

# Hip Pain:

## How To Know When It's Serious

By Jordan D. Metzl, MD

**M**ichelle, a 38-year-old runner and triathlete, comes in with a complaint of pain in her hip. “Dr. Metzl,” she says, “I have never had a problem before, but in the past few months, I’ve developed this painful ache in my hip during and after running. It hurts when I squat down, and also when I push on the outside part of my hip. I have my biggest race of the season next month, and I just have to do it!”



“Hip injuries are more common than you might think,” I often tell triathletes and runners when they come to the office complaining of hip pain. Thankfully, most hip injuries are fixable.

The hip is a remarkable part of the body. The femur, the biggest, strongest bone in the entire skeleton, terminates in a ball that fits the socket of the acetabulum, or hip joint, where massive forces are repeatedly loaded during running. Due to the strength of the bones and muscles, the joint can usually take this pounding without much of a problem. The labrum, a cartilage cushion in the joint, as well as the articular cartilage lining over the surface of the bones, make up the padding inside the hip. The muscles provide dynamic support to the joint and occur in three planes: the iliopsoas in the front, the tensor fascia lata on the side and the gluteus muscles on the back of the hip joint.

When someone comes in with hip pain, the problem can be in any of these areas, and sometimes there are other related issues as well. The doctor’s job is to make the right diagnosis from among all the possibilities. This task is helped immeasurably when the athlete is able to come in with an exact idea of what hurts and how the pain is reproduced. Sometimes athletes keep a log, which helps specify the type of pain they are having. This is generally quite useful.

For example, a stress fracture in the neck of the femur hurts mostly in the groin area, and it is made worse with every step during the



John Segesta/WahoodMedia.com

foot-strike phase of running and can also hurt at night. Tendonitis of the iliopsoas muscle group also hurts in the groin, but unlike a stress fracture, it tends to hurt with lifting of the leg, such as during the striding phase of running.

Michelle was complaining of pain on the side of her hip, just where the hip rounds outward. I told her, “Michelle, I know that you are bummed because your hip hurts, but actually, having pain on the outside of your hip is much better than having pain in the front of your hip.”

“What do you mean?” she asked.

I explained that pain in the hip joint, meaning pain coming from the bones of the hip joint, or the cartilage between these bones, most often hurts in the groin area. When people come in complaining of groin pain, sometimes arthritis of the hip is the causative factor. Other causes can be a tear in the labrum, the cartilage between the bones, or sometimes, impingement of the iliopsoas tendon, which sits just in front of the joint. Regardless of the cause, the general rule is that hip pain over the front is more serious than pain on the outside of the joint.

In Michelle’s case, the pain in her hip was actually the trochanteric bursa, a fluid-filled sack, which was being pinched on the outside of her hip by a tight muscle called the TFL (tensor fascia lata), the muscle that eventually becomes the ITB (iliotibial band). The pain

from trochanteric bursitis occurs on the bump on the outside part of the hip, and is often sore when pressure is applied, such as when lying on the injured side at night. After discussing treatment options, we decided to proceed with a short course of anti-inflammatory medication, accompanied by physical therapy, with instructions to come back 10 days later so we could try and fix Michelle before her race.

When Michelle came back 10 days later, she was only marginally better, so we proceeded with a cortisone injection into the bursa, which, in combination with physical therapy to loosen the TFL and strengthen the rest of the hip muscles, worked wonders. Cortisone injection into a bursa is generally safe and produces few side effects in comparison to cortisone injection into a joint, which can injure cartilage if done repeatedly. In Michelle’s case, the injection and her physical therapist fixed the problem. Three weeks later, she did her race.

Hip injuries are common in runners and triathletes. The key to healing them, as with all injuries, is getting them checked out early. Once a diagnosis is made, fixing the problem is easier. S

*Jordan D. Metzl, MD, is a nationally-recognized sports medicine specialist at Hospital for Special Surgery in New York City. In addition to his medical practice, Dr. Metzl is a 25-time marathon runner and three-time Ironman finisher.*