

HIP POINTER ***(ILIAC CREST CONTUSION)***

DESCRIPTION

Bruising of the skin and underlying tissues of the ilium, one of the bones of the pelvis. It is usually due to a direct blow. Contusions cause bleeding from ruptured small capillaries that allow blood to infiltrate muscles, tendons or other soft tissues. The ilium is relatively exposed with little soft tissue covering it. The bruise is usually superficial, though it may be deep within muscle.

FREQUENT SIGNS AND SYMPTOMS

- Swelling, pain and tenderness of the pelvis
- The pain is often worse the day after injury.
- Feeling of firmness when pressure is exerted at the injury site.
- Discoloration under the skin, beginning with redness and progressing to the characteristic ‘black and blue or purple’ bruise.
- Occasionally pain with walking or inability to walk

CAUSES

Direct blow to the pelvis, usually from collision with another player, the player’s equipment (helmet) or the playing surface (hockey sideboard or astroturf).

RISK INCREASES WITH

- Contact or collision sports, especially football, hockey and soccer.
- Inadequate protection of exposed areas during contact or collision sports.
- Bleeding disorder or use of anti-coagulants, aspirin or non-steroidal anti-inflammatory medications.

PREVENTIVE MEASURES

- Appropriate protective equipment and fit (thigh pads for football)
- Limit use of anti-coagulants, aspirin or non-steroidal anti-inflammatory medications

EXPECTED OUTCOME

Usually curable with time and appropriate treatment. Healing time varies, but usually averages 1 - 2 weeks.

POSSIBLE COMPLICATIONS

- Excessive bleeding leading to prolonged disability.
- Infection (uncommon)
- Hip stiffness
- Delayed healing or resolution of symptoms, particularly if return to activity is too soon.
- Bursitis

GENERAL TREATMENT CONSIDERATIONS

Initial treatment consists of medication, ice and compressive strapping to relieve pain and reduce swelling. Heat, massage, non-steroidal anti-inflammatory medicines and vigorous physical therapy are usually delayed for at least 48 hours. Stretching of the hip and modification of activities to allow the bruised area to heal. Referral to a physical therapist or athletic trainer may be advised for further evaluation and treatment. For return to play, often a special pad cut to protect the pelvis and reducing pressure over the injured area may be attempted. Rarely, surgery or aspiration (removal with a syringe and needle) is recommended to remove the clotted blood.

MEDICATION

- Non-steroidal anti-inflammatory medications, such as aspirin and ibuprofen (do not take for the first 3 days after injury or 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.
- Topical ointments may be of benefit.
- Pain relievers may be prescribed as necessary by your physician. Use only as directed and only as much as you need.
- Injections of corticosteroids may be given to reduce inflammation, though not usually for acute injuries.

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