For acute tears/avulsions in the young, athletes may require acute repairs.

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