

# Case Presentation:

SIJ Dysfunction in a High School Football Player

Doug Chase, PT, LAT, CSCS



# FB player at Billings Senior HS

Senior - 18 yo Male

2 way starter: Wide Receiver/Defensive back and special teams

## Mechanism:

Events leading up to significant symptoms:

- Friday, 11/3/17, quarter-finals playoff game “Very physical - hard hitting”.
- Monday, 11/6/17, in morning conditioning class left hip “tight”
- Monday afternoon practice - during warm up drill increase L hip symptoms causing discomfort. Had to stop - felt like “pulled groin”

# Initial Treatment

- Evaluated by BSH AT
  - E-stim and exercises - Stretches
  - Entire week off (Tu-Th)
  
- Friday Semi-Final FB game (11/10/17)
  - Before game received Toradol injection by Dr. Phipps
  - After warm-ups determined “no-go”
  - Played 1st offensive series as a decoy.

# Saturday morning referred to PT by Dr. Elliott - (11/11/17)

## Subjective

- Goal of returning to State FB Championship game 11/17
- L hip groin pain - especially adductor region
- Antalgic gait “moderate to severe” - Unable to go up and down stairs
- Pain and limited with SLR, walking, stairs, standing to put pants on, pain with sit ups - legs straight
- Min pain at rest
- “Treatment this past week e-stim “felt good” but “not very consistent with stretches”\*\*

## Objective

- Pain with resisted hip flexion and adduction
  - AROM SLR and adduction painful
- Pain with PROM hip extension and abduction
- Sit ups painful

## Treatment for hip strain/sprain

- HEP hip flexor and adductor stretching program - with education re importance of consistency
- Rodeo Wrap
- Ultrasound

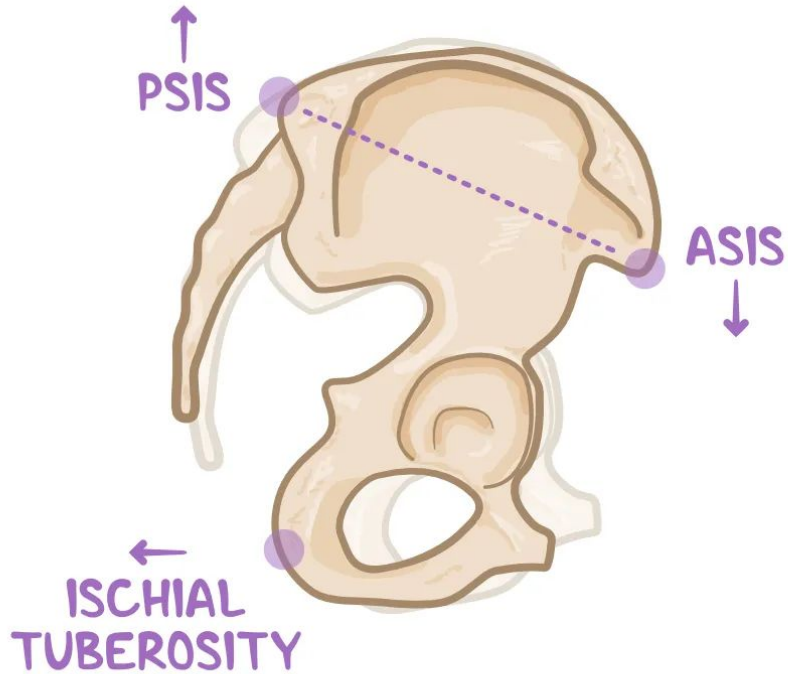
# Monday - f/u in PT

Subjective: “Stopped exercises because stretches made it worse”

