

Hip and Femur Injuries

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Objectives

- History
- Examination
- Initial management/treatment
- Investigations
- Possible diagnosis
- Disposal
- Adjuncts

History

- Mechanism of injury
- Immediate events
- Subsequent events
- PMH
- DH
- Social history

Examination

- Appearance
 - Comfortable
 - Distress
 - Pain
- Look (at affected part)
- Feel
- Move
- Examine the joint above
- Walk

“Move the hip”

- Ball and socket joint
- Abduction - 50°
- Adduction - 30°
- Flexion - 110°
- Extension - 30°
- External rotation - 45°
- Internal rotation - 45°

Initial management/treatment

ANALGESIA

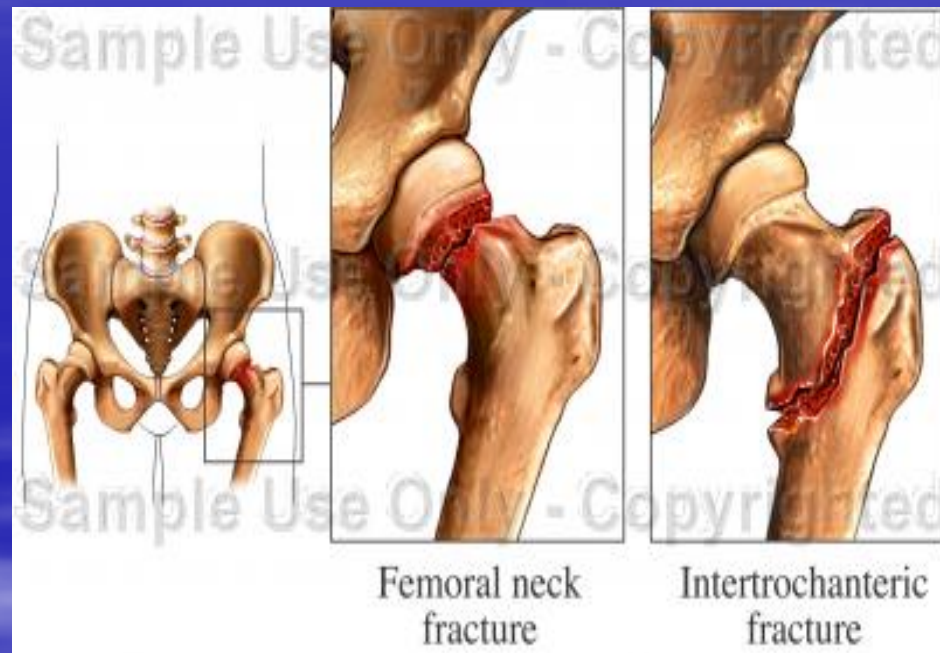
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Investigations

