

Tips, Strategies and News You Can Use To Achieve Optimum Health...For Life!

May 2007 Issue

Snapping Hip: What You Need To Know

Jenny loves to dance. It's her main source of recreation and physical activity. She's in top shape and has danced since she was five years old.

Lately, however, Jenny has noticed a strange "**snapping**" feeling in her hip when she performs certain dance moves. The same snapping sensation also occurs when she **gets out of her car**. While it doesn't cause her any noticeable pain, Jenny is still concerned. Being a dancer, Jenny is sensitive to changes in her body. She's also very proactive when it comes to her health: she calls her doctor immediately and makes an appointment for an evaluation.

"You Have Snapping Hip"

After her physician takes her through a series of movements (and

carefully makes notes), he finally announces she has a condition called "snapping hip". He explains what snapping hip is, then refers Jenny to a physical therapist. Jenny is relieved to know that physical therapy is highly successful at treating snapping hip. She's even more relieved to find out surgery and drugs won't be needed...as long as she follows her physical therapist's course of treatment.

Jenny's physical therapist recommends a regimen of physical therapy that is designed to reverse the causes of her snapping hip. She dutifully follows his advice. After six weeks, Jenny is pleased to discover that her snapping hip condition has now completely disappeared. She's back on her feet and can now enjoy her favorite pastime.

How Common is Snapping Hip?



Robert Inglis, MPT, CSCS



Rodney Hawkins, MPT

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- **Feature Article: Snapping Hip: What You Need To Know** - discover the secrets of a very common reason for hip discomfort. p. 1
- **Finally! A Step-By-Step Plan For Getting In Shape!** Find out how to reset your biological clock and wake up feeling more alert and refreshed...the easy way! p. 4
- And much, much more!

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When you walk, get up from a chair or swing your leg around, do you feel or hear a "snapping" sensation in your hip? If so, you may have **snapping hip** just like Jenny. Don't be alarmed, however. Snapping hip is usually **painless** and **harmless**, although the sensation can sometimes be annoying. Young athletes and dancers (like Jenny) frequently experience snapping hip.

Causes of Snapping Hip

This snapping sensation results from the movement of a muscle or tendon over a bony structure. Tendons are tough, fibrous tissue "bands" that connect muscle to bone.

In the hip, the most common site for snapping hip is **at the outer side** where a band of connective tissue (called the "iliotibial band") passes over the broad, flat portion of the thighbone. This part of the thighbone is known as the greater trochanter (tro-KAN-ter).

When the hip is straight, this band of connective tissue is **behind** the trochanter. But when the hip bends, this band moves **over** the trochanter and remains in **front** of it. This band is always tight, like a stretched rubber band. Because

of this rigidity and the fact that the trochanter juts out slightly, the movement of the band across it creates the "snap" you hear.

While snapping hip is not serious, over time it can lead to a condition called **hip bursitis**. Bursitis is a thickening and inflammation of the bursa, a fluid-filled sac that allows the muscle to move smoothly over bone.

This is the most common reason for snapping hip. There is, however, another tendon that causes snapping hip. This tendon runs **from the inside of the thighbone up through the pelvis**.

As you bend your hip, the tendon shifts across the head of the thighbone. Then when you straighten your hip, the tendon moves back to the side of the thighbone.

It's this back-and-forth motion across the head of the thighbone that causes the snapping sensation.

What Else Can Cause Snapping Hip?

A tear in the cartilage can cause the snapping or clicking sensation. So can bone debris



Snapping Hip Is Not Generally Painful, But It Can Be Annoying

in the hip joint. Unlike the more common causes of snapping hip that are not usually painful, when snapping hip is caused by tears in the cartilage or bone debris in the hip joint, pain **can occur**. As a matter of fact, a loose piece of cartilage can even cause the hip to "catch" or lock up.

Diagnosis

Most people don't bother seeing a doctor unless they feel some degree of pain. The doctor will first want to determine the exact cause of the snapping. You may be asked where it hurts, what kinds of activities bring on the snapping, whether you can demonstrate the snapping or if you've experienced

any trauma to the hip area.

You may also be asked to stand and move your hip in various directions to reproduce the snapping. The physician may even be able to feel the tendon moving as you bend or extend your hip.

X-rays are normally requested. These may be used to rule out any other more serious conditions. Also, your physician may also request other tests so he or she doctor can rule out any other problems with the bones or joint.

