

Anamnese og klinisk undersøgelse



Clinical diagnosis of hip OA

- American College of Rheumatology classification of hip OA
 - Altman et al. 1991
 - Hip pain AND internal rotation $<15^\circ$ AND flexion $<115^\circ$ AND age >50
 - OR Hip pain AND (IR $>15^\circ$ AND pain) AND morning stiffness <60 minutes AND age >50
- NICE guideline
 - Age ≥ 45 AND
 - Activity related joint pain
 - No morning joint-related stiffness or morning stiffness <30 min.
- Pain triad (smertetriade)

Clinical diagnosis of hip OA cont.

Diagnostic Accuracy of Range of Motion Measurements in Early Symptomatic Hip and/or Knee Osteoarthritis

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- In patients with hip symptoms
- Hip internal rotation $<24^\circ$ and flexion $<114^\circ$ were cutoffs
- Individual measurements of hip flexion seems to be of little diagnostic value in diagnosing early symptomatic hip OA

Risikofaktorer for udvikling af hofteartrose

- Alder
- Arvelighed, Skousgaard 2015
- Overvægt / fedme, Lohmander 2009
- Traume (ofte labrumskade)
- Tungt fysisk arbejde, Sulsky et al. 2012
- Landmænd >10 år
- Elitesportsudøvere, Molloy & Molloy 2011
- Dysplasi, Harris-Hayes & Royer 2011
- Cam, pincer, Harris-Hayes & Royer 2011, Agricola 2012
- Leg length inequality?

BMJ Open Assessing risk factors for early hip osteoarthritis in activity-related hip pain: a Delphi study

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the Delphi Panel

- When patients present with activity related hip pain

Table 4 Overview of agreed standardised assessment following Delphi consensus

History	Examination	Investigations
Age	BMI	AP radiograph hip
Gender	Evidence OA other sites eg, knees	FAI view radiograph hip
Occupation	Leg length discrepancy	
Family history of OA	Knee varus/valgus	
History of hip problems, hip injury or hip surgery	Hypermobility	
History of OA at other sites	Hip absolute ROM/hip painful movement	
Age of onset of symptoms	FADIR impingement test	
Type of sport or exercise	FABER test	
Level of sporting participation	Proprioception	
Pain history (duration, severity, location, aggravating factors, timing in relation to activity)	Single leg squat	
	Lower limb muscle strength and symmetry	
	ROM other lower limb joints	
	Functional movement assessment	
	Lumbar spine assessment	

AP, anteroposterior; BMI, body mass index; FABER, flexion abduction and external rotation; FADIR, flexion, adduction, internal rotation; FAI, femoroacetabular impingement; OA, osteoarthritis; ROM, range of motion.

- No consensus on MRI or
- PROMs (patient reported outcome measures)

Aktivitetsbegrænsning i dagligdagen

- 109 patienter med unilateral klinisk og radiologisk verificeret hofteartrose
- Patient Specific Functional Scale
 - Op til tre spørgsmål
 - Hvilke aktiviteter påvirker din dagligdag mest?

Upublicerede data

Aktivitetstbegrænsning i dagligdagen

- Bending down to pick something up
- Putting shoes and socks on
- Cutting my toenails
- Getting up from sitting
- Walking on stairs – dominantly up the stairs

Unpublished data

Aktivitetstbegrænsning i dagligdagen

- Getting up on my bicycle
- Getting in and out of my car
- Gardening / kneeling down
- Lying on the affected side
- After walking for some time
- Tage skridtet fuldt ud!

Unpublished data

Hvor har patienterne med hofteartrose ondt?

Epidemiology

Pain distribution in primary care patients with hip osteoarthritis

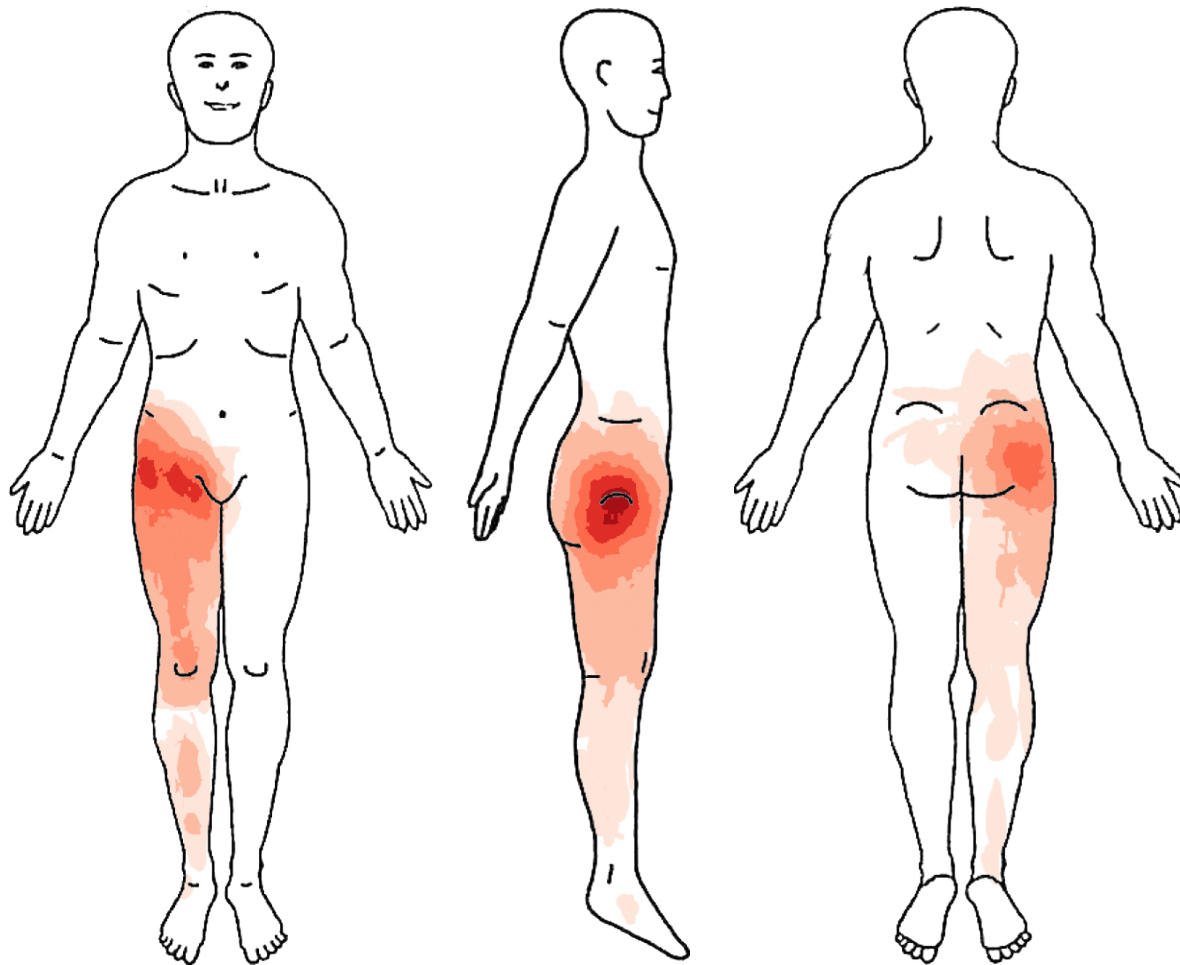
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Patient characteristics