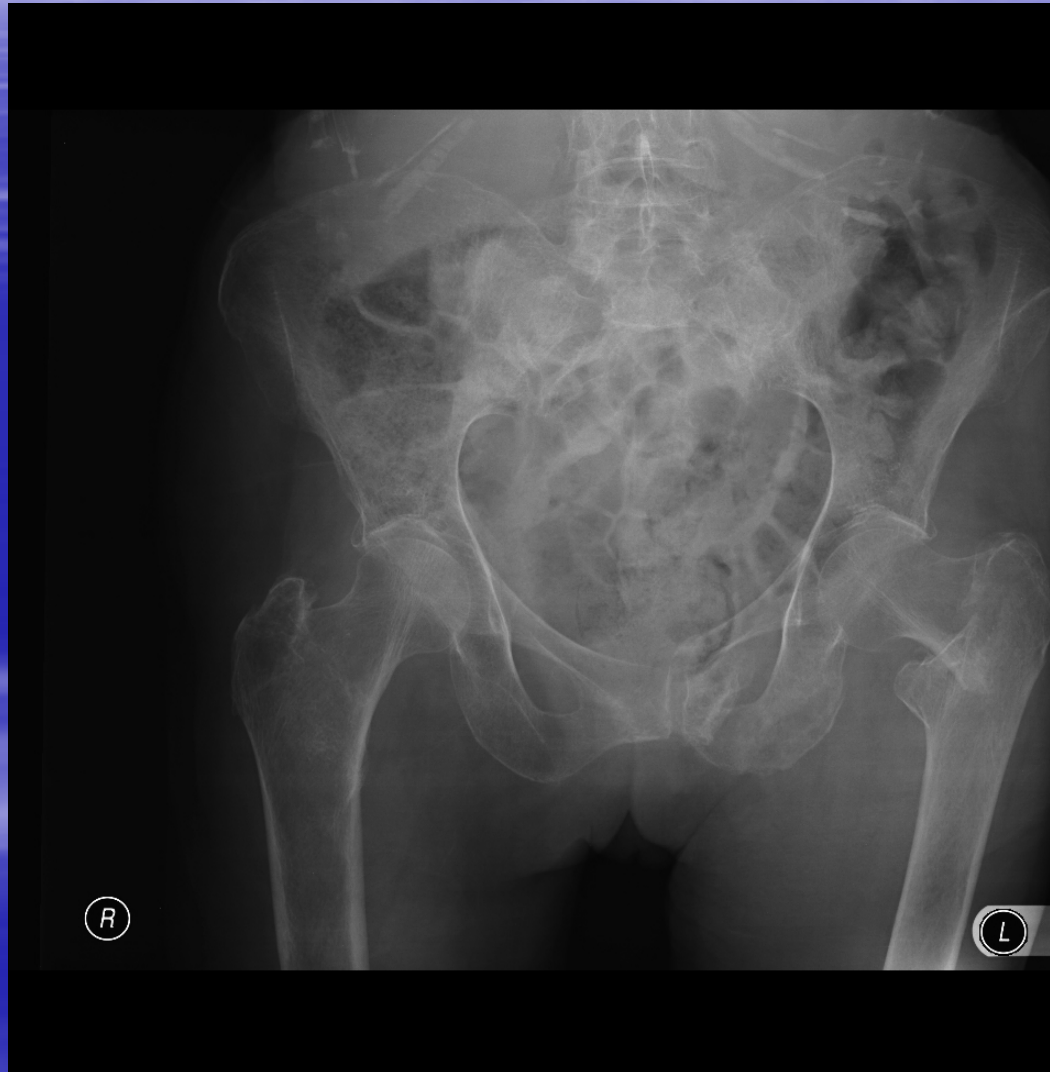
- Xrays (*but not everyone*)
- “one view is one too few”
- Who do you Xray?
- CXR

