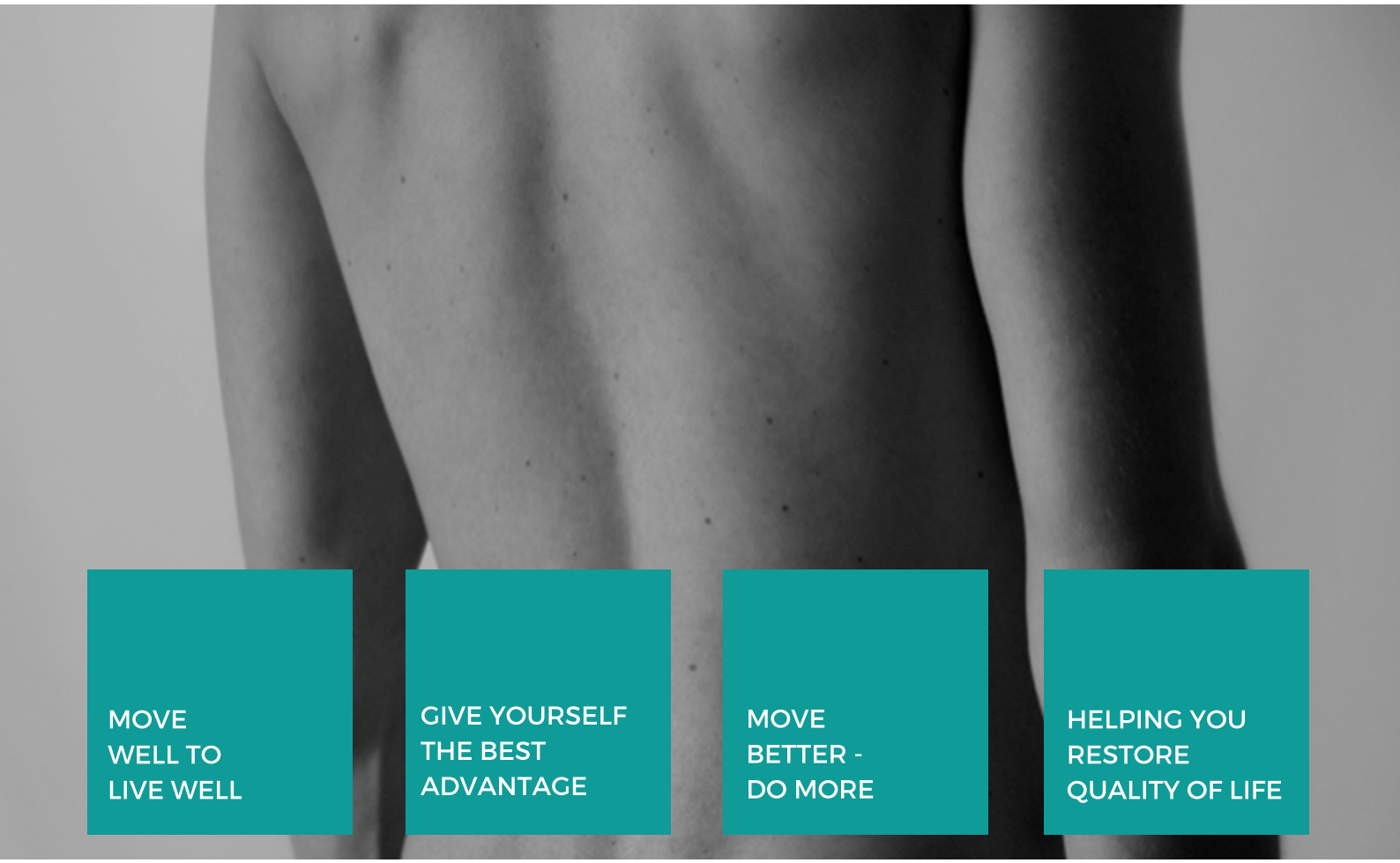
SEMINAR

MOVEMENT SOLUTIONS FOR TROCHANTERIC AND LATERAL HIP PAIN



KINETIC CONTROL

20 YEARS OF OPTIMISED MOVEMENT HEALTH

THE PROBLEM

Lateral hip pain, also known as greater trochanteric pain syndrome, is a very common and often disabling condition and adults, and athletic young people. It has a higher prevalence in women (15%) than men (6.6%). It is often misdiagnosed because it frequently coexists with low back, pelvic, leg pain and lower quadrant biomechanical impairments.

