

Managing Young Adults with Hip Pain During COVID-19

Mr. Parag Kumar Jaiswal

BSc, MBBS, MRCS, MD(Res), FRCS(T&O)

Consultant in Trauma & Orthopaedics

Royal Free London NHS Trust

www.londonhipknee.co.uk

Twitter: @LondonHipKnee



Who Am I?

- 2007 – Academic Clinical Fellow/Trainee Stanmore Rotation
- 2007- 14 – Thesis on cartilage injury in knees – prizes & publications
- 2014 -15 – Joint Reconstruction and Sports injuries in Calgary, Canada
- 2015 – 16 - Hip Fellow, Frimley Park Hospital
- 2016 – 18 - Locum Consultant Guy's Hospital
- 2018 - Travelling Fellowship, Philippon-Steadman Clinic, Vail, Colorado
- 2019 - Hip & Knee Surgeon with special interest in Young Adult Hip Disorders and Sports Injuries



the physiotherapist said my recovery was remarkable but I am confident it is because Mr Jaiswal did a superb job leaving me the easy part of getting on my feet. I plan to return to tennis now. Whilst I can only give my personal experience I happily recommend Mr Jaiswal and consider myself fortunate to have had his services.

★★★★★

Written by a patient at [The Royal Free Hospital](#)
14th January 2020

Mr Jaiswal operated on my leg following a fall, he was extremely kind and gentle. He explained step by step everything I needed to know, which not all surgeons will do. I found him very professional and he had a very good bedside manner.

As I was very anxious about being able to walk in the future, he reassured me through explaining all details. I felt he really cared, and my future rehabilitation mattered to him personally.

Anybody that needs an orthopaedic operation would be very lucky to have him. I can not recommend him highly enough.

★★★★★

Mr Parag Jaiswal
★★★★★ 79 reviews

[Write a review](#)

After nearly two years of struggling to find a diagnosis for my pain at a different hospital, I was finally referred to Mr Jaiswal at Guys, who very quickly organised a range of scans, found a diagnosis and arranged hip arthroscopy and labral repair. 3 months later and I already have a significant improvement in the movement in my hip and the pain has drastically reduced.

Aims/Objectives

- Know the differential diagnosis of young adults with groin/hip pain
- Know the key features in history
- Focused examination technique
- How to manage initially
- When to refer



Introduction

- Hip pain in young adults (16-55) not normal
- Imaging studies might not reveal any abnormalities (especially XRs).
- Research & advances in surgical techniques has improved our understanding of causes of hip pain in young adults and has identified new treatments

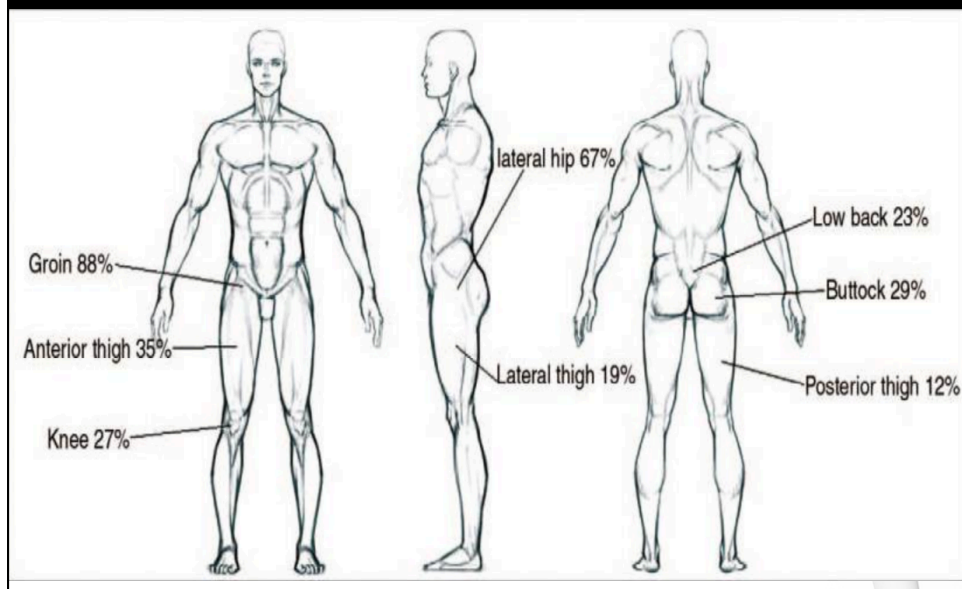


How do patients present?