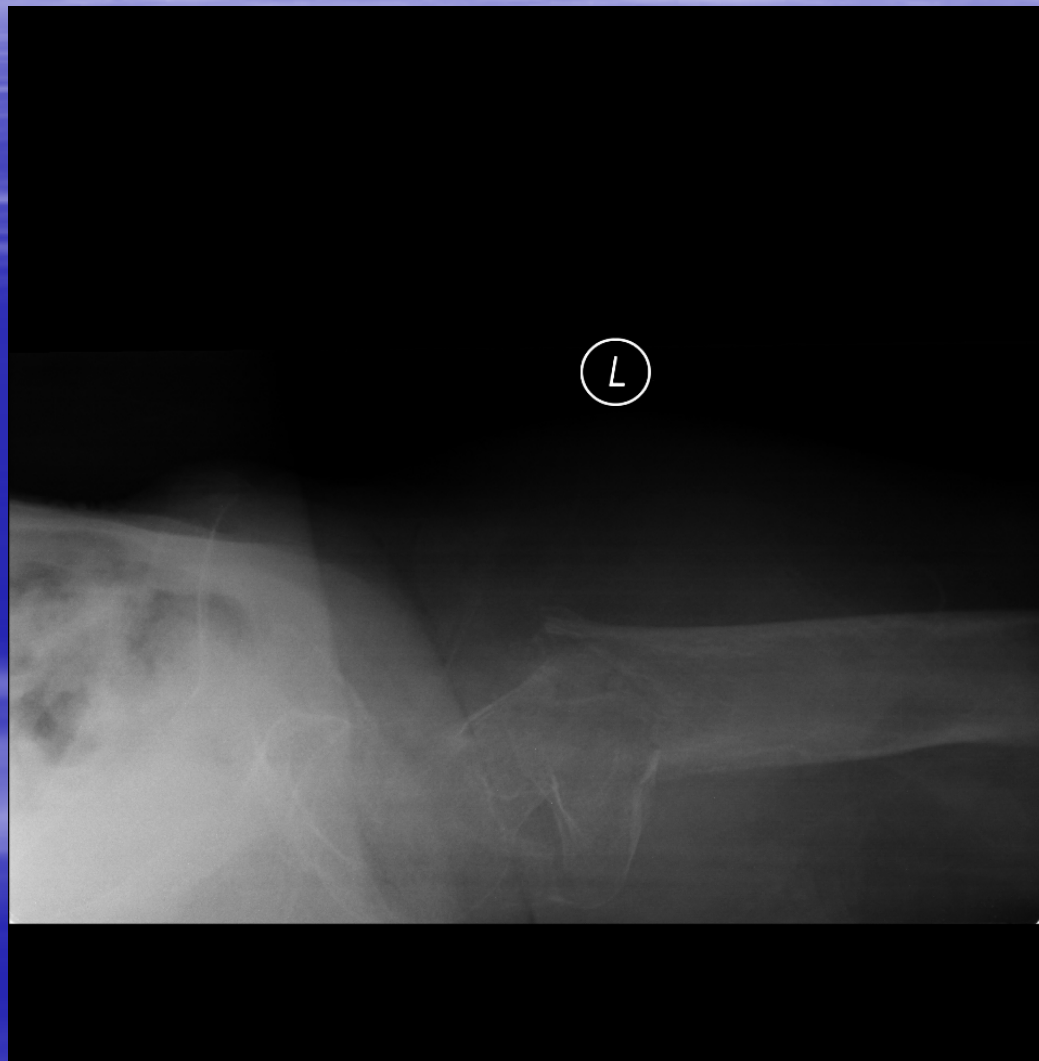
Possible Diagnosis

- Hip #
 - Intracapsular
 - Subcapital
 - Transcervical
 - Extracapsular
 - Inter-trochanteric

