UNIVERSITÄT BERN

## Vorkurs Berner Hüftsymposium 2020

# Keep in touch – Klinische Untersuchung mit Demonstration an Patienten

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# Ziel

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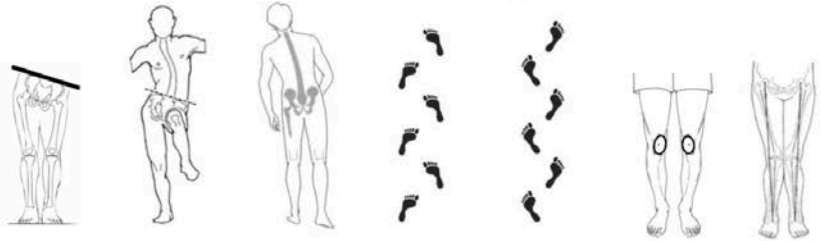
- Vorstellen der Untersuchung der Hüfte
- Typische Klinik beim femoroazetabulären Impingement
- Untersuchung am Patienten mit femoroazetabulärem Impingement

# Klinische Untersuchung der Hüfte

HIP SYMPOSIUM BERN

## Stand und Gangbild

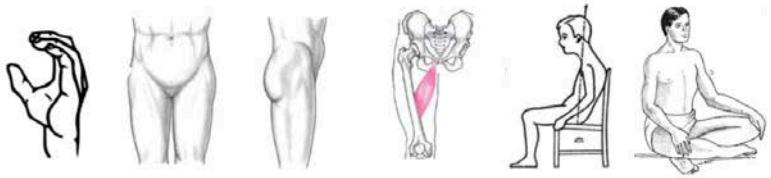


Beinlänge Schiefstand | Trendelen-burghinken | Duchenne-hinken | In-toeing | Out-toeing | Patella-schielen | Bein-achsen

## Provokationstests

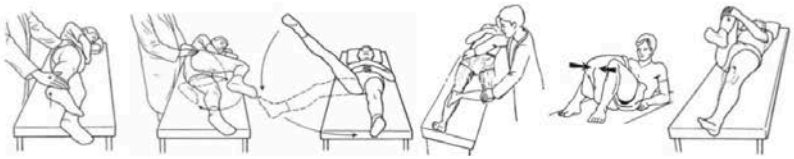
Vorderes Impingement | Hinteres Impingement | Reine Flexion | FABER

## Inspektion und Schmerzlokalisation



C-Sign | Muskel-relief | Druckdolenz Trochanter | Druckdolenz Adduktoren | Sitzen | Schneidersitz

## Zusätzliche Untersuchungen



Abduktoren-kraft | Velotest | Psoastest | Viererzeichen | Adductor Squeeze test | Thomas-test

## Bewegungsumfang

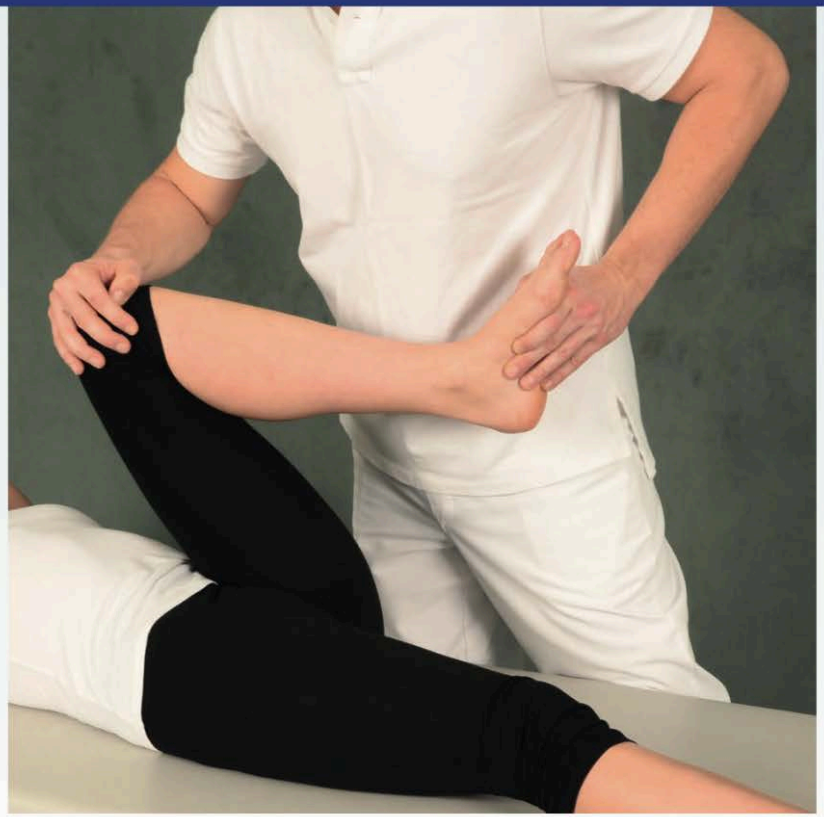
Flexion | Extension | Abduktion | Adduktion | Innenrot. (Flexion) | Aussenrot. (Flexion) | Innen-/ Aussenrot. Bauchlage

