A physical therapist, a man with short dark hair and a grey polo shirt, is leaning over a patient. He is holding the patient's right leg with both hands, examining the hip and knee area. The patient is lying on a white treatment table, wearing grey shorts. The background is a bright, clean clinical setting with white walls and a window with blinds.

Snap JUDGEMENT

DAWN MORSE PROVIDES
AN INTRODUCTION TO
ILIOPSOAS TENDINITIS AND
SOME TECHNIQUES TO HELP
ADDRESS THE CONDITION

Iliopsoas tendinitis is commonly known as snapping hip syndrome, coxa saltans and dancer's hip.

The condition is associated with popping, clicking or snapping sensations on hip flexion and extension. In some instances, these sensations can be accompanied by a loud noise, but are often pain-free to start with.

As the condition progresses, movement can become painful, range of motion can become reduced, and further injuries can develop, such as inflammation of the associated tendon or joint damage.

CONDITION TYPES AND CAUSES

There are three types of snapping hip syndrome: internal snapping hip, external snapping hip and intra-articular snapping hip.

Internal and external snapping hip

Also referred to as extra-articular snapping hip, these two are the most common types of snapping hip syndrome.

During internal snapping hip, the iliopsoas tendon can become tight and produce a snapping sensation or noise as it moves over the iliopectineal eminence, the bony protrusion of the pelvis, as illustrated in the images below.

Another site of internal snapping is at the hip joint. In this instance, snapping occurs when the rectus femoris tendon moves back and forth across the ball-and-socket joint on flexion and extension.

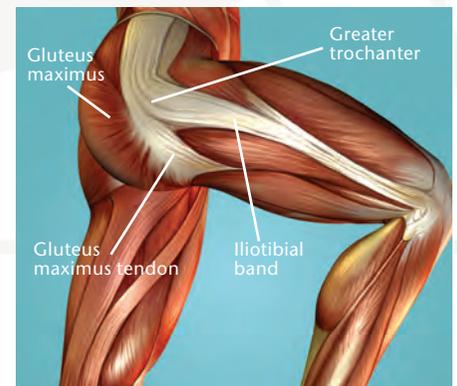
During external snapping hip syndrome, the iliotibial band or the gluteus maximus often becomes tight and produces a snapping noise when moving over the greater trochanter of the femur.

In many cases, internal and external snapping hip can be caused by muscle imbalance and weakness, either around the hip joint or within the pelvis.

This is often due to the iliopsoas becoming shortened and tight, while the gluteus maximus becomes weakened or

misfires. Alternatively the gluteus maximus, minimus and medius can become tight and shortened, leading to restricted movement within the hip joint.

However, if one muscle demonstrates restricted movement and tension upon testing, often secondary muscles within the area and opposing muscles will also be affected.



Intra-articular snapping hip

In contrast to extra-articular snapping hip, intra-articular snapping hip is linked to mechanical changes in the hip joint itself, such as an acetabular labral tear, loose bodies within the joint, cartilage defects and biomechanical changes. As a result, the condition can take much longer to resolve. Further investigation with the use of x-ray and MRI may be needed to identify the cause of intra-articular snapping hip, which would obviously require referral to a consultant.

TREATING INTERNAL AND EXTERNAL SNAPPING HIP

Massage techniques

Sports or deep tissue massage can be used to reduce tension in the associated muscles and the 'snapping' tendon. Massage application should focus on treating the associated muscle and surrounding area, including the quadriceps, and paying particular attention to the rectus femoris and the origin of the



PICTURES: ISTOCK; SHUTTERSTOCK; SARAH AULD; ALAMY

associated muscle. Treatment should also cover the adductor muscle group, along with the tensor fasciae latae, and gluteus medius, minimus and maximus. If treatment time allows, stripping the iliotibial band and coverage of the hamstrings will help to improve range of motion around the hip joint. It's also useful to close the treatment with passive or PNF (proprioceptive

neuromuscular facilitation) stretching, to help address muscle memory and maximise range of motion at the joint.

Rest and active rest

Advising rest from sport or exercise programmes while symptoms cause pain will allow the condition time to heal. Alternatively, active rest can also be advised. This would involve reducing activities that are hip-focused and switching to upper body exercise, such as swimming with a float between the legs or using an arm bike.

Self-treatment

To maximise therapy benefits between treatments, the client can use a myofascial release ball to help reduce tension in the muscles around the hip. Using the palm, the client can roll the ball with firm pressure over the muscles at the front of the hip and thigh, to the side of the hip, down the iliotibial band and over the gluteal muscles.

Stretching

The stretches in Table 1 will help to maintain muscle function and length, and reduce muscle tension. While symptoms are present, these stretches should ideally be done two to three times a day, to aid muscle memory and movement. Each stretch should be held for 30 to 60 seconds. [IT](#)

TABLE 1: STRETCHES TO AID RECOVERY FROM ILIOPSOAS TENDINITIS

Stretch	Objective
 <p>Low lunge stretch</p>	With the chest in a lifted position, to help stretch the rectus femoris and iliopsoas
 <p>Piriformis and lateral hip stretches</p>	To help stretch out the external hip rotators
 <p>Lying glute stretch</p>	To help reduce tension in the gluteus maximus
 <p>Seated adductor stretch</p>	To help lengthen the adductor muscle group
 <p>Hamstring stretch</p>	To help lengthen and reduce tension in the hamstrings muscle group



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COPA | SERIES 2018

Essential event

This year, the FHT will be exhibiting at the COPA Series, Europe's leading event for rehabilitation professionals

On the 9 and 10 May, at ExCeL in London, the COPA Series will give delegates the opportunity to try, test and discover all the latest innovation, technology and new practices from the rehab sector. Entry is free.

The show is a hub for practice growth and continuing professional development, offering 90 expert-led seminars, with practice marketing experts such as Jill Woods talking about how to promote your business effectively. Be sure to take a look at the practice growth seminar hall to find out how you can get the most from your business. This year, Rock Tape, DJO Global and Jing Advanced Massage will also be running masterclasses.

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Activate your free ticket at copashow.co.uk

DEVELOPING JOINT AND CORE STABILITY

Stabilising the pelvis through core development can help to improve long-term stability. In some instances, stabilisation of the gluteus medius may also be needed.

Useful core stabilisation exercises include forward plank, side plank, the bridge, back extensions, alternative arm to leg lift, and the side clam (for the gluteus medius).

Again, while symptoms are present, these exercises should be done two to three times daily, with each position held for 30 to 60 seconds.