Valid pain drawings (n)	108 / 109
Age in years, mean (SD)	65 (9)
Females (%)	44
Left hip (%)	40
Pain duration in months mean (range)	32 (4-300)
Pain intensity (mean, SD)	5.4 (2.0)
Pain location by area	
- Greater trochanter	77%
- Groin	53%
- Anterior/lateral thigh	42%
- Buttock	38%
- Knee	17%
- Lower leg	15%



Percentage overlap (# of drawings)	Colour
0-5% (1-3)	Lightest orange
5-20% (4-12)	Light orange
20-40% (13-24)	Medium orange
40-60% (25-35)	Dark orange
60-80% (36-47)	Red-orange
80-100% (48-59)	Dark red

- 17% reported pain solely to the groin area
- No patient reported pain solely to the knee, lower leg or posterior thigh areas

Clinical examination

- Inspection/observation during:
 - Undressing, walking, active hip ROM

- Manual examination
 - Palpation of tissue texture
 - Passive hip ROM evaluation incl. end-feel assessment
 - Muscle strength assessment

- Special tests
 - Modified FABER, FAI/FADDIR, Trendelenburg, Ely's, Thomas, Obers, leg length equality, leg/log roll

Active hip range of motion

- Patient walking during inspection
 - Speed, guarding, compensation and symmetry
- AROM can be performed with patient standing
 - All six ranges are performed
 - Used as a screening

Manual examination

- Palpation
- Passive range of motion
- Manual muscle testing
- Special tests
- Systematic approach

- Hip range of motion and hip muscle strength are associated with hip OA

Passiv range of motion

- Supine
 - Flexion
 - Abduction
 - Adduction
 - Internal rotation (90° hip flexion)
 - External rotation (90° hip flexion)
- Sitting
 - IR
 - ER
- Prone
 - Extension
 - IR (0° hip flexion)
 - ER (0° hip flexion)

Muscle strength evaluation

- Isometric vs. isotonic
- Isotonic excentric vs. concentric
- Literature: 'make' vs 'break' test
- Manual vs. HHD
- Position
 - Sitting, prone, supine, sidelying



Abduktion



Intern rotation



Fleksion

Reproducibility of range of motion and muscle strength measurements in patients with hip osteoarthritis – an inter-rater study

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Objectives

- Examine the intra- and inter-rater reproducibility of hip range of motion in patients with hip OA, when using a goniometer
- Examine the intra- and inter-rater reproducibility of hip muscle strength in patients with hip OA, when using a dynamometer

Clinical implications

- If using hip range of motion and/or muscle strength measurements in monitoring treatment progress, the measurements should be performed by the same clinician.

Clinical implications

- Be careful when interpreting individual measurements of range of motion and muscle strength in the assessment of patients with hip osteoarthritis.

Orthopaedic tests

- Trendelenburg
- Modified FABER
- Femoro-acetabulær impingement (FADDIR / FAI test)
- Leg/Log roll test
- Leg length

- *Obers*
- *Thomas*
- *Elys*

DESCRIPTIVE REPORT

Usefulness of the Trendelenburg test for identification of patients with hip joint osteoarthritis

James W Youdas, PT, MS,¹ Timothy J Madson, PT, MS,² and John H Hollman, PT, PhD³

- Conclusion
 - The Trendelenburg test is not useful in identifying subjects in the early stages of hip joint OA

Diagnostic accuracy of clinical tests for the diagnosis of hip femoroacetabular impingement/labral tear: a systematic review with meta-analysis

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- FADDIR test / FAI test
- Konklusion: kan bruges som en screening test pga. antal af falske positive

Association of hip pain with radiographic evidence of hip osteoarthritis: diagnostic test study

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- Diagnostic test study
 - 2 large cohorts: Framingham (n=946) and OAI (n=4366)
 - Standardized questions about hip pain
 - 16 and 9% of patients with hip pain demonstrated radiographic hip OA
 - 21 and 24% of patients with radiographic hip OA had hip pain
- Diagnosticians may miss many older people with hip osteoarthritis if they rely on radiographic evidence for diagnosis

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