## **Hyperlaxizität** (Beighton Score >5 Punkte)

Daumen auf Unterarm | Kleinfinger-extension >90° | Ellbogen Hyper-extension | Knie-hyper-extension | Hände flach auf Boden

# Diagnostik des Hüftgelenkes

AGA-Hüft-Komitee

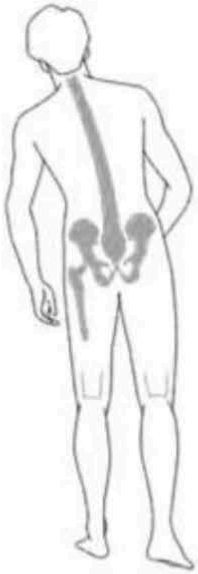


www.aga-online.de

# Stand und Gangbild

Beinlänge
Schiefstand

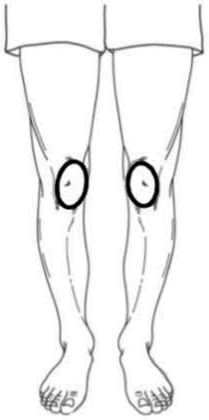
Trendelen-
burghinken



Duchenne-
hinken

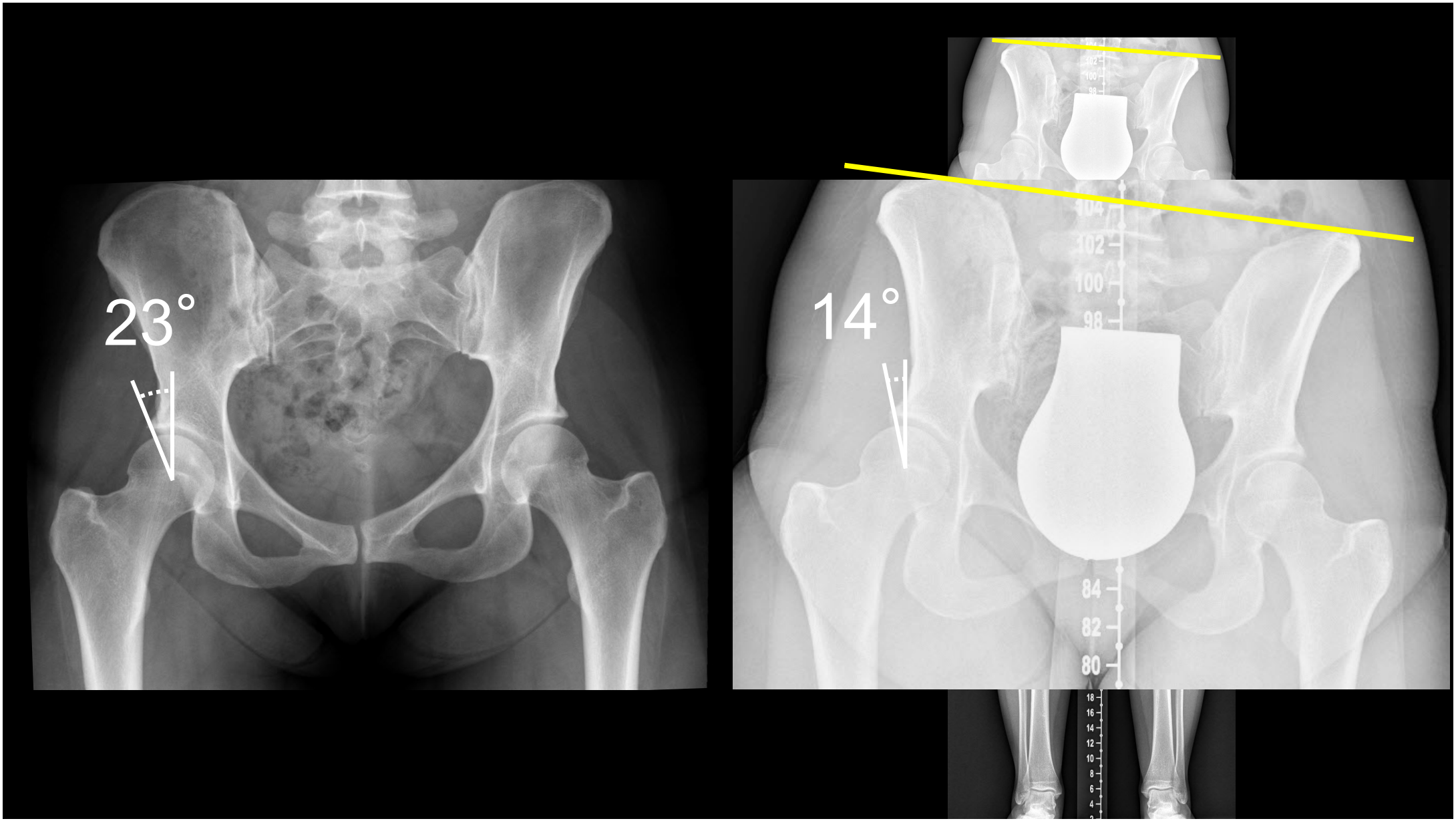
In-
toeing

Out-
toeing



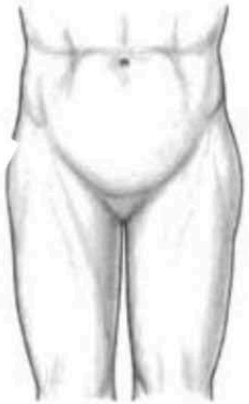
Patella-
schielen

Bein-
achsen