THE SOURCES

There are a myriad of structures around the hip and pelvis that contribute to lateral hip and trochanteric pain. There are at least 13 different articular, osteo ligamentous and myofascial tissues along with many myofascial trigger points and nerves that contribute to pain in this region (usually in multiple combinations). These structures require specific palpation of movement assessment and differential diagnosis.

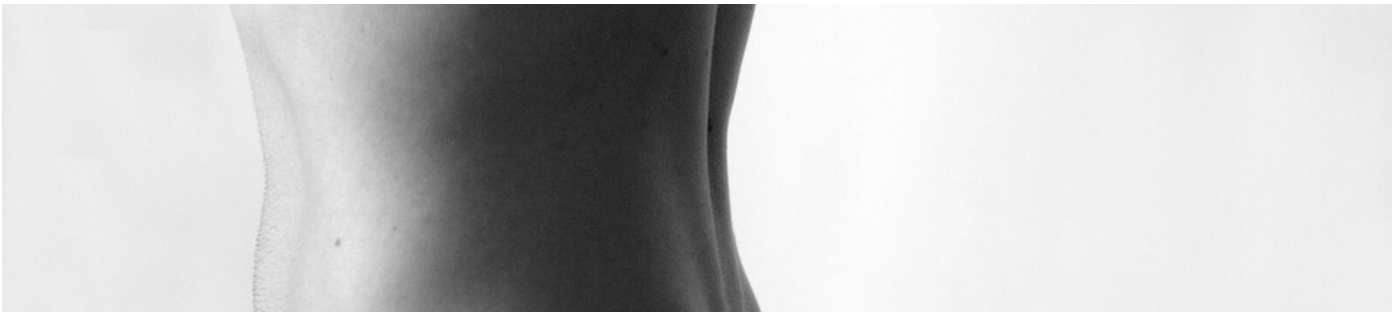
THE TESTS

This seminar will detail:

- Manual palpation and testing of the potential sources of lateral hip and trochanteric pain.
- Biomechanical evaluation of lower quadrant alignment and aberrant movement in detailed to identify factors that contribute to inappropriate stress on the lateral hip region.
- Analysis and evaluation of articular and myofascial restrictions that contribute to increased stress and loading around the lateral hip
- Movement control screening (a series of movement control tests) to identify the site and direction of relevant uncontrolled movements (UCM). and movement control impairments that contribute to, chronicity and recurrence of pain in this region.
- Identification of contributing myofascial trigger points to lateral hip pain
- Analysis of potential neurodynamic influences and superficial neuro fascial interfaces

THE SOLUTIONS

Treating and managing lateral hip and trochanteric pain requires the diagnosis of the potential contributing structures and mechanisms along with a clinical reasoning strategy to determine priorities in management. This involves a multifactorial approach to management which includes:



- Re-establishing dynamic control of the movement control impairments (UCM). These uncontrolled movements present in the hip, the lumbar pelvic region and the lower leg. Low threshold (alignment and coordination) and high threshold (strength and speed) retraining strategies are presented and discussed
- Strategies to increase extensibility of the iliotibial band and to mobilise articular and myofascial restrictions
- The restoration of appropriate phasic recruitment and function of the related multi-joint mobiliser muscles
- Treatment of myofascial trigger point to decrease pain and restore recruitment efficiency
- Management of related neurodynamic influences. Discussion of appropriate injection therapy for superficial neuro fascial pain is included
- Re-screening of movement control impairments, to evaluate the efficacy of retraining strategies to minimise recurrence of lateral hip and trochanteric pain

LEARNING OUTCOMES

Following this seminar, the participants will be able to:

- Understand the prevalence of lateral hip and trochanteric pain and white coexists with low back, pelvic and leg impairments
- Be able to recognise the features and presentation of many potential sources of pain. In this region
- Become proficient at palpation and manual assessment of these structures to make a more detailed differential diagnosis of the structures and tissues that contribute to pain
- Perform a movement based biomechanical evaluation of the lower quadrant and analyse related impairments
- Test for and mobilise articular and myofascial restrictions that contribute to mechanical stress and movement compensation in this area
- Perform movement control tests to identify the site and direction of uncontrolled movements in the lumbar spine, pelvis and leg that are related to lateral hip and trochanteric pain
- Develop appropriate movement control retraining options to recover, low threshold (alignment and coordination) and high threshold (strength and speed) impairments identified in the movement control tests
- Assess for and treat related myofascial trigger point contributions
- Evaluate and manage potential neurodynamic influences
- Use a clinical reasoning strategy to develop priorities in management planning
- Understand the value and benefits in movement control rescreening to minimise recurrence of lateral hip and trochanteric pain