Treatment

If your snapping hip is painless, no treatment is needed. If, however, your snapping hip bothers you, reduce your activity levels and apply **ice**. Stretching exercises prescribed by your physician or a physical therapist can also help. Sometimes nonsteroidal anti-inflammatory drugs, such as aspirin or ibuprofen, may reduce discomfort.

If your snapping hip has progressed and you've developed hip bursitis as a result (discussed in the next section), your physician may recommend

an injection of a **corticosteroid to reduce inflammation**.

Modify your sport or exercise activities to avoid repetitive movement of the hip. For example, reduce time spent on a bicycle; swim using your arms only. All of these treatments can reduce the occurrence of snapping hip.

However, in the **very rare cases** that do not respond to conservative treatments such as these, surgery *may* be recommended. The type of surgery will depend on the cause of the snapping hip.

-- Robert Inglis, MPT, CSCS

"Quick Health Tips": Eating On The Road

Eating on the road can be a challenge. This is especially true for athletes and other active people who are striving to maintain a healthy diet; one that has adequate energy, carbohydrates, proteins, and fluids. The simple fact is that it's easy to become dehydrated while traveling - especially when flying. Here are some quick tips to keep your energy levels up when you're on that business trip or vacation!

- Drink at regular intervals throughout the day.
- Carry sport drinks and lots of water with you.
- Limit caffeinated beverages as they are diuretics and can ultimately promote fluid loss.

Also, be sure to take nutrient-dense foods along for the trip. Here are my favorites:

- Sports bars, granola bars
- Dried or regular fruit, nuts and trail mix
- Pretzels or baked chips
- Whole-grain crackers, bagels, breads, muffins
- Peanut butter and jelly
- Cans of packed tuna or chicken
- Nutrition shakes

Have a quick health tip to pass along?

If so, email it to mycorept@yahoo.com

Your 12-Month Plan For Making This The Healthiest Year Ever!

Part Four - Continued From Last Month

By Robert Inglis, MPT, CSCS

Remember: **simple steps** are the key to long-term change, a better body, greater health and a longer life. It's all about making incremental adjustments to your life.

Last month I talked about substituting olive oil for other oils in all your cooking. This helps keep saturated fats at a minimum and replaces those unhealthy fats with heart-healthy monounsaturated fat.

This month I'm going to reveal another simple step that will improve your body and help enhance your quality of life. It is the habit of **waking up at the same time each day**.

Why A Consistent Wake-Up Time Works Benefits You

You see, most sleep researchers agree that a consistent **wakeup time** from day to day is the most pivotal factor in improving sleep quality. The reason for this is simple: waking up at the same time each day helps **regulate your body's biological clock**.

I know, I know: not sleeping in on the weekends might seem tough at first. However, if you put in that extra effort, you'll wake up feeling refreshed and invigorated. You'll have more energy on the weekends. And if you *do* stick to your normal wake-up time on the weekends, this

extra energy will carry through to the rest of the week, too!

The American Academy of Family Physicians has developed some recommendations for enhancing the quality of your sleep. Not surprisingly, having a regular, consistent wake-up time is the **very first thing** they recommend.

Furthermore, they suggest you **wake up at the same time** *even if you went to bed later than normal the night before*.

Why is this true?

The answer is simple: Because it trains your body to sleep at night **more restfully, leaving you more mentally alert during the day**.

Also, avoid hitting the snooze button on your alarm clock when waking up. When your sleep is interrupted time and time again by using your snooze button, you **actually feel more tired throughout the day**. Avoid using the snooze button and you'll feel more rested and alert throughout the day, *even if you were a little groggy when you woke up*. Hitting the snooze button is about the **worst way** to wake up each day.

How To Implement May's Small Step

Choose a regular wake-up time for all seven days of the week. When you do, give yourself an additional 10 or 15 minutes to transition into



your daily activities. This extra time will allow you to ease into the day and afford you an extra bit of time to shower, eat breakfast (don't ever skip breakfast!) and get dressed for work. Not only that, but if you encounter a little extra traffic on your drive to work, you'll be less stressed.

If you adhere to this weekly wake-up schedule on the weekends, you'll have an extra bit of time

in the mornings to **do what you want**.

Using an alarm clock is fine. But again, **skip the snooze button**. After following your regular wake-up schedule for a month or so, you'll find your biological clock has become "set" and you'll start waking up at that time *without using your alarm clock at all*.

Some people find that simply **thinking about the time you want to wake up also sets your subconscious alarm clock internally**. All you have to do is think about the time you want to wake up as you drift off to sleep the night before.

Just keep in mind that like any habit (positive as well as negative), it takes a **period of three weeks** to become firmly entrenched in your schedule. So hang in there, keep up the good work and stay tuned for June's "Small Step"!