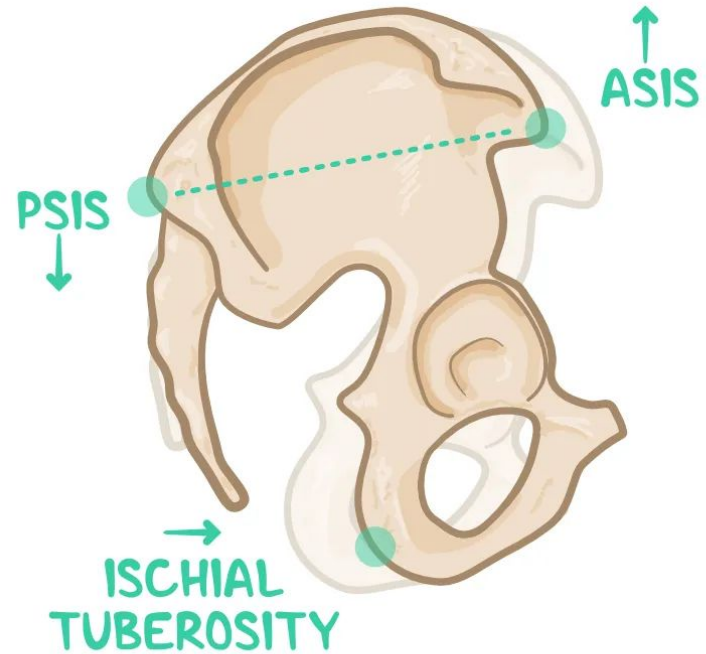
Re-assessment:

- L Posterior Innominate Dysfunction
- Tenderness over pubic symphysis

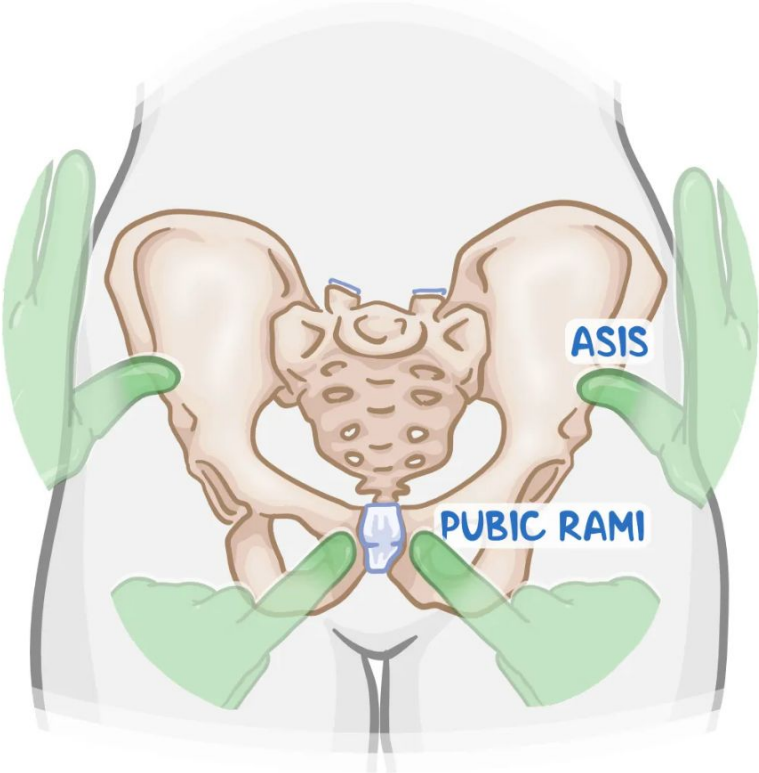
# ANTERIOR INNOMINATE ROTATION



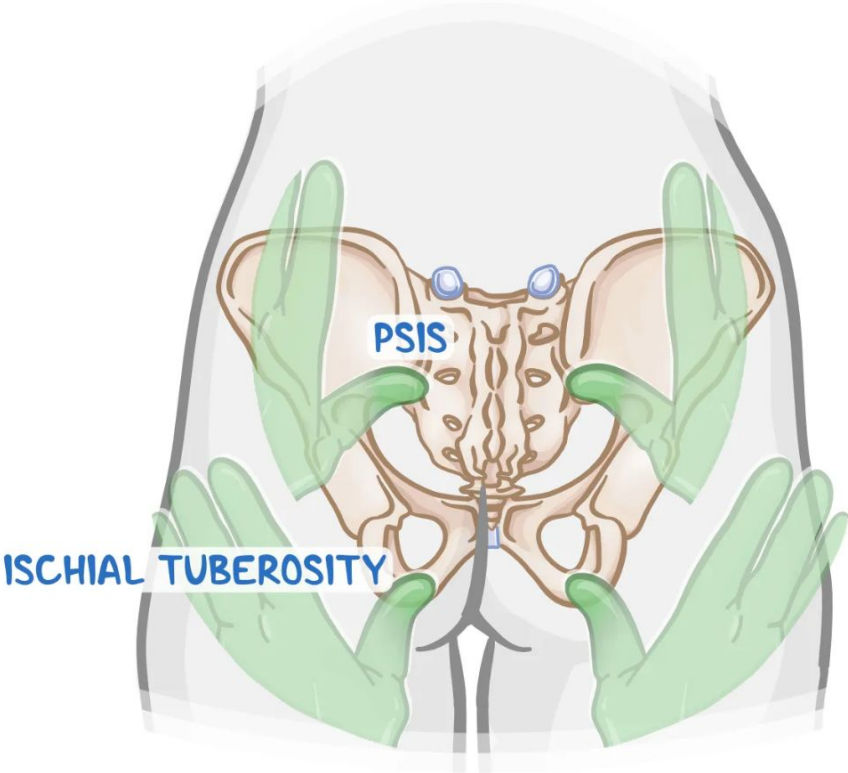
# POSTERIOR INNOMINATE ROTATION



# ASSESSING PELVIC LANDMARKS



ANTERIOR



POSTERIOR

# Modified treatment approach

- Mulligan MWM left posterior innominate dysfunction - prone press ups
- SIJ Mobilization
- Pelvic shotgun
- Dowel MET
- HEP
  - Dowel MET
  - Clam
  - Cont'd stretches for hip



# Mulligan MWM



# SIJ Mobilization



# Pelvic Shotgun



# Dowel MET



# Clamshell Exercise



# Tuesday and Wednesday Appointments

11/14/17 - Tuesday

- “Definitely better”
- Treatment same and added foam roller

11/15/17 - Wednesday

- Subj:
  - “I don’t feel it when I walk anymore”
  - “No pain with stairs”
  - “Able to stand on L leg and lift R to put pants on without difficulty”
- Treatment
  - SIJ mobilization (L leg HVLA and pelvic shotgun)
  - Assessed jogging outside - no compensations - only mild anterior L groin soreness - not pain
    - Prior Monday was unable to drive off leg with jogging
  - Autosound to pubic symphysis
  - Stretches now without pain and “good stretch”
  - Iontophoresis started
- Dr. Elliott prescribed Medrol dose pack

# Thursday Appointment - 11/16/17

- **Subj:**
  - “At Senior High with backpack able to go up 2 steps at a time without pain”
- **Obj:**
  - SLR and adduction no sharp pain
  - Full sit up with legs straight only mild discomfort
- **Treatment**
  - Hip Spica - Rodeo wrap to facilitate hip adduction
    - Jogged outside with no pain or discomfort
  - Progressed with strengthening
    - Clam and Calm with IR
- **Coordinated return to sport with Stacy Molt, AT**
  - Practice 75% “felt good”. No pain.

# Rodeo Wrap





# Reverse Fire Hydrant



# Friday - 11/17/17 - Appointment

- Subj:
  - No pain
- Treatment:
  - Autosound and ionto
  - TFM to L adductor
  - Educated in Championship game tonight to minimize cool down
  - Wear Rodeo wrap
- Released without restrictions
  - f/u planned in 2 weeks to RA and advance with strengthening and treatment as needed.
    - Preventative/Maintenance

# Game Night

2017 State AA Football Championship game

<https://www.hudl.com/video/3/603572/5a1082f43dec261208261c94>

Stats:

- 11 rushes for 91 yds
- 3 receptions for 47
- 1 touchdown
- 1 INT



# Thank you

## Take home

- If someone has hip pain that doesn't respond then evaluate and treat the SIJ.
- Many other options to treat the SIJ

## Questions?

