

Class 13 Notes for OAS

1. Sacroiliac joint dysfunction or sacroiliitis used to describe pain that is related to SIJ area. Hypomobility or hypermobility.
 - a. Patient describes pain as achy, dull, sharp, can radiate into hip, lumbar, thigh (seldomly will cross the knee). Can mimic radiculopathy.
 - b. Etiology – trauma, unknow
 - Pain in the sacral bone: X-ray
 - Women have greater chance of SIJ syndrome
 - After fifty SIJ fuses
 - c. Epidemiology – 99% of population most likely will have some back issue, from those 10-25%. Most SIJ patients with adult patients.
 - d. Clinic (Most common) – low back pain, thigh pain, sitting in one place for too long, local tenderness at PSIS, changes in sacroiliac movement pattern. Special tests – Gapping, thigh thrust, knee to shoulder, compression, stork, sacral thrust
2. Trochanteric bursitis
 - a. Overuse type of injury in runners and cyclist
 - b. Bursa separates tensor fascia latae and gluteal muscles from greater trochanter
 - c. Nagging ache following activities in lateral aspect of the proximal thigh. Can radiate into hip joint, SIJ areas. Stairs increase pain.
 - d. Inspection: normal
 - e. AROM: abduction with rotation
 - f. PROM: flexion of the hip to 90 degrees and lateral rotation = pain
 - g. RIM: Pain on abduction
 - h. Palpation tenderness/pain around greater trochanter
3. Osteoarthritis of the hip joint
 - a. Most common hip disease, common place for osteoarthritis
 - b. >50 years
 - c. Pain on walking, limp, hip will slightly flexed
 - d. AROM: **medial rotation** is lost first, followed by extension, abduction and lateral rotation
 - e. PROM: same
 - f. RIM: weakness

- g. Palpation: tenderness over anterior joint area (Deep)
- h. Special tests – Thomas test, Torque, Faber, Trendelenburg test
- 4. Adductor tendonitis of the hip
 - a. Overuse use injury, horse riders. Due to weakness or not enough strength of thigh adductors
 - b. Nagging ache in the medial thigh, do not like stretching
 - c. Observation: normal
 - d. AROM: limited hip abduction, pain increases at the end of the range
 - e. PROM: same
 - f. RIM: pain adduction
 - g. Palpation: tenderness over medial thigh
- 5. Psoas bursitis (Iliopsoas bursitis)
 - a. Due to overuse
 - b. Persistent pain in anterior thigh
 - c. AROM: limited hip extension
 - d. PROM: pain on hip flexion
 - e. RIM: pain on hip flexion
- 6. Groin strain
 - a. Adductor or flexor muscle (pectineus)
 - b. Sudden due to extension, lateral rotation strain or resistance to adduction
 - c. Sharp pain in affected muscle
 - d. Observation: bruising
 - e. AROM: limited extension, flexion, adduction, medial rotation
 - f. PROM: same
 - g. RIM: Pain on flexion and/or adduction
 - h. Palpation: pain
- 7. Piriformis syndrome
 - a. Sciatica pain without history of back pain
 - b. Gradual, no known cause
 - c. Pain in the buttocks, and into sciatica distribution
 - d. AROM: pain increases at the end of medial rotation
 - e. PROM: the same
 - f. RIM: pain on lateral rotation
 - g. Special tests: Patrick test, Piriformis test

8. Iliotibial band friction syndrome

- a. Due to ITB gliding over lateral condyle. Prolonged activities cause inflammation, running
- b. Ache on the lateral side of the knee at the beginning and after activity. Running down the hill and uneven surfaces (brings symptoms sooner)
- c. Observation: swelling at the lateral aspects of the knee
- d. AROM: pain at the end of knee flexion
- e. PROM: same
- f. RIM: normal
- g. Palpation: pain over distal ITB

9. Quadriceps tears, hamstring tears

10. Collateral ligament sprain of the knee

- a. MCL, (LCL), medial collateral ligament is attached to medial meniscus
- b. Sudden onset due to injury, flexion with rotation
- c. Hear pop, severe sharp pain, especially on movements that engage ligament
- d. Swelling
- e. AROM: pain and loss of some flexion and extension
- f. PROM: same
- g. RIM: normal
- h. Special tests: Varus or valgus, Apley test

11. Patella femoral syndrome

- a. Is associated with osteoarthritis of patellofemoral joint
- b. Gradual onset
- c. Ache during activity, poorly localized anterior knee pain, can have feeling that the knee will give away. Deep squat cannot get out of it. Pain and stiffness after sitting in anterior knee area
- d. O: normal, some mild swelling
- e. AROM: normal
- f. PROM: mild discomfort on overpressure during knee flexion, passive movement of patella cause pain, discomfort, grinding noise
- g. RIM: Normal
- h. Palpation: tenderness around patella
- i. Special test: Clark test, McConnell's test

12. Osteoarthritis of the knee

- a. Causes: meniscal injuries, fractures of the knee (Tibia, femur), ligamentous instability, obesity
- b. Gradual
- c. Aching pain and stiffness around the knee particularly in the morning
- d. Swelling, deformities, genu varum
- e. AROM: limitation on F/E, with stiffness,
- f. PROM: same, fine crepitation can be present
- g. RIM: general weakness
- h. X-ray

13. Anterior cruciate ligament injury

- a. Football, soccer, tennis, basketball, skiing, rollerblading,
- b. Twisting (rotation) of tibia produces pop and patient is unable to continue activity
- c. Examination of AROM, PROM, RIM are hindered by pain and swelling.
- d. Special test: Anterior drawer, Lachman's test, Slocum
- e. If chronic injury, the knee giving away complaint.

14. Meniscal injury

- a. Medial meniscus
- b. Symptoms: popping, catching, locking, and pain
- c. Tenderness along joint line
- d. AROM: flexion will produce popping, can catch and lock,
- e. PROM: the same
- f. RIM: normal
- g. Special test: McMurry's