

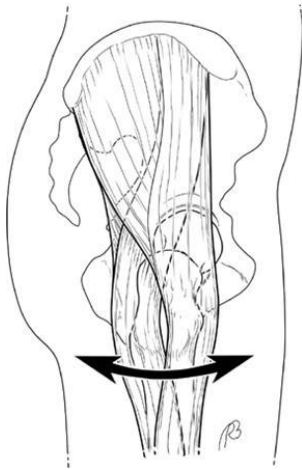
EXTERNAL SNAPPING HIP SYNDROME

DESCRIPTION

External snapping of the hip may be heard by the athlete, but more often can be seen by the athlete and others. Some patients feel as if it is there hip dislocating. External snapping hip is due to tendons of the side of the hip snapping over bony bumps (prominences). The iliotibial band that travels from the pelvis to the knee can snap over the greater trochanter (hip) causing irritation of the trochanteric bursa (a bursa that reduces friction between the iliotibial band and the greater trochanter). This type of snapping may or may not be painful, depending on whether the bursa is inflamed.

FREQUENT SIGNS AND SYMPTOMS

- Snapping of the hip, often without discomfort. This is felt on the outer part of the hip if the iliotibial band is the cause.
- Tenderness over the outer hip if the trochanteric bursa is inflamed
- Pain laying on the affected hip, if bursa is inflamed.



CAUSES

- May occur without any injury.
- Strain from sudden increase in amount or intensity of activity or overuse of the lower extremity.
- Repetitive motion (hip bending and straightening) may lead to inflammation of the tendon as it passes the bony prominences leading to thickening and scarring of the tendon and increases the snapping. It is associated with tight muscles and tendons.
- Iliotibial band inflammation may also be due to a direct blow to the outer hip.

RISK INCREASES WITH

- Contact or collision sports (football, hockey and soccer).
- Inadequate protection of exposed areas during contact or collision sports.
- Endurance sports (distance run, triathlon, race walk)
- Activities that require bending, lifting or climbing.
- Poor physical conditioning (strength/flexibility)
- Inadequate warm-up prior to practice or play
- Flat feet
- Compensation of other extremity injuries.

EXPECTED OUTCOME

Usually curable with time and appropriate treatment. Healing time varies, but usually averages 2 - 6 weeks.

POSSIBLE COMPLICATIONS

- Healing time will be prolonged if not appropriately treated or if not given adequate time to heal
- Chronically inflamed tendon causing persistent pain with activity that may progress to constant pain
- Recurrence of symptoms if return to activity is too soon, with overuse, direct blow, or poor technique.

GENERAL TREATMENT CONSIDERATIONS

Initial treatment consists of medication and ice to relieve the pain, stretching and strengthening exercises and modifying activities which cause symptoms. Specifically, stretching of the iliotibial band, and strengthening the gluteus medius muscles and core are key. These all can be carried out at home, though referral to a physical therapist or athletic trainer for further evaluation and treatment may be helpful. An orthotic (arch support) may be prescribed for those with flat feet. An injection of cortisone to the area where the tendon inserts into bone for iliotibial band inflammation may be helpful. Surgery to remove the inflamed tendon lining or degenerated tendon tissue and move the tendon is rarely needed and usually only considered after at least 6 months of conservative treatment.

MEDICATION

- Non-steroidal anti-inflammatory medications, such as aspirin and ibuprofen (do not take if surgery planned in 7 days or less), or other minor pain relievers, such as acetaminophen, are often recommended. Take these as directed by your physician. Contact him/her immediately if any bleeding, stomach upset or an allergic reaction occurs.
- Pain relievers are usually not prescribed for this condition. If your physician does prescribe pain medication, use only as directed.
- Cortisone injections reduce inflammation, and anesthetics temporarily relieve pain.

HEAT AND COLD:

- Cold is used to relieve pain and reduce inflammation. Cold should be applied for 10-15 minutes every 2-3 hours for inflammation and pain, and immediately after any activity which aggravates your symptoms. Use ice packs or an ice massage.
- Heat may be used prior to performing stretching and strengthening activities prescribed by your physician, physical therapist or athletic trainer. Use heat pack or a warm soak.

NOTIFY OUR OFFICE IF

- Symptoms get worse or do not improve in 2 weeks despite treatment
- New, unexplained symptoms develop. Drugs used in treatment may produce side-effects