

Case 6:

Background: Robert is a 55-year-old male who works as a long-haul truck driver. His job involves prolonged periods of sitting and occasional heavy lifting when loading and unloading cargo. Robert is divorced, has two adult children, and lives alone in a mobile home.

Suffering: Robert's primary complaint is bilateral hip pain, which has been gradually worsening over the past 6 months. He rates the pain as 7/10 on the Numeric Rating Scale (NRS) after long drives and when getting in and out of his truck. The pain is located in both hip joints, slightly worse on the right side.

Reports: Robert reports difficulty with prolonged sitting during his long drives and experiences increased pain when climbing in and out of his truck cab. He also notes stiffness and pain when getting out of bed in the morning and after periods of inactivity. The pain has begun to affect his sleep quality and his ability to perform his job effectively.

Report Details: The pain is described as a deep ache in both hips, becoming sharp with certain movements, particularly internal rotation and flexion of the hips. Robert notes that the pain worsens with prolonged sitting, standing from a seated position, and walking long distances. He finds some relief through shifting positions frequently and taking short walks during his mandated breaks. Robert mentions a "grinding" sensation in his right hip with certain movements.

Historical Data: Robert has a history of lower back pain, which he manages with over-the-counter pain medication and occasional chiropractic treatments. He suffered a minor right ankle fracture 15 years ago, which healed without complications. Robert has type 2 diabetes, controlled with medication and diet. He is a former smoker who quit 3 years ago and drinks alcohol occasionally.

Correct Approach: A comprehensive assessment should begin with a detailed subjective examination, followed by an objective examination. This should include hip and lumbar spine range of motion testing, strength testing of the lower extremity muscles, and special tests for hip osteoarthritis and labral pathologies. The physiotherapist should perform palpation of the hip joints and surrounding structures, conduct a gait analysis, and carry out functional movement screening. Assessment of the lumbar spine should also be included to rule out referred pain or contributing factors.

Diagnosis: The primary diagnosis based on the presented information is likely bilateral hip osteoarthritis, with the right side potentially more advanced. Secondary diagnoses to consider include lumbar spine degenerative changes and possible right hip labral tear. These diagnoses would need to be confirmed through the physical examination and possibly imaging studies if deemed necessary.

