HIP DISLOCATION

Description

Hip dislocation is a serious hip injury in which adjoining bones in the hip are displaced so that they no longer touch each other. Dislocations are often accompanied by fractures of bone, as well as injury to soft tissues, such as cartilage, tendons, and ligaments. Temporary or permanent damage to bone, the blood supply to bone, or the nerves around the hip (sciatic nerve) makes immediate treatment necessary.

Common Signs and Symptoms

- Severe pain at the time of injury and when moving the hip
- Loss of hip function
- Inability to stand on affected leg
- Visible deformity if the dislocated bones have locked in the dislocated position; leg may appear shortened and turned in (usually with the most common type); bones may spontaneously reposition themselves and leave no deformity, but the damage to bone and soft tissues is the same
- Tenderness, swelling, and bruising of the hip
- Numbness or paralysis below the dislocation from pinching, cutting, or pressure on the blood vessels or nerves

Causes

Most often, hip dislocation is due to a direct blow to a bent knee and hip. It may also be the result of a severe hip sprain. There may also be a congenital abnormality (you are born with it), such as shallow or malformed joint surfaces.

Risk Increases With

- Participation in contact sports (football and hockey)
- Previous hip dislocation or sprain
- Repeated hip injury of any type
- Poor physical conditioning (strength and flexibility)

Preventive Measures

- Appropriately warm up and stretch before practice or competition.
- Maintain appropriate conditioning:
  - Hip strength
  - Flexibility and endurance
  - Cardiovascular fitness
- After healing, protect hip with special hip pads.
- Consider avoiding contact sports if treatment is unsuccessful in restoring a strong, stable hip.

Expected Outcome

With appropriate reduction (repositioning of the joint) and treatment, complete healing of ligaments and soft tissues requires 3 months before returning to sports.

Possible Complications

- Associated fracture or joint cartilage injury due to the dislocation or the reduction (reposition) of the hip
- Damage to nearby nerves or major blood vessels
- Prolonged healing or recurrent dislocation if activity is resumed too soon
- Excessive bleeding within the hip
- Interrupted blood supply to the hip, causing death of the bone of the ball of the hip; may not be apparent for up to 2 years following the injury
- Repeated hip dislocations (rare)
- Unstable or arthritic joint after repeated injury, delayed treatment, or interrupted blood to the hip, causing death to bone

General Treatment Considerations

After immediate reduction (repositioning of the bones of the joint) by trained personnel, treatment consists of ice and medications to relieve pain. Reduction may be performed without surgery, although surgery may be necessary to help relax the athlete enough to reduce the joint. Traction on the affected extremity may also be recommended for 2 to 7 days. Surgery may be needed to remove loose fragments of bone or cartilage caused by the dislocation or reduction that may be preventing complete and full reduction (this may be done arthroscopically or through an open incision). There may also be a fracture of the socket (acetabulum) that may require open surgery to put the bones in proper place and hold them with plates and screws. Crutches with partial or no weight bearing for up to 6 weeks may be recommended. Immobilization by casting or bracing for 6 weeks to 3 months may be recommended to protect the joint while the tissues heal. After immobilization, stretching and strengthening of the injured, stiff, and weakened joint and surrounding muscles (due to the injury and the immobilization) are necessary. These may be done with or without the assistance of a physical therapist or athletic trainer.

Medication

- Nonsteroidal anti-inflammatory medications, such as aspirin and ibuprofen (do not take within 7 days before surgery), or other minor pain relievers, such as acetaminophen, are often recommended. Take these as directed by your physician. Contact your physician immediately if any bleeding, stomach upset, or signs of an allergic reaction occur.
- Strong pain relievers may be prescribed as necessary. Use only as directed.

Heat and Cold

- Cold is used to relieve pain and reduce inflammation. Cold should be applied for 10 to 15 minutes every 2 to 3 hours

for inflammation and pain and immediately after any activity that aggravates your symptoms. Use ice packs or an ice massage.
- Heat may be used before performing stretching and strengthening activities prescribed by your physician, physical therapist, or athletic trainer. Use a heat pack or a warm soak.

Notify Our Office If

- Pain, tenderness, or swelling worsens despite treatment
- You experience pain, numbness, or coldness in the foot
- Blue, gray, or dusky color appears in the toenails
- Any of the following occur after surgery:
  - Signs of infection: fever, increased pain, swelling, redness, drainage, or bleeding in the surgical area
- New, unexplained symptoms develop (drugs used in treatment may produce side effects)

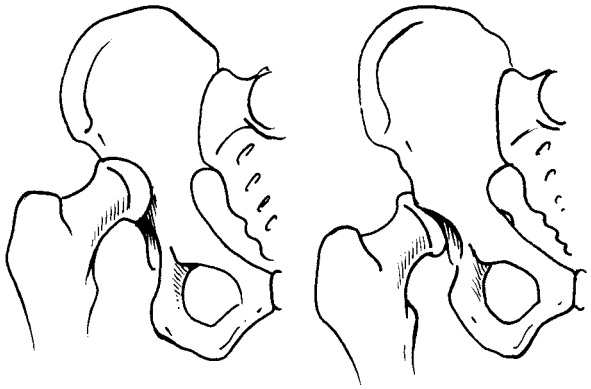

Figure 1
From Shankman GA: Fundamental Orthopaedic Management for the Physical Therapy Assistant. St. Louis, Mosby Year Book, 1997. p. 244.

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Notes and suggestions