From Our Healthy Kitchen: Mediterranean Chicken Salad

This is a salad that's so hearty and satisfying, it can even be served for dinner! With lots of **low-density** carbohydrates, tons of fiber and low in fat, this recipe will feed a family of four. Try this recipe - I guarantee your whole family will love it!



Ingredients

- 16 ounces chicken tenderloin, coarsely chopped
- 12 small artichoke hearts, chopped
- 2 cups asparagus, chopped into 1-inch pieces
- 1 cup onion, chopped
- 3 cups red pepper, chopped
- 1.5 cups celery, chopped
- 1 cup chickpeas (garbanzo beans)
- 2 cups tomatoes, chopped
- 6 cups romaine lettuce, torn
- 4 tablespoons balsamic vinegar
- 4 tablespoons fresh basil, chopped
- 4 tablespoons fresh parsley, chopped
- 4 tablespoons capers, chopped
- 4 teaspoons minced garlic
- 1/2 teaspoon chili powder
- 6 teaspoons olive oil

Directions

- 1.) In a medium non-stick saute pan, **saute chicken pieces** in olive oil.
- 2.) Put **4 tablespoons olive oil**, capers, garlic, vinegar and herbs and spices in a small bowl. Blend together to form the salad dressing.
- 3.) In a medium bowl, mix artichokes, asparagus, onion, pepper, celery and chicken.
- 4.) In a salad bowl, mix the romaine lettuce, chickpeas and tomato. Pour dressing (from step #2) over salad and toss. When on individual serving plates, top with chicken mixture and **enjoy!**

“Ask The Expert”

Your Questions and Answers

Question: “What is bursitis? I’ve heard the term associated with hip and knee pain.”

Answer: Let me start with a little background. A “bursa” is a **small jelly-like sac usually containing a small amount of fluid**. The most important bursae are located around the shoulder, elbow, hip, knee and heel. A bursa functions as a **cushion between bones and the overlying soft tissues**. It helps reduce friction between the gliding muscles and the bone.

The point of the hip has a fairly large bursa overlying it. The bursa measures about 3 inches long, 2 inches wide, and 1/4 inch thick. This bursa occasionally becomes **irritated or inflamed**. This is a common cause of hip pain. When this occurs, the condition is called “hip bursitis” or “trochanteric bursitis.”

Another bursa located on the inside (groin side) of the hip is called the iliopsoas bursa. When it becomes inflamed, the condition is also sometimes referred to as hip bursitis, but the pain is located in the groin area. It is treated in a similar manner as trochanteric bursitis, but is less common.

Diagnostic tests

The primary diagnostic test is the doctor’s physical examination. The doctor will look for tenderness in the area of the point of the hip. He or she may request additional tests to rule out other possible injuries or conditions that could

cause similar pain. These tests can include X-rays, bone scan and MRI (magnetic resonance imaging).

Risk Factors/Prevention

Trochanteric bursitis can affect anyone at any age. It is more common in women and in middle-aged or elderly people. It is less common in younger people and in men. The following have been associated with the development of hip bursitis:

Repetitive stress (overuse) injuries:

These can include running, stair climbing, bicycling or standing for long stretches of time.

Injury to the point of the hip: This can include falling onto the hip, bumping your hip on the edge of a table, lying on one side of the body for an extended period, etc.

Spine disease: This can include scoliosis, arthritis of the lumbar (lower) spine and other spine problems.

Leg-length inequalities: When one leg is shorter than the other by more than an inch or so, this affects the way you walk and can irritate the bursa.

Rheumatoid arthritis: This makes the bursae more likely to become inflamed.

Previous surgery around the hip or prosthetic implants in the hip can contribute to bursitis, as can bone spurs and calcium deposits in tendons.

Prevention is aimed at avoiding behaviors and activities that make the inflammation of the bursa worse. Here are some tips:



Answered by Rodney Hawkins, MPT

- Avoid repetitive activities that put stress on the hips.
- Lose weight if you need to.
- Get a properly fitting shoe insert for leg length differences.
- Maintain strength and flexibility of the hip muscles.

Symptoms

The main symptom is sharp pain at the point of the hip, extending to the outside of the thigh area. After a while, it may feel more “achy” and spread out. Typically, the pain is worse at night, when lying on the affected hip, and when getting up from a chair after being seated for a while. It also may get worse with prolonged walking, stair climbing or squatting.

