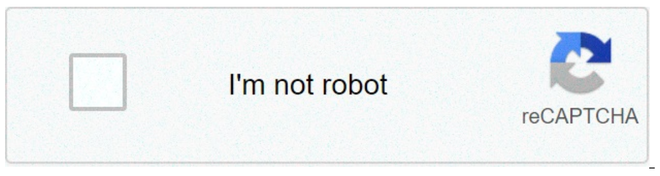

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Physiotherapy for labral tear hip

A hip labral tear occurs where there is damage to the labrum within the hip joint. The hip joint is where the thigh bone (femur) meets the pelvis (Ilium). It is described as a ball-and-socket joint. This design allows the hip to move in several directions. The bony socket is surrounded by a ring of cartilage called the labrum. The labrum provides additional stability to the hip joint. A labral tear results when a part of the labrum separates or is pulled away from the socket. Most often, a labral tear is the result of repetitive trauma to the hip, either due to running or repeated twisting and cutting. The consequences of repetitive stress can be magnified in a hip with bony abnormalities. Hip impingement is a condition involving abnormal bony contact between the ball and socket. As the hip is moved into specific positions, this bony contact occurs, placing increased stress on the labrum. (See “A Physical Therapist’s Guide to Hip-Impingement.”) Bony abnormalities in the hip joint (hip impingement) Hip muscle tightness Hip muscle weakness Improper technique with repetitive activities Participation in sports that require distance running, or repetitive twisting and cutting Once torn, the labral tissue in the hip does not have the ability to heal on its own. There are surgical procedures to remove or repair torn labral tissue; however, treatment for a labral tear often begins with a course of physical therapy. Nonsurgical treatment efforts are focused on addressing symptoms by maximizing the strength and mobility of the hip to minimizing the stress placed on the injured area. In certain cases, patients are able to achieve a satisfactory level of activity without surgery. Surgical interventions are available to clean out the hip joint, and repair or reconstruct the torn labral tissue. Following surgery, patients will complete several months of physical therapy to regain function of the hip. Pain in the front of the hip or in the groin resulting from a hip labral tear, can cause an individual to have limited ability to stand, walk, climb stairs, squat, or participate in recreational activities. You may experience: A deep ache in the front of your hip or groin, often described by the “C sign.” (People make a “C” with the thumb and hand, and place it on the fold at the front and side of the hip to locate their pain.) Painful clicking or “catching” with hip movements. This creates the feeling of something painful stuck in the hip or blocking hip motion. Pain that increases with prolonged sitting or walking. A sharp pain in the hip or groin when squatting. Pain that comes on gradually rather than with 1 specific episode. Weakness in the muscles surrounding the hip. Stiffness in the hip. Your physical therapist will review your medical history and complete a thorough examination of your hip, and possibly your lower back and knee. The goals of the initial examination are to assess the degree of the injury, and determine the cause and contributing factors to it. A hip labral tear may be the result of a single injury, but most likely is a condition that develops as a consequence of repetitive irritation in the hip. Your physical therapist will assess the mobility and strength of your hip, and may watch you walk, step onto a stair, squat, or balance on 1 leg. Your physical therapist will also gently touch the front, side, and back of your hip to determine exactly where it is most painful. Your physical therapist may also ask questions regarding your daily activities—most importantly, activities that aggravate and relieve your symptoms. Your physical therapist will also ask about your exercise regimens and footwear, to identify other possible contributing factors to your pain. Your physical therapist may also refer you to an orthopedic physician who specializes in hip injuries for diagnostic imaging (i.e., x-ray, MRI). An x-ray helps to identify any bony abnormalities, such as hip impingement that may be contributing to your pain. An MRI helps to identify a labral tear. When you have been diagnosed with a hip labral tear, your physical therapist will work with you to develop a plan to help achieve your specific goals. To do so, your physical therapist will select treatment strategies in any or all of the following areas: Pain management. Many pain-relief strategies may be implemented; the most beneficial with hip pain is to apply ice to the area and decrease or eliminate specific activities for a certain length of time. Your physical therapist will help to identify specific movements or activities that continue to aggravate the inside of your hip joint. Your physical therapist then will design an individual treatment plan for you, beginning with a period of rest, and gradually adding a return to certain activities as appropriate. Movement re-education. Your back and hip may be moving improperly, causing increased tension at the hip joint. Self-stretching techniques may be applied to the lower body to decrease tension and help restore normal motion in the back, hip, and leg. There are, however, certain hip motions to avoid following an injury to the hip labrum. Your physical therapist will carefully prescribe exercises that improve your range of motion, while protecting the area that has the labral tear. Manual therapy. Your therapist