

## SUMMARY OF HIP DIAGNOSTIC CRITERIA AND PT MANAGEMENT STRATEGIES

<b>DISORDER</b>	<b>HISTORY</b>	<b>PHYSICAL EXAM</b>	<b>PT MANAGEMENT</b>
<b>“Capsulitis”</b> 843.1    onov* = 8 or less mnov** = 16	Groin ache	ROM deficits End range pain	Rx myofascial ROM deficits (STM, C/R, Ther Ex’s) Rx joint ROM deficits (Mob, MWM, Ther Ex’s)
<b>“Piriformis Syndrome”</b> 355.0    onov = 4 or less mnov = 12	Buttock and sciatic pain Sx’s increase w/sitting on buttock	SR w/: LLTT, Piriformis stretch, Piriformis palpation	Rx innominate and sacral dysfunctions Rx entrapment (Inhibit Piriformis, Nerve ROM)
<b>“Muscle Strain”</b> 843.8    onov = 4 or less mnov = 8	“Pulled Muscle” or contusion ADL’s which stretch or contract the involved muscle are painful	SR w/: Stretch, contraction, or palpation of the involved myofascia	Allow healing Later, STM and stretching to prevent adhesions
<b>“Trochanteric Bursitis”</b> 726.5    onov = 4 or less mnov = 8	Lateral hip ache Sx’s increase w/lying on the affected side	SR w/palpation or provocation of the Trochanteric Bursa	Patient education (Softer mattress, reduce aggravating activity) Physical agents (US/Phono)