ABSTRACT

Study Design: Case report: differential diagnosis and clinical decision making

Background and Purpose: Young adults with lateral hip pain are often referred to physical therapy (PT). A thorough examination is required to obtain a diagnosis and guide management. The purpose of this case report is to describe the physical therapist's differential diagnostic process and clinical decision making for a subject with the referring diagnosis of trochanteric bursitis.

Case Description: A 29-year-old female presented to PT with limited sitting and running tolerance secondary to right lateral hip pain. Her symptoms began three months prior when she abruptly changed her running intensity and frequency of weight bearing activities, including running and low impact plyometrics for the lower extremity. Physical examination revealed a positive Trendelenburg sign, manual muscle test that was weak and painless of the right hip abductors, and pain elicited when performing a vertical hop on a concrete surface (+ single leg hop test), but pain-free when performing the same single leg hop on a foam surface. Examination findings warranted discussion with the referring physician for further diagnostic imaging.

Outcomes: Magnetic resonance imaging revealed a focus of edema in the posterior acetabulum, suspicious for an acetabular stress fracture. The subject was subsequently diagnosed with an acetabular stress fracture and restricted from running and plyometrics for four weeks.

Discussion: Thorough examination and appropriate clinical decision making by the physical therapist at the initial examination led to the diagnosis of an acetabular stress fracture in this subject. Clinicians must be aware of symptoms and signs which place the subject at risk for stress fracture for timely referral and management.

Level of evidence: 4

Keywords: Pelvic pain, stress fracture, trochanteric bursitis

1 Northwest Community Healthcare, Arlington Heights, IL, USA
2 Carroll University, Waukesha, WI, USA
3 Feinberg School of Medicine, Physical Therapy & Human Movement Sciences, Northwestern University, Chicago, IL, USA

This case report was approved by Carroll University's IRB and designated 12-003. The subject in this case was seen at The University of Chicago Medicine, Physical Therapy Department, Chicago, IL. At the time of the case, Jennifer I. Livingston was a third year Physical Therapy Student at Carroll University in Waukesha, WI and completing a physical therapy clinical internship under the supervision of clinical instructor Craig Hensley. Since that time, Dr. Livingston has received her DPT and is a staff physical therapist at Northwest Community Healthcare in Arlington Heights, IL.

CORRESPONDING AUTHOR
Jennifer I. Livingston, PT, DPT, ATC
Northwest Community Healthcare
Wellness Center
900 W. Central Road
Arlington Heights, IL 60005
E-mail: jismith224@gmail.com