Hip Pain

AACP Musculoskeletal Acupuncture
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Presentation Overview

• Western models of hip pain.
• TCM models of hip pain.
• Treatment with acupuncture and related techniques.
• Research on hip pain.
Hip Pain

- Common condition with many possible causes.
- Pain in groin, upper thigh and buttock regions are often grouped together.
- Anatomical relationship of hip and pelvis is complex
  - major vessels / nerves pass close to the hip

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Hip Pain

- Referred pain can often occur outside the hip, so potential problems in the:
  - musculoskeletal,
  - urological,
  - Gynaecological, and
  - gastrointestinal regions
  may also cause ‘hip’ pain.
Common diagnoses of hip pain
Overuse / Trauma / Sports Injuries
• Fractures
• Bursitis
• Sprains and Strains.
Degenerative
• OA
• RA


TCM models of hip pain
Bi Syndrome (Channel problem)
• Invasion of external pathogenic factors.
• Stagnation of Qi and Blood.

Other problems
• Deficiency of Qi and Blood.
• Deficiency of Liver and Kidney.
Bi Syndromes: Main characteristics

Key Symptoms:
• Soreness, pain, numbness
• heavy sensations of the limbs and joints.
• Restricted of movement.
• In severe cases:
  – soreness and pain are extreme
  – Occur in frequent intervals
  – May be accompanied by swelling and deformity.

Differentiation of hip pain in TCM models

External factors of Wind-Cold-Damp
• Wind:
  – Wandering pain with an aversion to wind, or associate with chills and fever.
• Cold
  – Severe hip pain with a cold sensation.
• Damp
  – Hip pain with swelling and fixed localisation,
  – with heavy sensation of the lower limbs.
Management of Hip Pain in Physiotherapy Practice.

Western approaches
- Soft tissue mobilisation / Joint mobilisation.
- Exercise Therapy.
- Electrotherapy.
- Steroid Injection / MTP release (needling).

TCM approaches
- Acupuncture.
- Tui Na (Chinese Medical Massage and manipulation).

Acupuncture Treatment of Hip Pain

- Myofascial Trigger Point release using acupuncture needles
  - Diagnosis and needling guided by distribution of symptoms
- Acupuncture approach based on Traditional Chinese Medicine (TCM) principles
  - Needling in accordance of TCM rules on traditional points
Myofascial Trigger Points
Diagnostic factors

- Specific pain referral patterns
- Are frequently outside the area of the patient’s perceived pain
- Trigger point activity stimulates regional / segmental sympathetic outflows
- The area of the perceived pain is usually cool or cold

Key diagnostic criteria of myofascial pain

- **Major Criteria**
  - Localised spontaneous Pain
  - Spontaneous pain in a specific referral area
  - Taut, palpable band **
  - Exquisite localized tenderness along the taut band
  - Reduced range of movement

- **Minor Criteria**
  - Reproduction of spontaneous pain
  - Elicitation of LTR as a response to needling/snapping
  - Pain relief after stretch, needle or injection
Acupuncture treatment

Local Points commonly used.
- GB 29, 30, 31, Bl54 ST31 and Ah Shi points around the painful region.

Distal points commonly used
- Wind – LI4, TE5, BL12, SP6, SP10.
- Cold – LI4 TE5, GB41, CV4, ST36, SP6.
- Damp – LI4, TE5, BL12, SP9, ST40, BL58.

Distal points commonly used
- Damp Heat
  - LI4, TE5, ST40, Sp6, SP9, GB40, GB43, ST44.
- Stagnation of Qi and Blood
  - LI4, SP6, SP10, BL17, LR3.
- Deficiency of Qi and Blood
  - LR3 and KI3, SP6, GB34, GB39, ST36.
- Deficiency of Liver and Kidney
  - KI3, BL23, BL18, SP6.
Research on Hip pain

• Three quality studies on hip pain and acupuncture:


Fink et al:

Interventions:

• Group 1 (treatment)
  – traditional needle placement and manipulation.

• Group 2 (control)
  – needles away from classic positions and not manipulated. In both groups needles were placed within the L2 to L5 dermatomes.
Fink et al:

- **Results:**
  - Significant improvement in both groups
    - 2 weeks and 2 months following treatment,
    - no significant difference between the two treatment groups.

- **Conclusion:**
  - Needle placement in the area of the affected hip is associated with improvement of symptoms of osteoarthritis.
  - It appears to be less important to follow the rules of traditional acupuncture techniques.

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Haslam R.

- 32 patients awaiting a total hip arthroplasty, randomly allocated to:
  - **Group A**
    - Acupuncture 6 sessions of 25 minutes each.
  - **Group B**
    - Hip exercise and advice over 6 weeks.
Haslam R.  

• Results  
  – Group A : immediate improvement and  
  – this was maintained in the 8 weeks post Rx.  
  – Group B : No change.  
• Significant changes from pre-treatment to immediately treatment as well immediately treatment with 8 weeks post treatment. 
• Conclusion  
  – Acupuncture is more effective than advice and exercises in the symptomatic treatment of OA of the hip.


• Sample size 45 OA patients, age between 42 to 86.  
• Randomly allocated to EA, hydrotherapy and patient education (control).  
• Outcome measures : - disability rating index (DRI), global self-rating index (GSI), and visual analogue scale (VAS).  
• Assessments were done before the intervention and immediately after the last treatment and 1, 3, and 6 months after the last treatment.

Conclusion

• EA and hydrotherapy, both in combination with patient education, induce long-lasting effects, shown by reduced pain and ache and by increased functional activity and quality of life, as demonstrated by differences in the pre- and post-treatment assessments.

Final Conclusion

• Hip pain can be successfully treated with
  – Myofascial Trigger Point acupuncture,
  or
  – traditional acupuncture techniques
• Research findings are promising but more is needed!