STANFORD
SCHOOL OF MEDICINE
Stanford University Medical Center

DEPARTMENT OF ORTHOPEDIC SURGERY
SPORTS MEDICINE
Marc R. Safran, MD
Professor, Orthopaedic Surgery
Chief, Division of Sports Medicine

INTERNAL SNAPPING HIP SYNDROME

DESCRIPTION

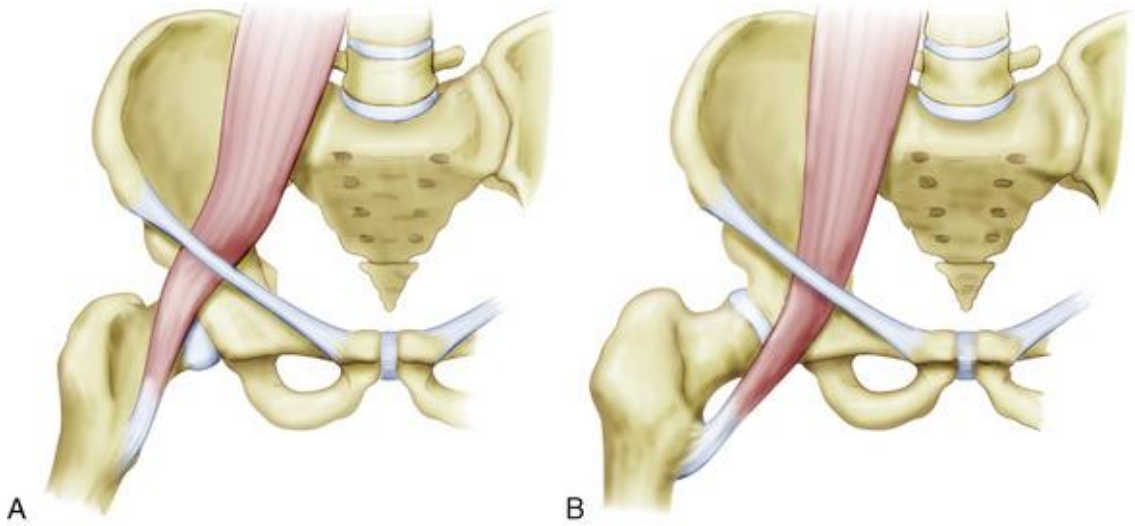
Snapping of the hip that can be heard by the athlete, and often others, that may be due to the iliopsoas tendon where it attaches to the hip or it may catch over a bony bump (iliopectineal eminence). Other causes include loose pieces of bone or cartilage within the hip joint and a hamstring tendon (biceps femoris) snapping over the ischial tuberosity (bony bump of the buttocks).

FREQUENT SIGNS AND SYMPTOMS

- Snapping of the hip, often without discomfort. This pain and snapping will be felt in the groin or front of the hip if the iliopsoas muscle is the cause.
- Pain with resisted hip flexion
- Pain sitting for long period of time

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.



RISK INCREASES WITH

- Activities that require bending, lifting or climbing.
- Poor physical conditioning (strength/flexibility)
- Inadequate warm-up prior to practice or play
- Lower extremity alignment where your knees point toward each other while your feet are straight ahead.
- Hip Instability
- Shallow hip socket (hip dysplasia)

450 Broadway, M/C 6342, Redwood City, Stanford, CA 94063
Office: 650.721.7779

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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 iliopsoas tendon, and strengthening of this muscle-tendon unit and core are of particular importance. 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 injection of cortisone into the iliopsoas bursa may help confirm the diagnosis and reduce the inflammation to perform the rehabilitation. Uncommonly, surgery to lengthen the iliopsoas tendon may be needed for those that have persistent pain 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

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