

**Re-attendance at ED is suggested if you notice any of the following** – worsening pain, difficulty weight-bearing, falls, a hot and swollen joint, feeling unwell/feverish with worsening hip pain, unexplained weight loss with hip pain or severe pain at night or when lying. It is very important that **children/adolescents with persisting/ worsening hip and or knee pain** with or without difficulty on weight-bearing also re-attend.

#### **Further information resources**

Versus arthritis – hip pain <https://www.versusarthritis.org/news/2019/may/ways-to-help-manage-hip-pain/>

CSP “Managing your hip pain” <https://www.csp.org.uk/conditions/managing-pain-home/managing-your-hip-pain>

### **Early Management of Hip Injury and Pain A Patient Information Guide**

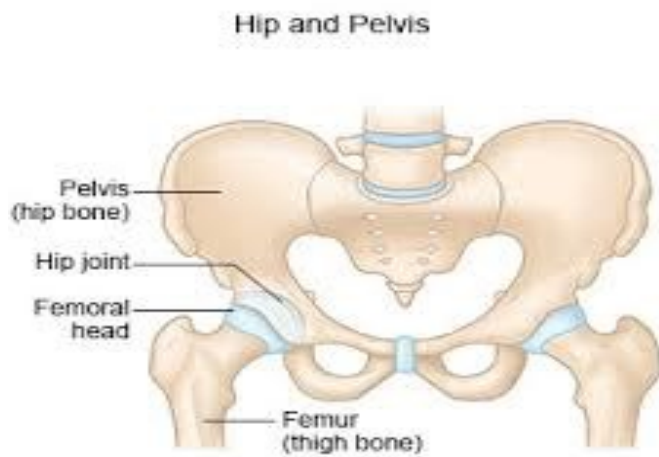


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## Structure of the Hip and Pelvis



The Hip joint is a ball and socket joint which joins the leg to the pelvis. It is a very flexible joint providing lots of movement. There are muscles which cross the hip joint and pelvis providing us with the strength to move/stand.

**Driving** – you need to be able to safely do an emergency stop before a return to driving.

**Optimism** – remember to keep a positive outlook, research shows that this can reduce pain levels and assist recovery.

**Further treatment** – if you do not notice an improvement in your pain levels liaise with the First Contact Physiotherapy Practitioner in your GP practice/with your GP directly/or by contacting a Chartered Physiotherapist.

**Sleeping** – try to avoid lying on the painful side. One possible suggestion would be to lie on the good side if possible with your hips and knees gently bent . Having a pillow between your knees can be more comfortable.

**Getting in and out of car/bed** –try to keep the legs together. Once again having something between your knees e.g. a cushion can make these manoeuvres easier. Crossing your legs can often increase hip pain and should be avoided.

**Sport** – you should avoid returning to sport until you are pain-free on walking and until you have regained good pain-free movement of your hip. Perhaps consider starting with unloaded exercise like the use of a bike or exercising in the pool before gradually progressing to loaded exercise e.g. running/football etc. You should ensure some practice/training with all aspects of your sport e.g. running/kicking/jumping/turning/tackling before return to full participation.

## Symptoms of Hip pain

Patients with hip pain can complain of **discomfort in a number of regions**. The most common areas of discomfort are in the groin region, the outer aspect of the hip and the front of the thigh. Other areas that can be troubled are the buttock, the low back and occasionally the knee.

As well as pain, patients can also report difficulties with movements for instance climbing stairs, getting in and out of cars or turning in bed. Walking and sporting activities can be significantly limited. It is hoped that this guide will help you begin your recovery.

## Causes of Hip Pain

**Strain/Overuse** – in this case the typical structures affected are muscles and tendons. Sometimes they can be over-worked or overstretched .

**Trauma** – a fall/bang can result in pain and bruising.

**Degenerative Change** – all of us will have some wear in our joints as we age.

Occasionally, when we overdo things the result can be pain. Developing stiffness in a joint can also lead to pain.

**Hip Impingement** – sometimes slight structural defects at the ball or socket can cause pain on particular movements. This is called impingement.

**Greater Trochanter Pain Syndrome** – this is term is sometimes given to conditions which cause pain in the outer buttock and the bony point at the top of our thigh.

**Ice/Heat** – in the initial 24 hours after injury/onset of pain, an ice pack (e.g. a bag of frozen peas wrapped in a damp towel applied for 10 minutes every 2-3 hours) can be helpful for pain. Approximately 3 days after injury, taking a warm shower or bath can be useful particularly before you do the exercises.

**Reducing the strain** – in most cases a slight reduction in activity levels for a few days is sufficient to help your pain. If pain is severe on weight-bearing, consider walking with the assistance of crutches or the use of a stick. These should be only be used until pain levels reduce . If using a stick, it is better to carry this in the opposite hand from your hip pain. You should **avoid prolonged rest** this can lead to stiffness and increased pain.

**Work** – remember you do not have to be pain-free to stay at/return to work. For jobs mainly involve sitting, try to get up regularly and move around to prevent stiffness. For jobs that involve long periods on your feet/heavy work and pushing/pulling movements, it may be useful to liaise with your employer to see if any minor adjustments can be made until your condition improves.



**Exercise 5** – Lying on your back with your knee and hip bent , use your hands to draw your leg towards you. **Do not try to over-stretch** in this position. **Do not do this if you have a Hip Replacement.**



**Exercise 6** – Lying on your back on floor/bed try to lift your leg upwards approximately 3-4inches hold for 1-2 seconds initially and lower gently.

#### **Other Advice to assist your recovery**

**Medication** (pain relief/ anti-inflammatory medication) – liaise with your Community Pharmacist/GP. This can reduce your discomfort and assist return to functional activity.

**Childhood/Adolescent Hip pain** – there are some hip joint problems that can develop in younger patients. Your child may be assessed for these.

**Pregnancy related pelvic pain** (this should be discussed with your midwife who may liaise with our physiotherapists who have specific experience with these patients).

Other causes of hip pain- **Hip fracture/Pelvic Fracture/Gynaecological issues/hernia**. These require **further medical assessment** and the advice in this booklet is **not applicable** for these patients.

**Hip Exercises** – these can help your movement and strength. Try each exercise 5 times and do this 3 times a day if possible. If possible try to add an extra repetition of each exercise on a daily basis. It is normal to have slight discomfort with these but they should not cause severe pain. If this is the case, reduce the number of exercises you are doing or avoid the exercise which is particularly painful.



**Exercise 1** – Hip Flexion - in standing, hold onto a wall/doorframe and lift your affected leg upwards with a bent knee and return.

**Exercise 2** – using a chair or wall move your affected leg backwards and return (try to avoid bending forward at the trunk)



**Exercise 3** – using a chair or wall move your affected leg outwards and return.



**Exercise 4** – using a bench for support, bend your knees slightly and then return to straightened position.

