Hip and Spine Conditions
How to Differentiate Between Them?

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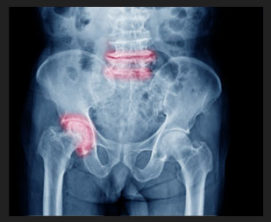

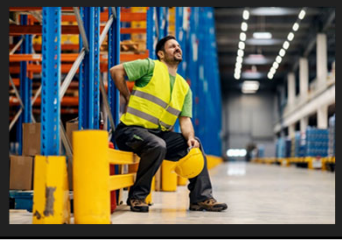

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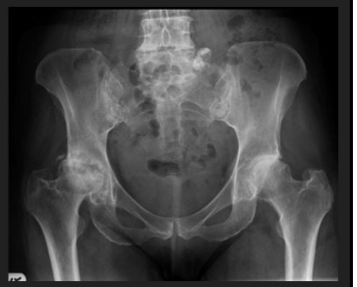
Clinical Challenge

- Patient presents with abnormal gait
- Has lower back and buttock pain with radiating symptoms into thigh



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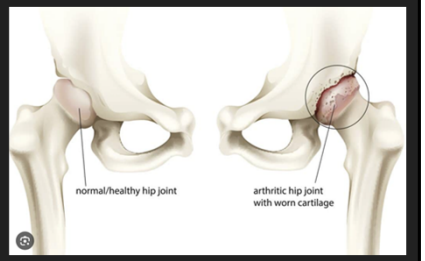
Hip Pathology

- Mostly groin and buttock pain
- Can radiate along anterior thigh down to knee
- Difficulty with getting up from a seated position
- Hard to put on socks and shoes
- Difficult to get in and out of car
- Gait with compensation for the hip



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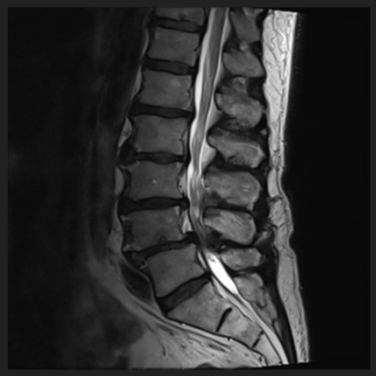
Lumbar Pathology

- Lower back and buttock pain
- Pain radiates down the lower extremity, goes even past the knee
- Difficulty with walking
  - Need to lean forward on a shopping cart or sit/lie down
  - Numbness and tingling sensation



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How to differentiate between the two conditions

- History
  - Groin pain
  - Does it go below the knee?
  - What makes the pain better and worse?
- Physical exam
  - Look at the gait pattern
  - Hip examination
    - Hip flexion with internal and external rotation maneuver
  - Lumbar examination
    - Neurological exam
    - Straight leg raise testing
- Imaging
- Diagnostic Injections

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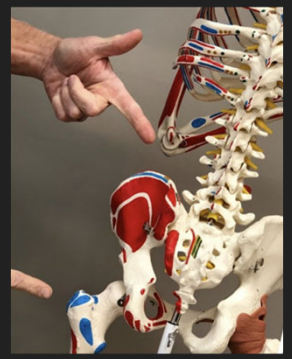
Which problem do you fix first?

- Look at overall patient alignment
- Literature suggests correcting the lumbar pathology first if both are symptomatic
  - Lower chance of dislocation of total hip replacement if lumbar spine if fixed first



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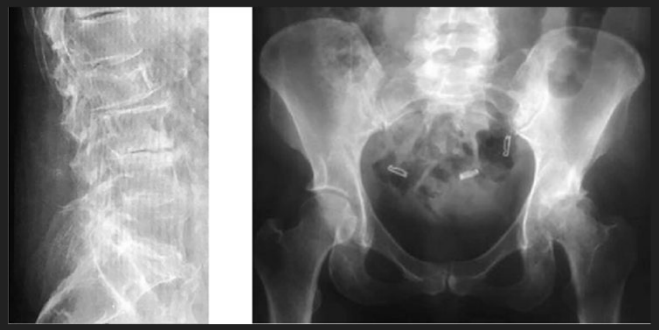
Case Studies



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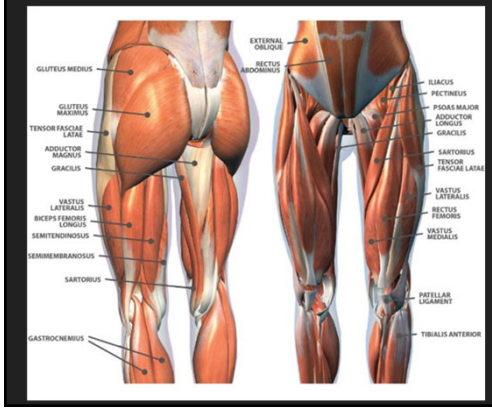
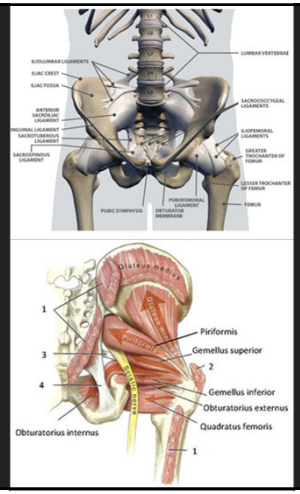
Why is it so difficult with the hip…





