

Anterior Hip Pain

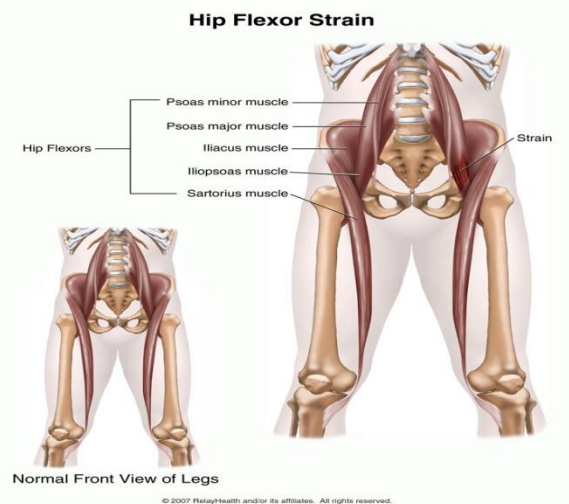
Although athletic injuries about the hip and groin occur less commonly than injuries in the extremities, they can result in extensive rehabilitation time. Thus, an accurate diagnosis and well-organized treatment plan are critical. Anterior Hip pain (pain located at the front of the hip) is the most common type of hip pain and may be caused by several different types of pathology.

The hip flexor muscles are located at the front of the hip and they serve to move the hip forward and elevate the thigh towards your chest. The hip flexors are therefore heavily involved in walking, running, and squatting. A strain to this group of muscles can produce a painful sensation at the front of the hip. A strain is an acute injury to a muscle or tendon. In contrast, “tendonitis” is the term for inflammatory tendon changes as a result of overuse

Hip flexor strains occur with overtraining, inflexibility, strength imbalances, poor training techniques and overly forceful contractions. Kicking and sprinting are the foremost sources of forceful contractions.

The most common origin of hip flexor pain from running is overtraining. It can often be the case that the runner is performing too much too soon and not resting sufficiently between training sessions. Overtraining can lead to micro-trauma to the muscles. Such micro-traumas can in turn accumulate and result in muscle strain, pain and limited pain-free range of motion which is otherwise known as tendonitis.

Overuse injuries, such as Hip Flexor tendonitis, can be prevented by training at a level appropriate for you. Always increase your training intensity, frequency and duration in gradual increments. Signs of overtraining include muscle fatigue, soreness for more than several days, pain and general malaise. It may be necessary to modify your training regime in order to reduce the likelihood of injury. Modification options include adding an extra rest day between runs, decreasing your hill work, reducing your sprinting and lowering your distance.



If you are still unsure about modifying your training or would like further advice on the topic you should consult a Chartered Physiotherapist. Your therapist can provide training advice specific to your individual presentation as well as advise you on preventative exercises.

As with most soft tissue injuries the **initial** treatment is POLICE – Prevent further damage, Optimal Loading, Ice, Compression, Elevation.

Preventing Further Damage

If you have developed pain in the front of your hip the most important thing to do is to minimize the amount of further damage you do. The easiest way to do this is to stop or minimize any activities that cause your hip to get sore. If you continue to run or aggravate the pain in the front of the hip you risk causing permanent damage.

Optimal Loading

If your Chartered Physiotherapist diagnosis you with anterior hip pain then you will most likely be told to take a break from running. Discuss with your physiotherapist what physical activity you can safely participate in. There should be lots of alternate sports and exercises that you will be able to do while you take you are not running such as cycling, stretching, pilates and strength work.

Ice, Compression, Elevation

Inflammation can be reduced by icing, compressing and elevating the injured leg. Apply ice for 20 minutes every 2-3 hours during the initial phase. Ensure you use a towel or sheet placed in between the icepack and your skin to prevent ice-burns. Bicycle shorts are an alternative method of applying compression to the muscles of the hip.

Your Chartered Physiotherapist can also use a combination of massage, taping, dry needling and exercise to decrease inflammation and improve recovery time from injury.