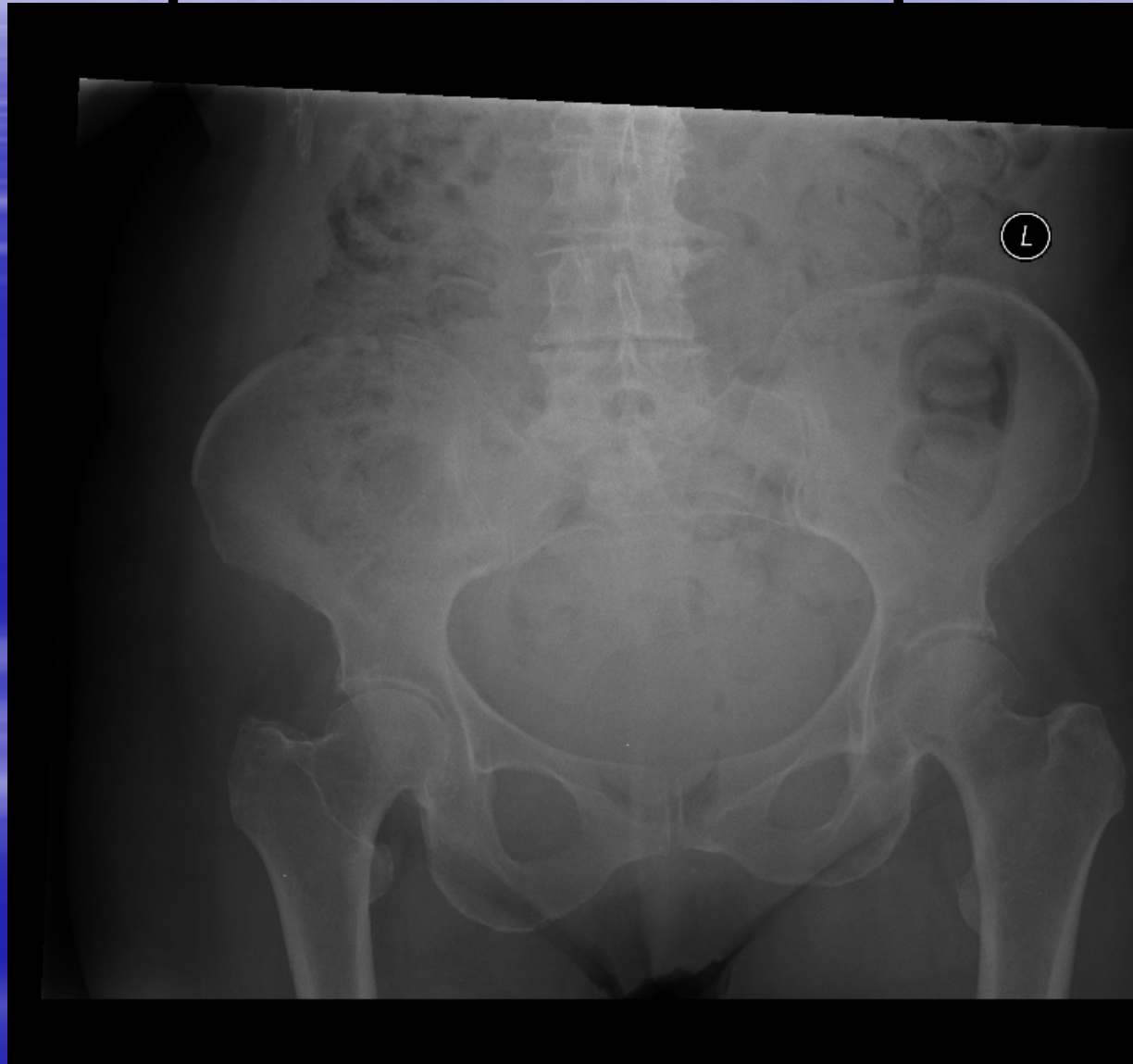


Intertrochanteric



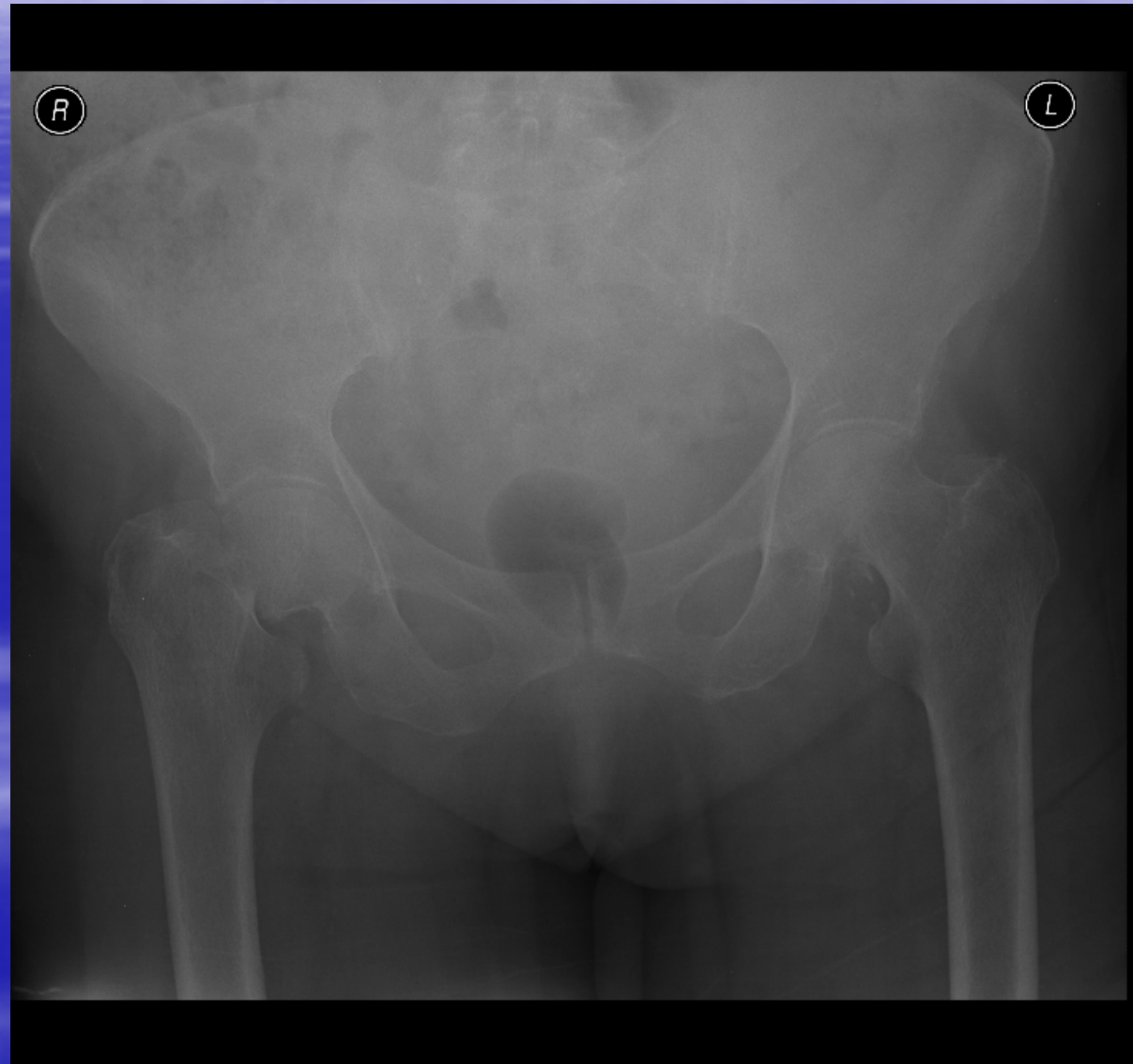


Compressed Subcapital

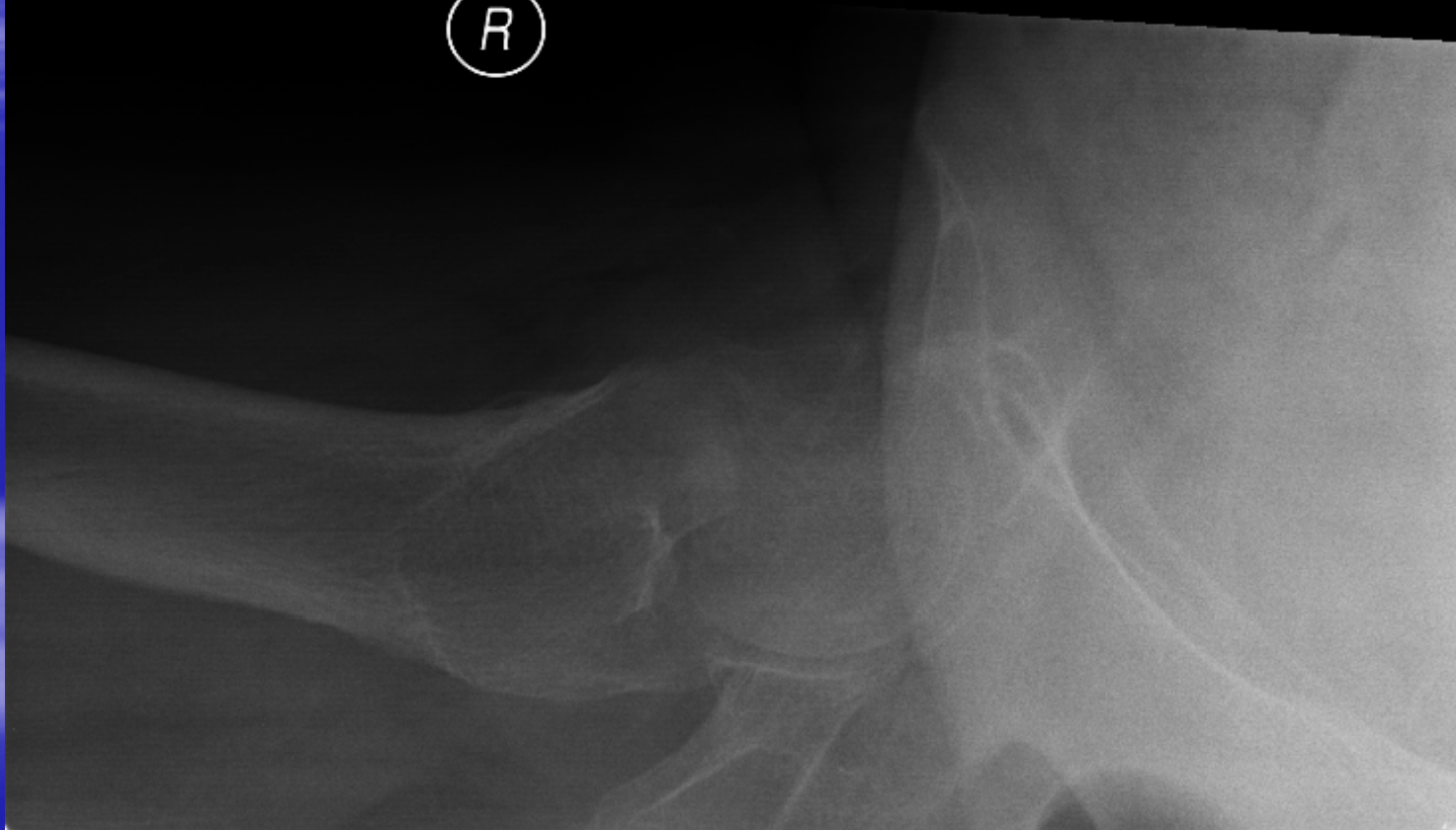




Transcervical



(R)



Fast Tracking

- SIGN
- Analgesia
- IVI with fluids
- “routine bloods”
- ECG
- Basic clerking

Possible diagnosis

- No hip #
 - What now?
 - Look for other pathology
- Problem with prosthesis
- Dislocated hip
- Pelvic #

Non traumatic hip pain

- Referred pain – back, abdomen, pelvis
- SOFTER
 - Sepsis
 - Osteoarthritis
 - Fractures
 - Tendon, muscle, deep bursa
 - Adductor tendinitis, rupture biceps femoris, trochanteric bursitis
 - Epiphyseal and childhood problems
 - Referred pain and neural compression
- Pelvic secondaries, ischaemia of buttocks, reiter's disease, Paget's disease

Possible diagnosis

- Thigh
- Direct blow
 - Quadriceps haematoma
 - Normal hip movement, reduced flexion of knee
 - Myositis ossificans
- Muscle tear
- Quadriceps rupture
 - Unable to straight leg raise

Myositis ossificans

Figures 1: Courtesy of Christopher M. Larson, MD



FIGURE 1. A plain radiograph of a 21-year-old woman who sustained a thigh injury during a soccer game reveals myositis ossificans (arrow) that resulted from a quadriceps contusion.