- Anterior groin pain most common presenting complaint
- Related to hip movement
- Pain unrelated to hip position more likely due to non-orthopaedic causes



Location of hip pain



Differential Diagnosis of Hip pain in Young Adults

Orthopaedic

- FAI (hip impingement)
- Hip dysplasia → **Labral tear**
- OA
- Stress fracture
- AVN
- Bursitis/tendinopathy
- Acute fracture
- Lumbar radiculopathy

Non-orthopaedic

- Inguinal Hernia
- Gynaecological conditions
- Inguinal lymphadenopathy
- Gonadal tumour
- Vascular claudication



Anterior Groin Pain suggestive of labral injury

- Sharp/pinching: Knee-like
- After period of increased/unaccustomed activity
 - Or begin insidiously
- Pain usually related to activity initially
 - Esp deep flexion (e.g. squats/lunges, getting out of low car)
- As symptoms progress standing, walking and **sitting** can be impaired
- Popping/locking/grinding or catching



Anterior groin pain suggestive AVN/OA/Stress fracture

- Insidious onset
- Worse with weight-bearing activities
- Relieved with rest – worsens to constant pain
- Stiffness & night pain
- Stress Fracture usually associated with overuse/change in type or intensity of physical activity

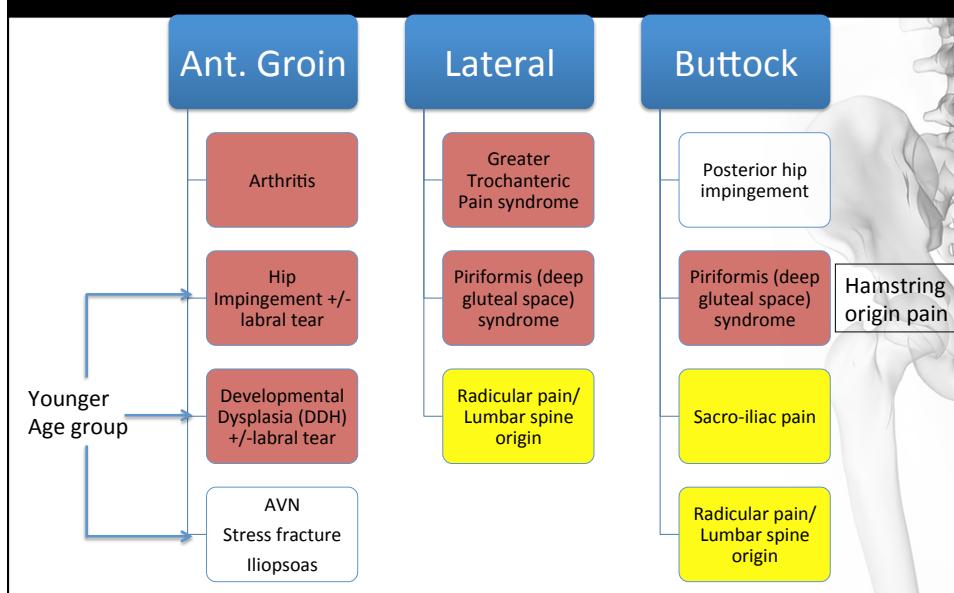


Medial Groin Pain

- Usually sports related pathology
- **Osteitis Pubis**
 - inflammation of pubic symphysis seen in kicking sports
- **Adductor injuries/tendinopathy**
 - Pain inner thigh +/-tenderness
- **Sportsman hernia/Gilmore's groin**
 - Injury to insertion of abd muscles to pelvis
 - Worse on twisting movements and on coughing



Differential Diagnosis of Hip Pain



Questions to ask – Red Flags

- Is pain preventing sleep at night?
 - AVN/OA/potential tumour
- Unable to weight-bear?
 - Stress fracture/tumour/infection
- History of trauma (neglected during COVID)?
 - Acute: fracture
 - Previous: non-union/malunion or AVN
- Recent increase in weight-bearing activities?
 - Stress fracture: urgent referral

Needs urgent imaging

Other important questions

- Pain on sitting for extended periods?
 - Labral irritation
- History of childhood problems
 - Risk factors for FAI or OA
- Steroids or excess alcohol?
 - AVN
- Pain in other joints or constitutional symptoms
 - Inflammatory arthritis

Focused Hip Examination

- Look
 - C-sign
 - Limp
- Feel
 - GT
 - Adductor tendons
- Move
 - Supine Log roll
 - Resisted SLR
 - Loss of IR
 - FADIR test



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Soft tissue problems around the hip

- Greater Trochanteric Pain Syndrome (GTPS)
- Deep gluteal space syndrome
- Internal Snapping of Hip



