

**Steroid Injection** Occasionally, a corticosteroid injection to the painful area may be indicated to relieve inflammation and resolve your symptoms.

**Surgery** may be indicated if conservative measures have failed or if there is a loose body or cartilage tear within the hip that requires repair or removal. This will be carried out under the care of a Specialist Orthopaedic Doctor.

### Long term outcome

- Most patients with snapping hip syndrome will recover fully within eight to twelve weeks with advice and exercises.
- Regularly doing the exercises your physiotherapist recommends will help strengthen and stretch the muscles around your hip and reduce the snapping and/or pain
- Your physio may be able to give an indication of expected healing and recovery times, depending on your symptoms and assessment
- Surgery is occasionally needed when there is a problem within the hip joint itself. In this case a referral to paediatric orthopaedics will be made

### When to see your GP

- You have pain that is not relieved by simple measures
- Your symptoms are interfering with your ability to complete sports and other activities
- You have a limp or cannot put weight on your leg
- You have severe pain even when you're not putting weight on it, such as at night or have had weight loss, and/or loss of appetite
- You have fever, redness, swelling or heat around the hip
- You have had a recent trauma or injury to the hip

#### Contact Details

For further information and advice please visit our Website:-

[www.poole.nhs.uk/physio](http://www.poole.nhs.uk/physio) and find [‘childrens physiotherapy’](#)



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Information for parents and children about

# Snapping Hip



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## What is snapping hip syndrome?

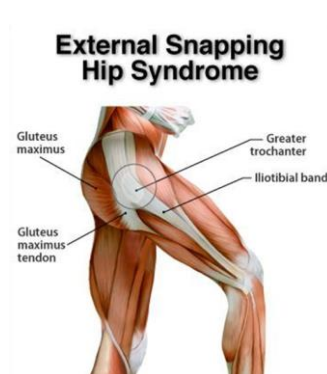
Snapping hip syndrome (SHS), sometimes called dancer's hip, is a common condition that is characterised by a snapping/clunking sensation, and/or audible 'snap' or 'click' noise in or around the hip when it is in motion. For most people, the condition is little more than an annoyance and the only symptom is the snapping sound or sensation itself. But for some people, it may result in pain and weakness and interfere with your ability to do the things that you want to.

### Causes

There are various causes for SHS, which can be further classified as external, internal, or intra-articular in origin.

**External SHS** is the most common presentation.

This occurs on the outside of the hip where a band of connective tissue (iliotibial band or ITB) passes over the prominent part of the thigh bone (greater trochanter). As you flex your hip, the band moves over and in front of the trochanter, which causes a snapping noise. You may get a feeling that your hip is dislocating, but it is not. External SHS responds well to Physiotherapy.



**Internal SHS** occurs when the iliopsoas tendon (at the front of the hip), which connects to the inner part of the upper thigh, snaps with hip movement. You may feel an audible pop in the front of the groin.

**Intra-articular SHS** is the least common cause and can occur following an injury or traumatic event to the hip joint itself. A loose body within the hip joint or a tear to the cartilage causes a snapping sensation when the hip is moved. This is diagnosed by a special MRI (Arthrogram), in which dye is injected into the joint to check for any abnormalities.

## Treatment

Unless SHS is painful or causes difficulty in your activities, no treatment is needed. For minor SHS pain, try home treatments such as:

- Reducing or modifying activity to avoid aggravating symptoms
- Applying ice for 20 minutes at a time
- Using pain relievers such as ibuprofen to reduce inflammation

For more severe pain or pain that does not improve with home treatment, see your GP who will refer you to a Physiotherapist

**Physiotherapy** is usually very effective at reducing pain and improving function for SHS. A Physiotherapist will carry out a detailed assessment to determine the cause of SHS and provide the most effective treatment to improve your symptoms. Stretching and strengthening exercises will improve the support around the hip and the alignment of the legs to reduce pain and pressure, so the patient can resume all of their normal activities.

The following exercises are suggested for external and internal SHS. Aim to complete 10 repetitions of each, 2-3 times per day.

### ITB foam roller stretch

Lie on your side with a foam roller under the side of your leg. Roll your leg back and forth over the foam roller as slowly and smoothly as you can to loosen the tissues along the side of your thigh.



### Side leg raise



Lie on your side (close to a wall). Bend bottom leg slightly. Keeping top knee straight, lift your top leg up into air (do not let the hip roll backwards). Hold for 5 seconds, then, slowly lower back down.