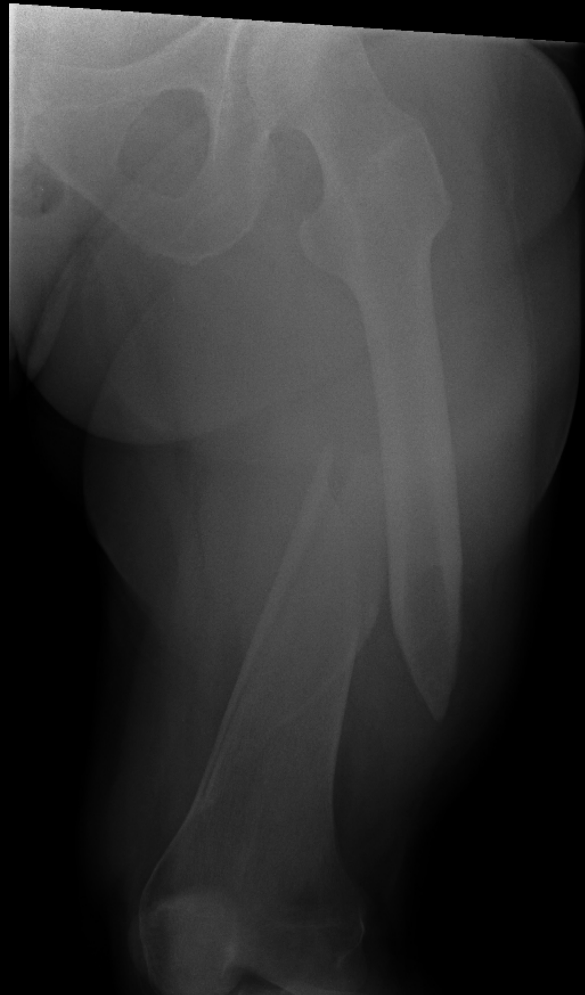
Possible diagnosis

- Femoral #
- Femoral nerve block



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DoB: 12/02/1941
Date: 16/04/2005
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Inst.: HAIRMYRES HOSPITAL
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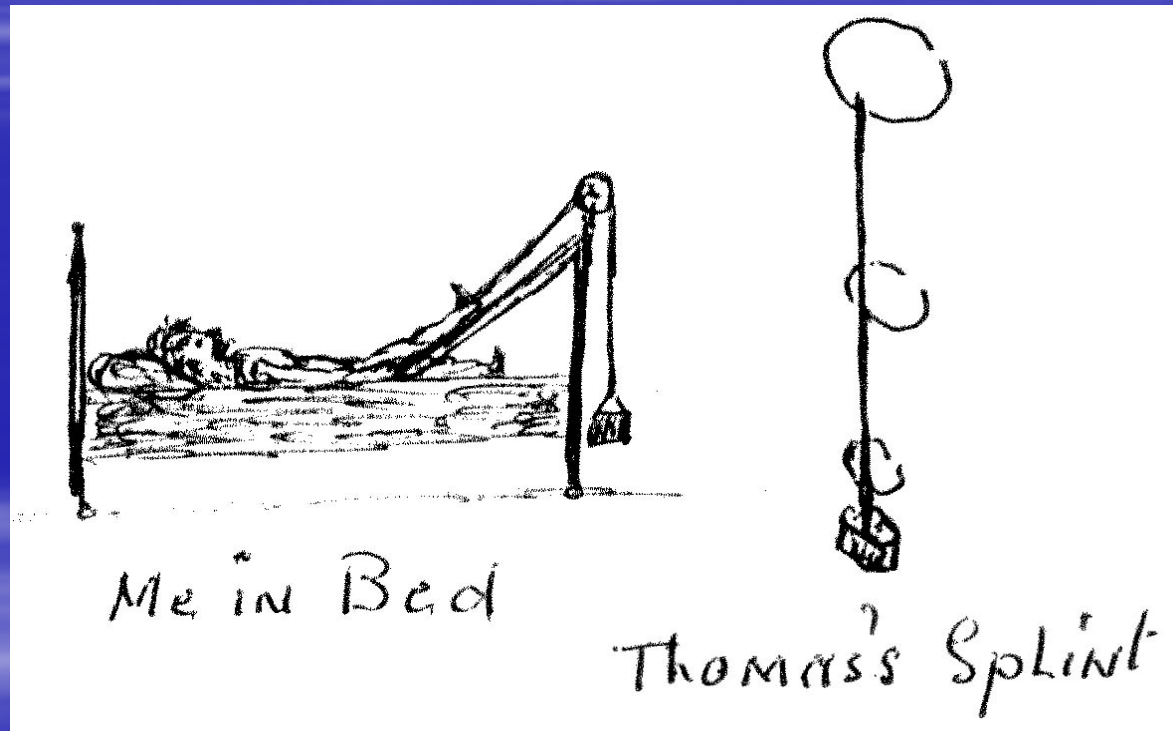
Mark On Film:

WV : 04095
C : 02050

Spiral



Thomas Splint



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Adjuncts

- Rapid Response Team
- Physiotherapy
- Analgesia
- Crutches
- Exercises/Advice
- Time scale

Summary

- Good history
- Good examination
- ANALGESIA
- Thoughtful Xray use
- Initial diagnosis
- Correct disposal
- Good use of adjuncts