Greater Trochanteric Pain Syndrome (GTPS)

1. Trochanteric bursitis
2. Gluteus medius and minimus tendinopathy +/- tears
3. External coxa saltans (snapping hip)

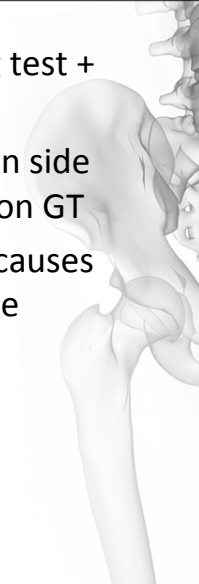
Presents with:

- Pain over trochanter
- Difficulty lying on side (night pain)
- Reduced walking distance



History and Examination

- Insidious onset usually.
- 'Overdoing it'
- Usually overweight
- May have stiff spines which alters gait
- Previous THR
- Trendelenburg test + gait
- Lying patient on side and palpation on GT
- Flexion & IR – causes pain on the side



MRI for GTPS

- Focused MRI hip is the gold standard
- Excludes other causes
- Picks up dual aetiological causes of GTPS



Non-operative measures

- Activity modification – weight loss
- Physiotherapy as described but minimum abductor tendon loading exercises
- (Corticosteroid injections (+/- US guided))
- PRP injections
- Shockwave therapy



Home Training for GTPS

- Piriformis stretch
- Iliotibial band stretch
- Straight leg raise
- Wall squat with ball
- Gluteal strengthening

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Surgical Interventions

- Bursectomy
- ITB release
- Trochanteric reduction
- Gluteal tendon repair

Open vs Endoscopic



Deep Gluteal Syndrome (DGS)

- Preferred term since Sciatic Nerve (SN) entrapment can occur at a number of locations
- Buttock pain non-discogenic and extrapelvic entrapment of SN
- **Typified by inability to sit > 30mins**

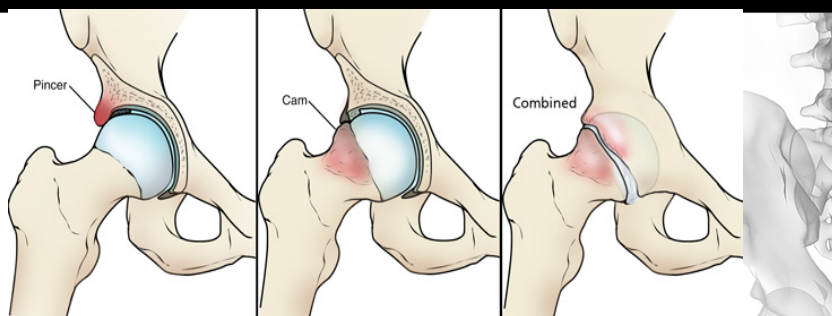


History

- Often previous h/o trauma
- Symptoms of **sit pain** (SN entrapment beneath piriformis)
- **Walking pain** lateral to ischium (ischiofem impingement)
- Radicular pain lower back/hip or paraesthesias affected leg



Femoro-acetabular impingement (FAI)

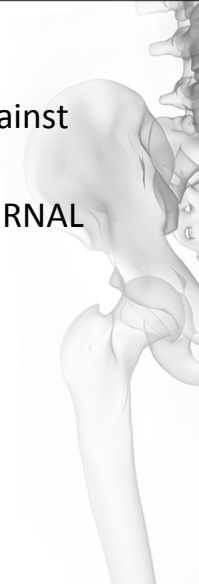


Dutch GP Observational study (31451 patients):

- Active patients aged 15-60 and suffering from groin pain
- 17% diagnosed with FAI
- In sporting individuals, incidence varies from 0.5-18%
- 'Creating awareness of FAI helps in identifying patients that might benefit from FAI treatment'

History & examination

- Groin pain
 - Sharp (knife like) if torn labrum
 - Activity related
- Worse deep flexion
 - Low car
 - Squats/lunges
- Rest pain a bad sign
- Antalgic gait
- Pain on SLR against resistance
- REDUCED INTERNAL ROTATION
- F. AD. IR. Test
- F. AB. ER. Test



Investigations

- Radiographs
- MRI
- CT with 3D protocols
 - Slices through knee
 - Slices through malleoli



Treatment

- Activity modification
 - NSAIDs
 - Physiotherapy
 - Mobilise hip and stretch tight structures
 - Improve soft tissue flexibility and length
 - Core and gluteal strengthening
 - Progress hip muscle, proprioception, joint position sense and functional control of hip
- 2 RCTS (FAIT and FASHIon)**
- Physio and Hip Arthroscopy improved functional scores
 - Hip arthroscopy cohort did better



