Hip and Femur Injuries
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
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 #
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

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
Thomas Splint
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