may apply hands-on treatments to gently move your muscles and joints to decrease your pain and improve motion and strength. These techniques often address areas that are difficult to treat on your own. Muscle strengthening. Muscular weaknesses or imbalances can be the cause or the result of hip pain. Based on your specific condition, your physical therapist will design a safe, individualized, progressive resistance program for you, likely including your core (midsection) and lower extremity. You may begin by performing strengthening exercises lying on a table, for example, lifting your leg up while lying in different positions. You then may advance to doing exercises in a standing position, for example, stepping on and off a raised platform. Your physical therapist will choose what exercises are right for you. Functional training. Once your pain, strength, and motion improve, you will be able to safely transition back into more demanding activities. To minimize tension on the hip, it is important to teach your body safe, controlled movements. Based on your own unique movement assessment and goals, your physical therapist will create a series of activities to help you learn how to use and move your body correctly and safely. Your physical therapist will also discuss specific positions and activities that should be avoided or modified to protect your hip. Education. Your physical therapist will work with you to identify and change any external factors causing your pain, such as exercise selection, footwear, or the amount of exercises you complete. Your physical therapist will develop a personal exercise program to help you return to your desired activities. Maintaining appropriate lower-extremity mobility and muscular strength are the best methods for preventing a hip labral tear. Unfortunately, the way the hip and pelvis bones of some individuals are structured, the risk of sustaining a labral injury can increase. It is imperative to be aware of any hip pain that you experience, particularly with sitting and squatting, as these are signs of a potential hip injury. Identifying and addressing these injuries early is helpful in their treatment. Erin is a 27-year-old accountant who is training for an upcoming half-marathon. She runs 5 days a week and also enjoys performing weight training and strengthening exercises 2 to 3 days a week. Over the past 2 weeks, Erin has begun to experience an achy pain in the front of her right hip. Her pain is worse after running, and while sitting in her car and at her desk. She also experiences occasional “catching” in her hip when reaching forward to pick up her 1-year-old daughter. Erin is concerned about the pain she feels between runs and her inability to sit without discomfort. She is worried about her ability to perform daily activities, care for her daughter, and train for her upcoming race. She consults her physical therapist. Erin’s physical therapist conducts a comprehensive assessment of her motion, strength, balance, movement, and running mechanics; he gently touches the front, side, and back of her hip to determine the precise location of her pain. Erin describes her typical daily running routine, her stretching routine, and her footwear. Based on these findings, her physical therapist suspects an injury to her labrum within her hip joint. Because Erin’s hip is so tender, he refers her to an orthopedic surgeon. The surgeon confirms the diagnosis of a hip labral tear. Erin and her surgeon discuss treatment options and decide her best next step is a 2-month period of physical therapy. Erin and her physical therapist work together to establish short- and long-term goals and identify immediate treatment priorities, including icing and activity modification to decrease her pain as well as gentle hip-strengthening exercises. Her physical therapist also teaches her a home exercise program to perform daily to help speed her recovery. Together, they outline a 4-week rehabilitation program. Erin sees her physical therapist 1 to 2 times each week; he assesses her progress, performs manual therapy techniques, and advances her exercise program as appropriate. He advises her on exercise and activity modifications that will enhance her recovery. Erin maintains her daily exercise routine at home. After 6 weeks, Erin’s hip no longer “catches” when she bends forward, and she only experiences periodic mild discomfort when sitting or running. On the day of the half-marathon, Erin runs pain free—and crosses the finish line in a personal best time! The patients with a hip tears have successful outcomes with physical therapy and rehabilitation treatment at Bellaire Physical Therapy “Bellaire PT”. Located in the bellaire neighborhood of Houston TX. Call us at 832-588-3552, email our office manager at tova@bellairept.com or complete the online form Here. What are Labral Tears? If you are experiencing pain in the front of your hip along with clicking, locking or catching of your hip joint you may have underlying labral damage. The acetabular labrum is a fibrous rim of cartilage that covers and seals your hip socket. This lining of cartilage provides stability for the thigh bone (femur) inside of the hip socket (acetabulum). The labrum seals the hip socket, providing a suitable appropriate rotational axis for the thigh bone in the hip socket as well as helping to maintain the nutritional fluid within the joint that is important to