

HIP DISLOCATION

DESCRIPTION

A serious hip injury in which adjoining bones in the hip are displaced so they no longer touch each other. Dislocations are often accompanied by fractures of bone, as well as injury to soft tissues, such as cartilage, tendons and ligaments. Temporary or permanent damage to bone, the blood supply to bone or to the nerves around the hip (sciatic nerve) makes immediate treatment necessary.

FREQUENT SIGNS AND SYMPTOMS

- Severe pain at the time of injury and when moving the hip
- Loss of hip function
- Inability to stand on affected leg
- Visible deformity if the dislocated bones have locked in the dislocated position. The leg may appear shortened and turned in (usually - with the most common type). Bones may spontaneously reposition themselves and leave no deformity, though the damage to the bone and soft tissues is the same.
- Tenderness, swelling and bruising of the hip
- Numbness or paralysis below the dislocation from pinching, cutting or pressure on the blood vessels or nerves

CAUSES

Most often due to a direct blow to a bent knee and hip. It may also be the result of a severe hip sprain. There may also be a congenital abnormality, such as a shallow or malformed joint surfaces

RISKS INCREASES WITH

- Participation in contact sports (football and hockey)
- Previous hip dislocation or sprain
- Repeated hip injury of any type
- Shallow hip socket (hip dysplasia)
- Femoroacetabular impingement (FAI)

EXPECTED OUTCOME

With appropriate reduction (repositioning of the joint) and treatment, complete healing of ligaments and soft tissues requires 3 months before returning to sports.

POSSIBLE COMPLICATIONS

- Associated fracture or joint cartilage injury due to the dislocation or the reduction (re-position) of the hip.
- Damage to nearby nerves or major blood vessels.
- Prolonged healing or recurrent dislocation if activity is resumed too soon
- Excessive bleeding within the hip
- Interrupted blood supply to the hip causing death of bone of the ball of the hip - this may not be apparent for up to 2 years following the injury
- Repeated hip dislocations (rare)
- Unstable or arthritic joint following repeated injury, delayed treatment, or interrupted blood to the hip causing death to bone.

GENERAL TREATMENT CONSIDERATIONS

After immediate reduction (repositioning of the bones of the joint) by trained personnel, treatment consists of ice and medications to relieve pain. Reduction may be performed without surgery, though surgery may be necessary to help relax the athlete enough to reduce the joint. Traction on the affected extremity may also be recommended for 2 - 7 days. Surgery may be needed to remove loose fragments of bone or cartilage caused by the dislocation or reduction that may be preventing complete and full reduction (this may be done arthroscopically or open). There may also be a fracture of the socket (acetabulum) that may require open surgery to put the bones in proper place and hold them with plates and screws. Crutches with partial or no weight bearing for up to 6 weeks may be recommended. Immobilization by casting or bracing for 6 weeks to 3 months may be recommended to protect the joint while the tissues heal. After immobilization, stretching and strengthening of the injured, stiff and weakened joint and surrounding muscles (due to the injury and the immobilization) is necessary. This may be done with or without the assistance of a physical therapist or athletic trainer.

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.
- Strong pain relievers may be prescribed as necessary. Use only as directed.

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:

- Pain, tenderness or swelling worsens despite treatment
- You experience pain, numbness, or coldness in the foot.
- Blue, gray or dusky color appears in the toenails
- Any of the following occur after surgery:
 - Signs of infection: Fever, increased pain, swelling, redness, drainage or bleeding in the surgical area.
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.