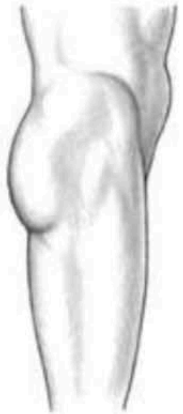

23°
14°
104
102
100
98
84
82
80

# Inspektion und Schmerzlokalisation

C-Sign



Muskel-
relief



Druckdolenz
Trochanter

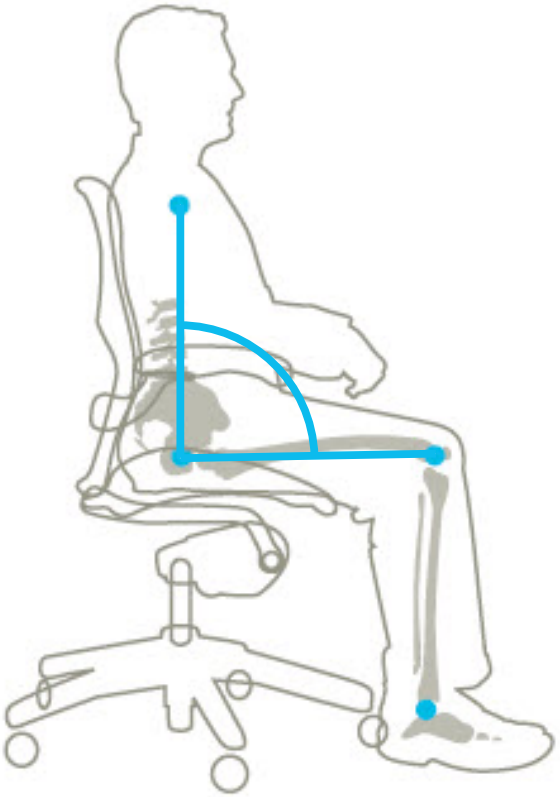
Druckdolenz
Adduktoren

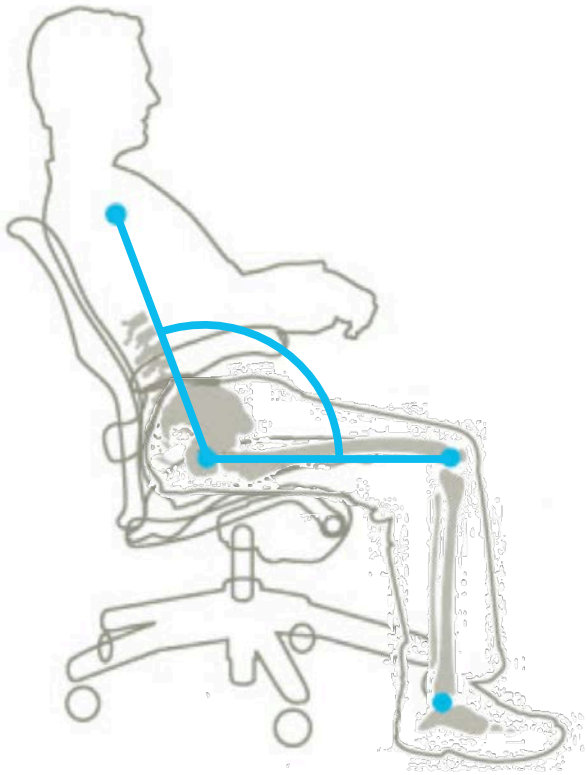
Sitzen

Schneidersitz

# C-Sign

# Sitzen

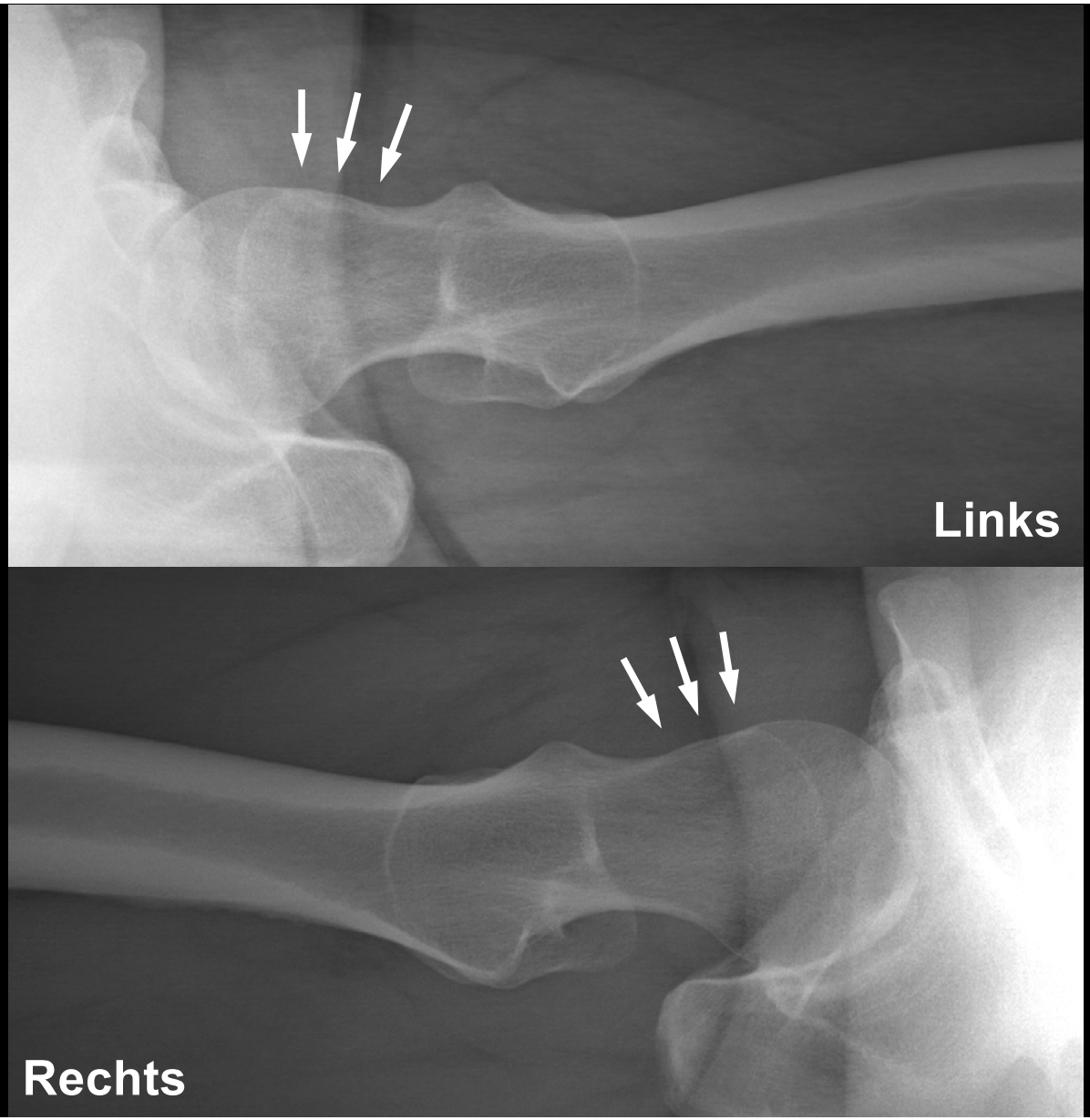