Treatment Options

The initial treatment for hip bursitis does not involve surgery. Many cases of hip bursitis are treated effectively with simple lifestyle changes such as:

- Modifying activities (i.e., avoiding the activities that make it worse)
- Using non-steroidal anti-inflammatory medications (NSAIDs) to control

inflammation and pain

- Using a walking cane or crutches when needed

There is little evidence in clinical studies to support the use of physical therapy, but frequently patients will claim that it is helpful. Your doctor may ask a physical therapist to teach you how to stretch the hip muscles and use "modalities" such as ice/heat, ultrasound or other treatments.

There are, however, clinical studies that show an **injection of corticosteroids along with a local anesthetic is helpful in relieving symptoms of hip bursitis**. This is a simple and effective treatment that can be done in the doctor's office. It involves a single injection into the bursa. The injection typically provides permanent relief, but on occa-

sion the pain and inflammation may return and require another injection or two, given a few months apart. Often, the pain will be immediately relieved after the injection, and then return when the anesthetic wears off in several hours. The steroid takes a couple of days before it starts to work, so there may be a period of time where the pain seems to return and then again subside.

Surgery is very rarely needed for hip bursitis. In cases where the bursa remains inflamed and painful after non-surgical measures have been taken, and your doctor is certain that the diagnosis is correct, the bursa can be surgically removed. This involves giving you either general anesthesia (being put to sleep), or regional anesthesia (spinal anesthetic or nerve block with a sedative). Removal of the bursa does not hurt the hip and the hip can actually

function normally without it.

Thanks for a great question from Cecelia M.!

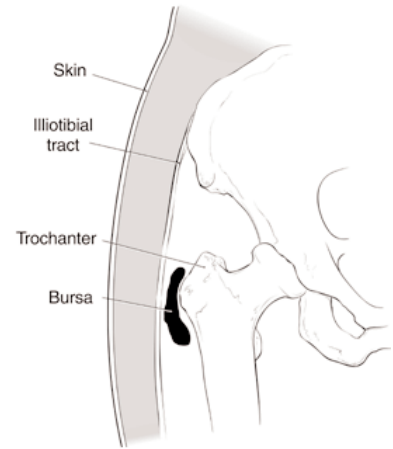


Image 1: Relationship of trochanteric bursa between the iliotibial band and the greater trochanter.

Health Trivia - Test Your Health And Fitness Knowledge!

This month's quiz is full of questions from the main article on *Snapping Hip*. See how many of these you can get right...and **no peeking!** Good luck!

QUESTION #1: Snapping hip can...

- a.) Require immediate hospitalization
- b.) Lead to bursitis if not treated
- c.) Be excruciatingly painful
- d.) Be an early sign of Alzheimer's

- c.) Hip-hop moves
- d.) Lack of exercise
- e.) It's purely genetic

QUESTION #2: The greater trochanter...

- a.) is another name for arthritis
- b.) is another name for the ilio-tibial band
- c.) is located in the upper arm
- d.) juts out slightly and forms a bump

- a.) TRUE
- b.) FALSE

QUESTION #3: Which of the following contributes to snapping hip?

- a.) A tear in cartilage
- b.) Overuse injuries from bench presses

QUESTION #4: True or False: "Snapping hip results from the ilio-tibial band breaking time and time again"

QUESTION #5: True or False: "Surgery is the only option for most cases of snapping hip."

- a.) TRUE
- b.) FALSE

Answers:

1) b 2) d 3) a 4) b 5) b

FREE Special Report From Robert Inglis Reveals...

"Fitness Over 50" Six Secrets You Need To Know!



Are you over 50 years old? Do you lead an active lifestyle? Are you thinking of starting an exercise regimen? If so, Physical Therapy Specialists has released a **special free report just for you!** This special FREE report gives you all the facts you need to know for **optimum fitness if you're over 50.**

Here's just a bit of what you will discover in this special free report...

- The five key "components" in any exercise program for people over 50...that will leave you healthier, more energized and feeling 10 years younger!
- The **biggest mistake** most people over 50 make when exercising...and how to avoid it.
- How to double (or even triple) the results you get from your exercise routine using this simple method!
- How to start an exercise program...regardless of age!
- The quickest, easiest way to **build your flexibility** (yes, even at 50 years old, you can become more flexible)!

- Strength training or cardio? Which is best for you...which burns more fat?
- *And much, much more!*

This special FREE report has no strings attached and contains excerpts from **Robert Inglis' forthcoming new book entitled Boomertis.** It's not available to the general public. *It's reserved exclusively for Physical Therapy Specialists' patients and referring physicians.*

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