Hip Arthroscopy

- Labral repair or debridement
- Acetabuloplasty and labral reattachment
- Femoral osteochondroplasty

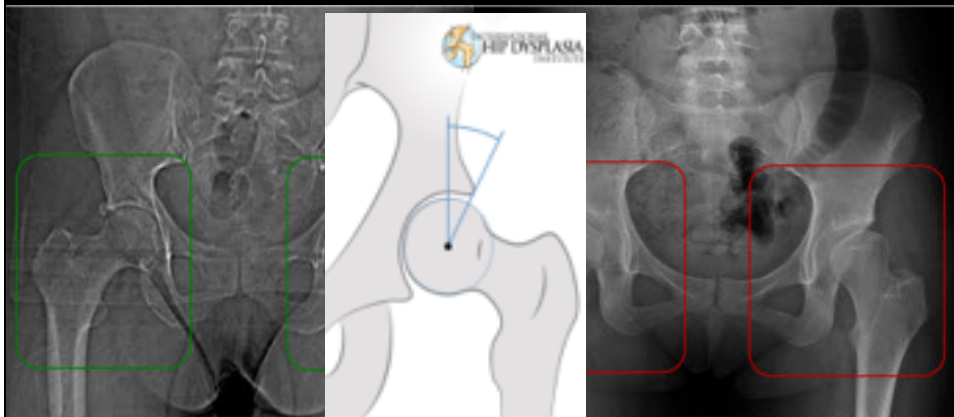


Developmental Dysplasia Hip (DDH)

- Spectrum
- In adolescence can present with mechanical groin pain
 - Activity related
 - Limp
 - LLD
 - Clicking and popping
- Frequently associated with labral tears



Investigations



- MRI
- CT

Treatment

- Conservatively initially
- Refer
 - Hip arthroscopy if CEA $> 20^{\circ}$
 - Peri-acetabular osteotomy if CEA $< 18^{\circ}$





Osteoarthritis of hip

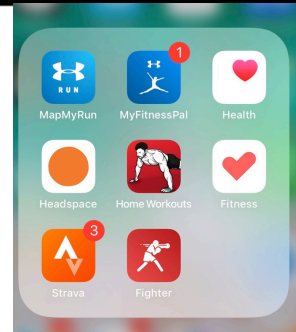
- Conservative
- Thresholds for surgery:
 - Reduced walking distance
 - Night pain
 - Increased/dependency on analgesics
 - Impaired ability to work
- What if your patients are waiting for surgery?

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What does conservative mean?

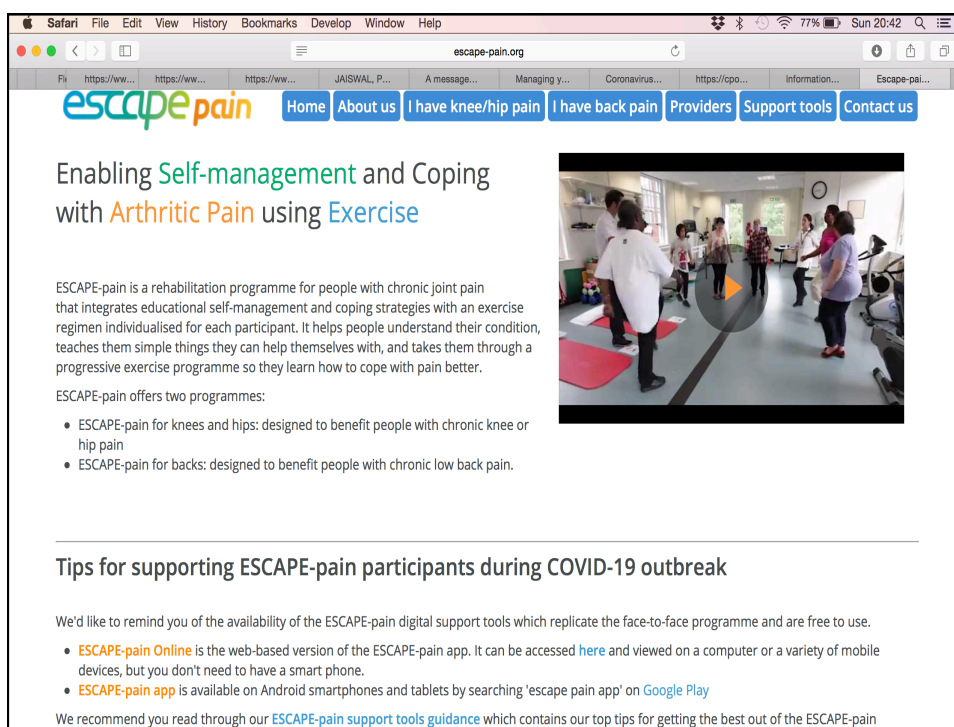
- Lifestyle changes
 - Yoga (e.g. by Adriene)
 - Myfitnesspal
 - Home workouts (muscle strengthening)
 - Mindfulness (Headspace, Calm)
- Self help and mental well-being
 - <https://www.mind.org.uk/information-support/coronavirus/coronavirus-and-your-wellbeing>
 - Moodgym