maintain joint health. How do they happen? Labral tears can occur from an injury such as a twist or slip, or damage can occur from repetitive stresses. Anatomical changes in normal hip movement, which may also be associated with neuromuscular imbalance most commonly causing labral tears, are repetitive movements where there is decreased joint clearance between the femur and the acetabulum. For example athletes such as gymnasts and ballet dancers who have to repeatedly pivot or flex their hip are more likely to damage their labrum than those who do not. Over time this repetitive impingement of the hip joint can cause the labrum to tear and damage to the labrum if not managed properly may lead to early degenerative arthritis. What are the symptoms? Pain in the front of the hip, groin, side of the hip or buttock often described as deep are symptoms of labral damage as well as clicking, locking, catching or giving away of the hip. Prolonged sitting, standing, walking or pivoting can cause pain for someone with a labral tear and this may cause a limp when walking. Other signs and symptoms include joint stiffness or a feeling of instability in your hip. How are they Diagnosed? Diagnosis is not always possible to confirm in the clinic, however, magnetic resonance arthrography (MRA) has been found to be very accurate in diagnosing labral tears. An MRA is when a dye is injected into the hip joint before the hip joint is scanned and specialist photographs of the joint are taken. Arthroscopies are another option but as they are more invasive they are often not the first port of call. It is advised to speak to your physiotherapist about your symptoms who will gather a thorough history of your problem and may undergo a series of tests as part of the physical examination. A physiotherapist can inform you if they think your symptoms are coming from labral damage or if they suspect a different problem. How can Physiotherapy help? If your physiotherapist does suspect you have a labral tear, different treatment plans are available. Physiotherapy management may include a stretching and strengthening program to correct any neuromuscular imbalance; movement re-education and a variety of manual techniques that can be performed by your physiotherapist may reduce or abolish your symptoms. Other options are available or may be used in conjunction to physiotherapy including pharmaceutical medicine, corticosteroid injection and surgery and you should speak to your physiotherapist and doctor about this. [box type=”info”] None of the information in this article is a replacement for proper medical advice. Always see a medical professional for advice on your individual condition.[/box] The hip labrum is a fibrocartilage structure which attaches to the bony rim of the acetabulum (hip socket), it is about 2-3mm thick and has many functions but acts mainly to help provide stability to the hip joint. The labrum helps to stabilise the hip joint by deepening the socket by about 20%. It provides shock absorption and pressure distribution, provides a seal for the joint, and it resists vertical and lateral motion of the femoral head (top of the thigh bone). Studies show that up to 22% of athletes who complain of groin pain have a labral tear in the hip. However, almost 75% of cases of torn acetabular labrum have no known direct cause. Possible causes of labral tears Trauma – either an acute injury (eg. a fall) or due to chronic repetitive trauma, especially with activities involving hip rotation (eg. taekwondo) Weakness and poor control of the deep stabilising muscles of the hip. Anatomical variations which lead to a pinching effect in the hip joint such as additional bony growth on the neck of the femur or socket of the hip Capsular laxity/Hip hypermobility Degeneration/Osteoarthritis Hip Dysplasia Diagnosis Typically, diagnosis of a labral tear can be made by your physiotherapist based on the description of your symptoms, mechanism of injury and with a series of orthopaedic tests to the hip. In some cases, diagnosis may need to be confirmed with imaging. X-ray of the hip joint may also be carried out in order to eliminate other structural issues of the hip. The injury is not always visible on a straightforward MRI scan or CT scan, MRA tends to be the diagnostic investigation of choice. Symptoms may include; Anterior hip, groin or buttock pain. Pain, particularly with deep hip flexion and twisting of the hip. Clicking, locking &/or giving way in the hip. Management Initial management of this condition will always involve rest from aggravating activities, often accompanied by a course of anti inflammatory medication. Your physiotherapist will perform a biomechanical assessment to determine muscular imbalances, assess movement control and determine the likelihood of any related structural issues. Treatment will generally include; Joint mobilisation and stretching to restore any limited mobility Progressive strength/stability exercises (including balance & proprioception) and functional retraining to improve techniques and reduce unnecessary/abnormal loading of the hip joint Deep tissue releases In the more severe cases, or when conservative management has failed to resolve pain &/or dysfunction, surgery may be indicated. This can involve re-attachment of the labrum, debridement of the tear (removing the damaged section of the labrum) and/or surgical repair of other structural problems.