



Teens & Adults In Hip Dysplasia

Symptoms to Diagnosis

Symptoms:

- **Hip pain or limp** are the first signs of dysplasia in adolescents and young adults.
- **Two or more of the following symptoms** increases the likelihood of your pain coming from hip dysplasia.
 - Pain from dysplasia deep in the groin is in 4 out of 5 patients, which may be caused by labral tears, cartilage damage, or painful hip flexors
 - Muscle ache/pain is typically from the muscles having to overcompensate, for the shallow joint socket with the hip flexor hurting in the front and the abductors in the side/back of the hip
 - Hip pain the increases with standing, walking and/or running in almost all patients
 - Pain at night occurs with half of dysplasia patients
 - Sensations of catching, popping, locking occur in 4 out of 5 patients with dysplasia
 - Deep groin pain is present in 4 out of 5 patients with painful hip dysplasia
 - Pain in the thigh or buttocks
 - Pain that increases over time
 - Hip pain that worsens with standing, walking and/or running, is present in almost all hip dysplasia patients
- **Limp is common** during the early most stages of hip dysplasia
 - The most common cause of limping is pain
 - But, limping can also be from weakness, bone deformity, or joint stiffness

Diagnosis:

- **Examination**
 - Trendelenburg Test - During walking most patients will drop the hip the one they're standing on, suggesting significant weakness
 - Patients may do it when standing as well
 - Hip Abduction - the doctor may have you stand to look for pelvic tilt, leg length discrepancy, muscle wasting. This is generally followed by an exam through a full range of motion, Motion is not limited by hip dysplasia although pain or tightness is often noticed when the leg is spread away from the body or hip abduction
 - Impingement test - this causes a pinching sensation in almost all patients with hip dysplasia. This may occur when the labrum is torn or the edge or the tender edge of the socket is pinched. The test for impingement is usually done by flexing the hip, then twisting the hip inwards to rub the femoral neck against the edge of the socket
 - Range of motion is typically increased in hip dysplasia patients
- **X-Ray Diagnosis**
 - An xray can readily identify the shallow socket or acetabulum as part of hip dysplasia
 - X-rays can help determine the severity of dysplasia and to establish the need for surgery
 - An X-ray can also show if the femoral head is riding up and out of the joint, suggesting the cartilage is wearing out and the hip is starting to fail
 - A common measurement for the depth of the socket is the Center-Edge angle (CE angle)
 - A normal CE angle is 25 degrees or more
 - X-rays also show if the hip is displaced in an upward fashion bc those that are wear out faster than ones that are not displaced upwards
 - MRI is helpful to better evaluate the labrum and cartilage damage as part of hip dysplasia
 - CT scan is helpful in evaluating the 3-dimensional structure of the socket and proximal femur

References:

- "Diagnosis - International Hip Dysplasia Institute." *International Hip Dysplasia Institute - It is the Mission of the International Hip Dysplasia Institute to Reduce the Physical, Social, and Economic Burden for Children and Adults Affected by Neonatal Hip Instability and Developmental Dysplasia of the Hip.*, 16 Mar 2021, hipdysplasia.org/adults/diagnosis/

<https://hipdysplasia.org/adolescents/diagnosis/>