Physiotherapy

- ESCAPE program
 - <https://escape-pain.org>
- Chartered Surveyors of Physiotherapist:
 - <https://www.csp.org.uk/conditions/managing-pain-home>





escapepain [Home](#) [About us](#) [I have knee/hip pain](#) [I have back pain](#) [Providers](#) [Support tools](#) [Contact us](#)

Enabling Self-management and Coping with Arthritic Pain using Exercise

ESCAPE-pain is a rehabilitation programme for people with chronic joint pain that integrates educational self-management and coping strategies with an exercise regimen individualised for each participant. It helps people understand their condition, teaches them simple things they can help themselves with, and takes them through a progressive exercise programme so they learn how to cope with pain better.

ESCAPE-pain offers two programmes:

- ESCAPE-pain for knees and hips: designed to benefit people with chronic knee or hip pain
- ESCAPE-pain for backs: designed to benefit people with chronic low back pain.

Tips for supporting ESCAPE-pain participants during COVID-19 outbreak

We'd like to remind you of the availability of the ESCAPE-pain digital support tools which replicate the face-to-face programme and are free to use.

- **ESCAPE-pain Online** is the web-based version of the ESCAPE-pain app. It can be accessed [here](#) and viewed on a computer or a variety of mobile devices, but you don't need to have a smart phone.
- **ESCAPE-pain app** is available on Android smartphones and tablets by searching 'escape pain app' on [Google Play](#)

We recommend you read through our [ESCAPE-pain support tools guidance](#) which contains our top tips for getting the best out of the ESCAPE-pain

Summary

- In a primary care study, young adults with groin pain:
 - 50% were suspected of having FAI
 - 34% adductor tendonitis
 - 5% OA
- Initial Mx: rest, analgesia or short course of NSAIDs
 - If Improved: physio
 - If not improved: XR (exclude severe dysplasia, acute fracture or established OA)



Other Resources Available to GPs

Consultant Connect

- Enhanced advice and guidance
- Network of Orthopaedic Consultants available for telephone advice weekdays 9-8pm and weekends til 5pm
- Messaging service via app, with extremely quick response



Consultant Connect

The screenshot displays the Consultant Connect web application interface. At the top, there's a navigation bar with links: Home, Photos, Messages (with a red notification badge), Follow up, Members, and Reports. The user is logged in as 'Parag Jaiswal'. The main content area shows a patient case for 'North Central London CCG [Enfield]'. The patient's name is redacted with a black box. Below the patient information, there are three attached files, numbered 1, 2, and 3. File 1 is a line graph showing a trend over time. File 2 is a document with text. File 3 is another document. Below the files, the patient's age is listed as 55. The 'Exact part of limb: left knee' is specified. The 'History' section contains text about the patient's condition: 'no trauma or particular injury. dull ache noticed the day following exercise the last 3months. please see attached consultation and MRI results. Question GP is asking: plays squash to a high standard, was looking to enter high level competition this summer, should be avoid and seek treatment prior to this?'. At the bottom, there is a text input field for a reply, with buttons for 'Send', 'Close', 'Call', and 'Attach Files'.

Young Adult Hip Clinic - London

Delaying in assessing and treating young adults could mean joint preservation surgery may not be possible

Friday Morning Royal Free Hospital



MR. PARAG K. JAISWAL
London Hip & Knee Consultant

Queries:
admin@londonhipknee.co.uk
0207-4594482

The Royal Free Hospital <ul style="list-style-type: none">• Elective: Friday am• Fracture: Tues am• PPU: Tues pm & Ad Hoc	Hospital of St. John & St. Elizabeth <ul style="list-style-type: none">• Thursday pm
9 and 25 Harley Street <ul style="list-style-type: none">• Friday pm• Ad hoc	Highgate Private Hospital <ul style="list-style-type: none">• Tuesday pm/evening