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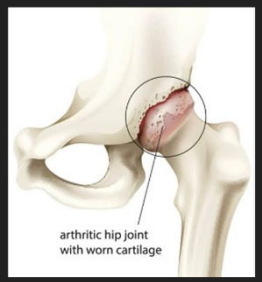
Becoming More Common - Aggravation of DJD/OA

Why is this a challenging situation

- Aging work force
- DJD / OA being seen at earlier ages
- DJD / OA can be completely asymptomatic
- Overlap with “soft tissue” pain, contusion or bursitis
- For symptomatic - younger patients having Replacements than ever before
  - Better technologies / implants
  - Better techniques
  - Rapid recovery protocols



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Clinical Case

- 60M
- Same job for 30+ years, no history of hip pain or treatment.
- Injury sustained – felt “pop” moving boxes from top shelf to bottom and pain more in his buttocks than anywhere else R> L.
- Spine Eval: L5-S1 herniation with radiculopathy more symptomatic on examination of LLE than RLE. Eventually found to have - groin pain & limited motion with flex+IR that aggravated his buttock pain
- Xrays showed significant bilateral hip DJD.
- Could not control pain with typical protocol, RICE, activity modifications, NSAIDs, extensive PT.
  - Did not seem to be spine related, more likely hip.
- Referral to me for hip, still painful 6 months later

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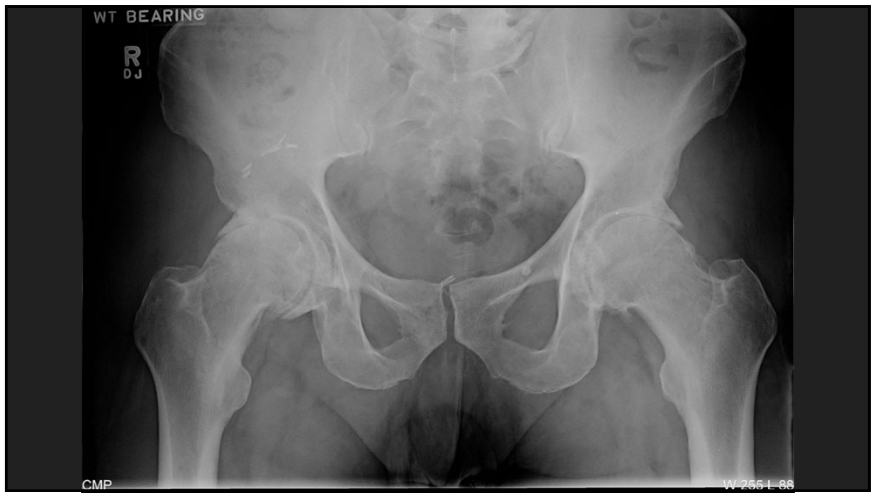

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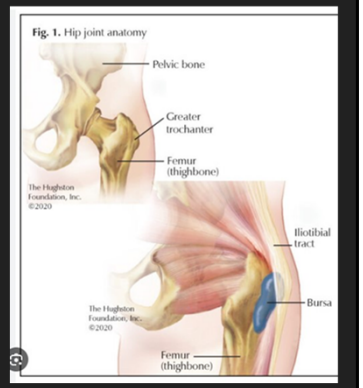
Treatment algorithm

- Discussion:
  - Did injury cause his DJD?
  - Did injury accelerate the time to treatment?
  - Overlap with other conditions (example: Bursitis)?
  - What are my goals or this patient?

A lot of options and potential options for treatment

- Manage the symptoms or “Fix” the underlying issue
- Symptom management attempted first
  - “RICE” (rest, ice, compression, elevation)
  - Heat therapy
  - Tylenol/NSAIDs
  - Activity modifications
  - Walking aids
  - PT
  - Injection(s)
- If fails, then surgery



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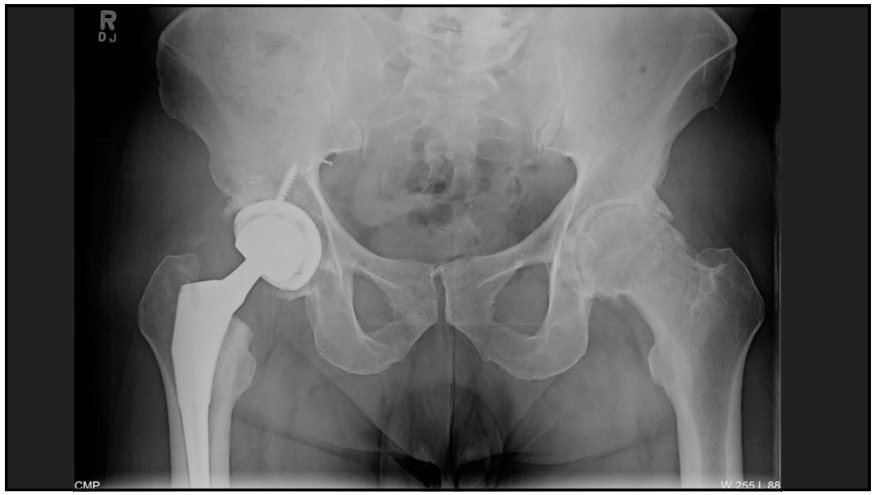

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Thank You

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