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Putting people's lives in motion

Hip

- A ball and socket joint.
 - The “socket” is largely made up of the pelvis bone (acetabulum).
 - The “ball” is made up of the head of the thigh bone (femur).
- Bands of tissue (ligaments) make up the joint capsule, connecting the ball to the socket and stabilizing the hip joint.
- Multiple large muscle groups work together to help stabilize the joint and allow proper function of the joint.
 - When one muscle group is not working properly, every other group will be affected!
 - **Gluteal Group:** Buttocks muscles.
 - **Adductor Group:** The inner thigh muscles.
 - **Lateral Group:** Outer hip/thigh muscles.
 - **Iliopsoas Group:** inner pelvic muscles.
 - Other muscles included are your **Hamstrings:** muscles on the back of your upper leg.
- These muscle groups work to allow you to lift your leg forward, extend your leg back, move your leg side to side, and rotate your leg inward/outward.



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IT Band (iliotibial band)

- A “band” that is located on the outer side of your thigh, starting at the outer hip and spans just below your knee, attaching to your shin bone.
- Provides a connective point for multiple muscles of the hip.
- Works to stabilize the outside of your knee joint in conjunction with your quad (thigh) muscles.

IT band Syndrome

- Commonly caused by:
 - Repetitive exercise (running, cycling, soccer, basketball, etc.)
 - Excessive training
 - Faulty biomechanics
 - Muscle tightness, lack of flexibility
- May cause:
 - Aching or sharp pain on the outside of the knee, spreading to the thigh and/or hip area.
 - Occasionally associated with low back pain

Treatment

- Once diagnosed by your doctor, through a physical exam and testing (x-rays), they will discuss possible treatment plans.
 - Rest
 - Non-steroidal anti-inflammatory medication
 - Avoid activities that trigger the pain
 - Physical Therapy

Physical Therapy

The PT will perform an initial evaluation to test your range of motion, strength, and pain level. The physical therapist will develop a plan of care and establish goals to assist you in:

- Improving range of motion and flexibility
- Increasing strength
- Decreasing pain
- Learning proper body mechanics and training techniques to prevent re-injury



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Labrum

- A special type of ligament that attaches almost completely around the edge of the socket (acetabulum) of the hip joint.
 - Provides a deeper “cup” for the socket.
 - Acts as a “seal” to cushion and hold the ball (thigh bone) into the socket (pelvic bone) of the joint.
 - Provides joint stability

Labral tear of the hip

- The labrum is made of a tough fibrocartilage with limited blood supply, making it difficult to reattach and heal, once torn from the bone.

Symptoms:

- **May occur suddenly after an incident or gradually with progressive degeneration**
- Pain in hip and groin
- Stiffness of the hip joint
- Loss of range of motion
- Locking or clicking of the hip joint

Treatment

- Once diagnosed by your doctor, through testing and imaging (x-rays, MRI), they will discuss possible treatment plans.
 - Rest
 - Non-steroidal anti-inflammatory medication
 - Steroid injection
 - Surgical intervention
 - Physical Therapy -before surgery, after surgery, or both.
- Surgical procedures may include:
 - **Labral tear repair:** The surgeon will reattach the labrum to the socket of the hip with small plastic anchors and a sterile thread.
 - **Debridement:** This technique involves the surgeon “shaving” (trimming and smoothing) the frayed pieces of the labrum to remove loose and damaged tissue that is causing pain.

Physical Therapy



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The PT will perform an initial evaluation to test your range of motion, strength, and pain level.

The physical therapist will develop a plan of care and establish goals to assist you in:

- Following and education of MD protocol and precautions
- Improving range of motion and flexibility
- Increasing strength and joint stability
- Decreasing pain
- Learning proper body mechanics and techniques to prevent re-injury



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Total Hip Replacement (Arthroplasty)

- The damaged bone and cartilage are removed and replaced by prosthetic implants to create an “artificial joint,” with the goal of less pain and increased function.
- Reasons for having a hip replacement:
 - Wearing or damage to the joint
 - Arthritis
 - Joint abnormalities
 - Birth/developmental abnormalities
 - Hip pain that limits everyday activities, such as walking or bending
 - Hip pain that continues while resting, either day or night
 - Stiffness in a hip that limits the ability to move or lift the leg
 - Inadequate pain relief from anti-inflammatory drugs, physical therapy, or walking supports.

Following Surgery

- Once home it is IMPORTANT to:
 - Use the assistive walking device
 - Follow hip precautions given by your doctor.
 - Standard hip precautions include:
 - No crossing your legs
 - The surgical leg should not cross the center of your body
 - This includes laying on your side, without an adequate pillow /wedge to allow the surgical side to remain in neutral.
 - Do not bring your knee above your hip (past 90-degree angle)
 - Examples:
 - Sitting on a low surface
 - Bending forward while sitting (this also changes the angle of your hip!)
 - No turning the surgical leg out to the side
 - Examples:
 - While laying down, keep your toes pointed at the ceiling



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- While standing keep your toes pointed straight ahead of you, not to the person beside you!
- Control your pain with the medication your doctor prescribed
- Ice frequently
- Home Modification recommendations (not requirements, just ideas to help):
 - Securely fastened safety bars or handrails in your shower or bath
 - Secure handrails along all stairways
 - A stable chair for your early recovery with a firm seat cushion (that allows your knees to remain lower than your hips), a firm back, and two arms
 - A raised toilet seat
 - A stable shower bench or chair for bathing
 - A long-handled sponge and shower hose
 - A dressing stick, a sock aid, and a long-handled shoe horn for putting on and taking off shoes and socks without excessively bending your new hip
 - A reacher that will allow you to grab objects without excessive bending of your hips
 - Firm pillows for your chairs, sofas, and car that enable you to sit with your knees lower than your hips
 - Removal of all loose carpets and electrical cords from the areas where you walk in your home.

Home Modification recommendations sourced from <https://orthoinfo.aaos.org/en/treatment/total-hip-replacement>

Physical Therapy

The PT will perform an initial evaluation to test your range of motion, strength, pain level, and assess the surgical site. The physical therapist will develop a plan of care and establish goals to assist you in:

- Following and teaching of appropriate hip precautions and protocol
- Improving range of motion and flexibility
- Increasing strength
- Decreasing pain
- Assist in decreasing use of the assistive walking device as strength increases and the joint stabilizes.
- Learning proper body mechanics and techniques to restore function of the joint.
- Return to function and physical activities without limitations