Anterior hip pain may also be caused by several other types of pathology such as;

Stress Fractures

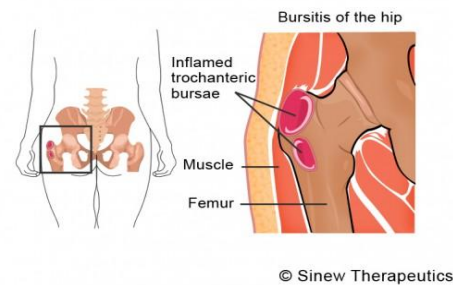
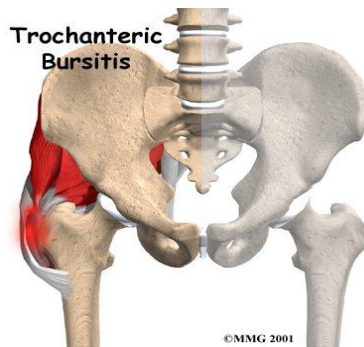
These fractures usually occur in serious endurance athletes or military recruits and are more common in women athletes, especially runners. Stress injuries involving the hip and pelvis are not uncommon and may occur in conjunction with eating disorders or bone deficiencies such as osteoporosis. Initial symptoms often include anterior thigh pain that increases with activity in an endurance athlete to the point of inability to participate in the sport. These injuries are often the result of over training. Increases in training distance should not exceed 10% per week.

If you suspect that you could have a stress fracture you should cease your usual exercise regimen and seek a medical diagnosis.



Bursitis

Bursitis occurs when there is inflammation of the bursa (a pocket of synovial fluid in a joint, which works as a shock absorber and as a lubricant for the movement of the muscles of that joint). This inflammation can be caused by a direct injury, such as twisting movements, or through overuse. The repeated friction of the hip muscles on the bursa (that occurs in long-distance running) can cause irritation and pain in the hip. A regular, thorough stretching programme and adequate warm-up, can help to prevent such issues. For further advice on correct stretching and warm-up techniques you should consult your Chartered Physiotherapist. If you are diagnosed with Bursitis it is recommended to undergo a period of rest from aggravating activities.

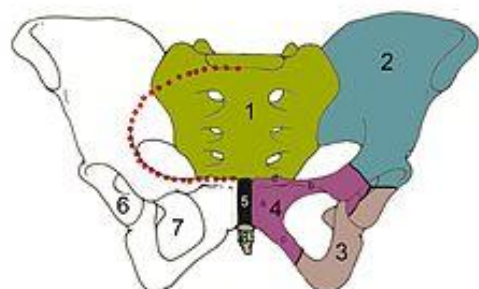
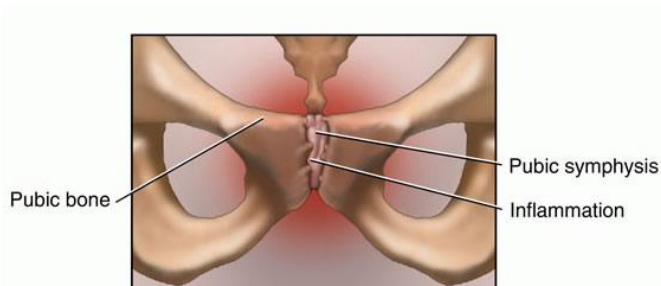


Osteitis Pubis:

This condition is believed to be the result of repetitive trauma and is most commonly seen in runners, soccer players, swimmers, and hockey players. Patients will typically complain of pain with kicking, running, jumping, or twisting and this pain may radiate into the groin area. It occurs as a result of inflammation to one of the Pelvic joints (the pubic symphysis) and can be influenced by many different training factors such as

- Running on hard surfaces.
- Running on uneven ground.
- Beginning an exercise program after a long lay-off period.
- Increasing exercise intensity or running distance too quickly.
- Exercising in worn out or ill-fitting shoes.
- Poor running technique.
- Tight or stiff muscles in the hips, groin, and buttocks.
- Muscular imbalances between dominant and non-dominant leg.

These conditions are more serious than basic hip flexor strains and may only be diagnosed after a consultation with your Chartered Physiotherapist and in some cases after MRI or X-Ray.



References:

1. Anderson et al (2001) "Hip and Groin Injuries in Athletes". American Journal of Sports Medicine.
2. Margaret Hanlon "Physiotherapy Management Of Common Hip Joint Conditions In The Primary Care Setting".
3. Brukner P, Khan K. Clinical sports medicine. Revised 2nd ed.