

EDITORIAL

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The Confusion of Hip Pain



Every patient and a majority of physicians point to their buttock when asked to illustrate the location of their hip pain. Examples:

1. An aphasic right hemiplegic woman one year after a cerebrovascular accident and rehab fell in her kitchen. She stopped walking. When asked where it hurt, she pointed to her knee. Her family physician after a normal X-ray of her knee sent her for ambulation training.
2. A developmentally delayed 19-year-old boy, aphasic after congenital heart repair, fell and stopped walking. Parents brought him to the emergency room where his knee was X-rayed when he pointed to "source of pain." Sent home in a wheelchair and one month later, he returned to a specialist who reviewed the X-rays and prescribed a knee brace.

Still refusing to walk, five months later, he was brought to the emergency room of another hospital where, after X-rays of his knee and examination, he began ambulation training in parallel bars and progressed to a walker.

He received daily physical therapy for two weeks and still complained of knee pain and refused to walk.

Five months after the fall, I saw him. X-rays of the hip revealed a fracture with much callus.

You ask, Why not write up as a case report? My response: I thought all physicians and therapists knew the referral areas from hip pain. They represent the distal territory of the three nerves innervating this hip joint. Most important is the Obturator nerve with referral to groin, medial thigh, and medial knee (about 60%). Note the frequency of hip joint disease causing pain in the medial knee.

Second most important is the femoral nerve, which refers to anterior thigh (30%).

Only a small twig from the nerve to the quadratus femoris represents the sciatic nerve, innervating the hip joint. This could refer to the buttocks. Ergo, most hip pain will be referred to the groin and the medial knee.

Reinforce those pain referral patterns to all health care providers and students.

Mistakes like these above shouldn't happen!