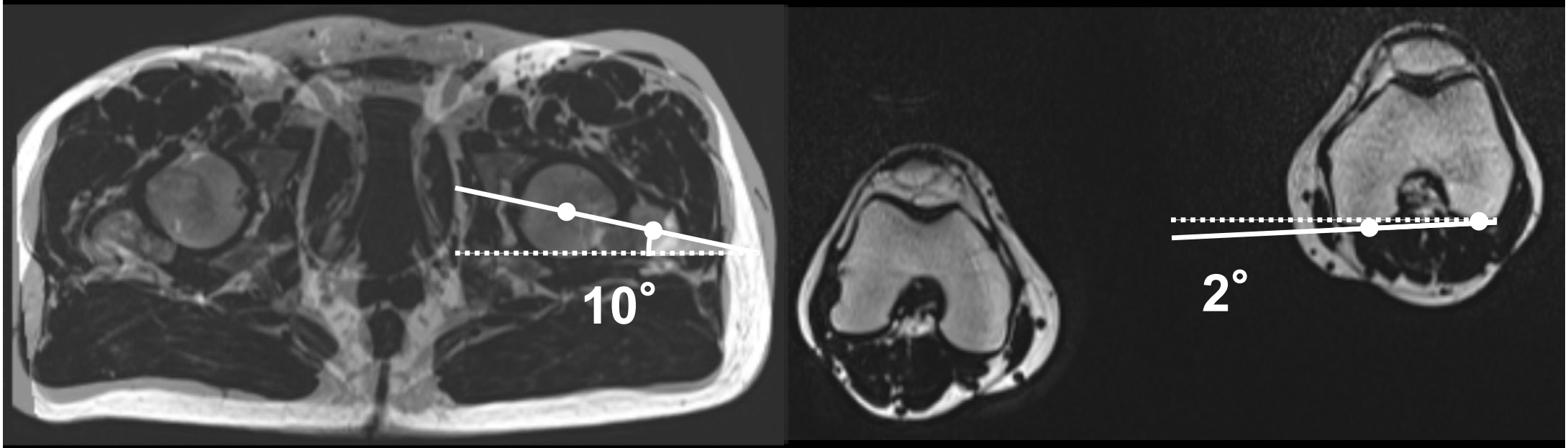
bls
athleticum
CHICCO DORO
92
SCB

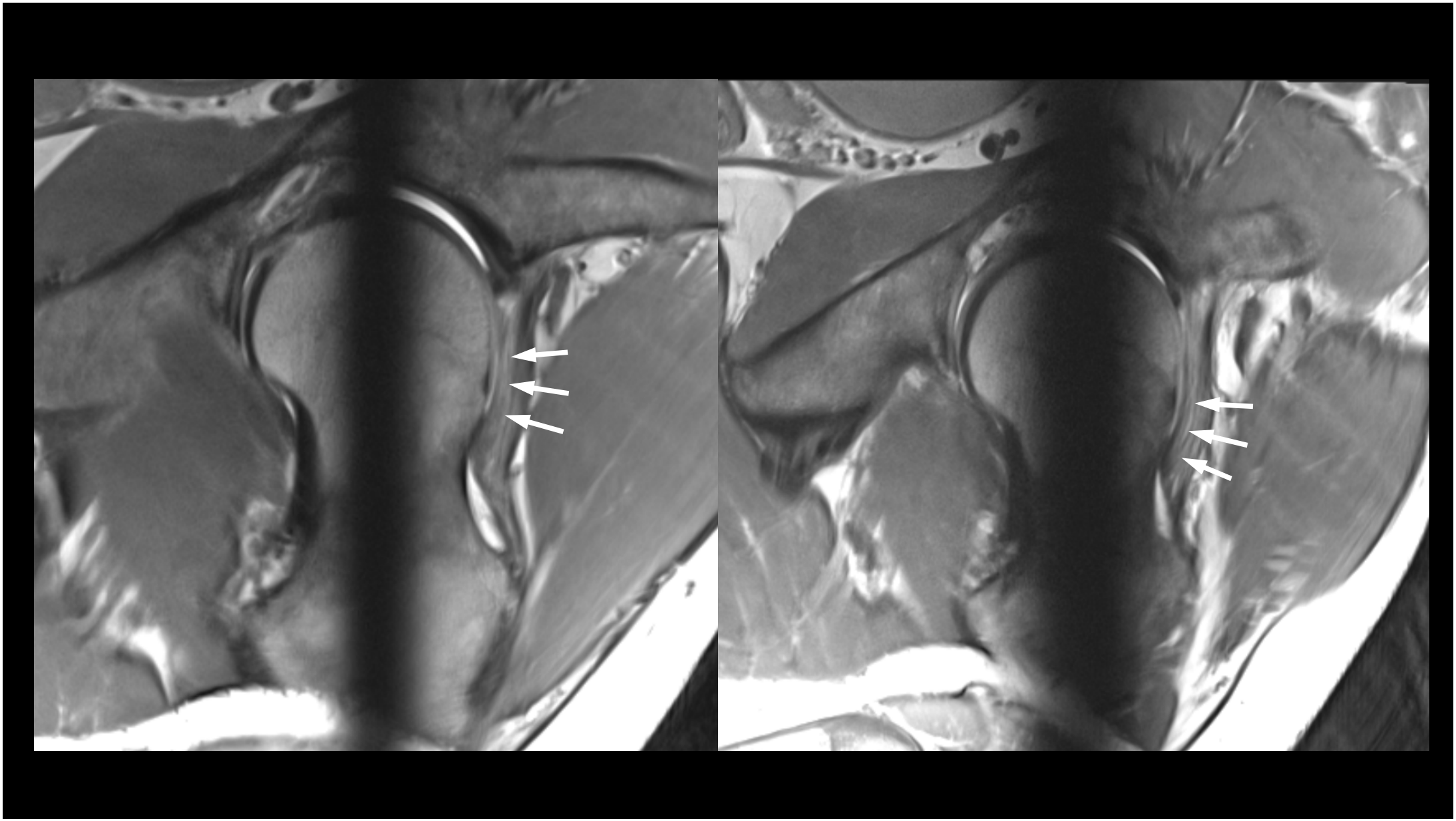
# PATIENTENVORSTELLUNG

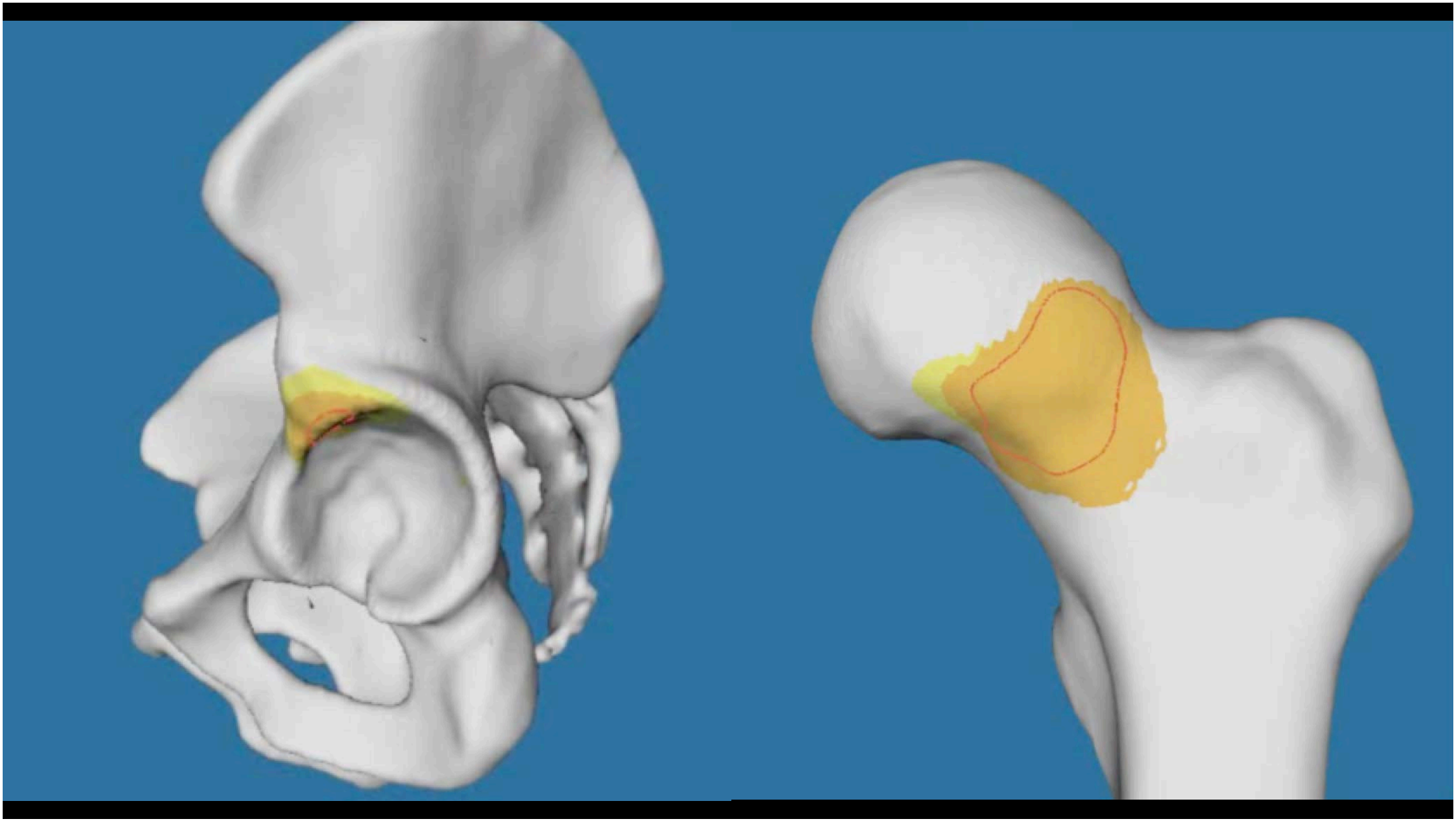
Patient 1

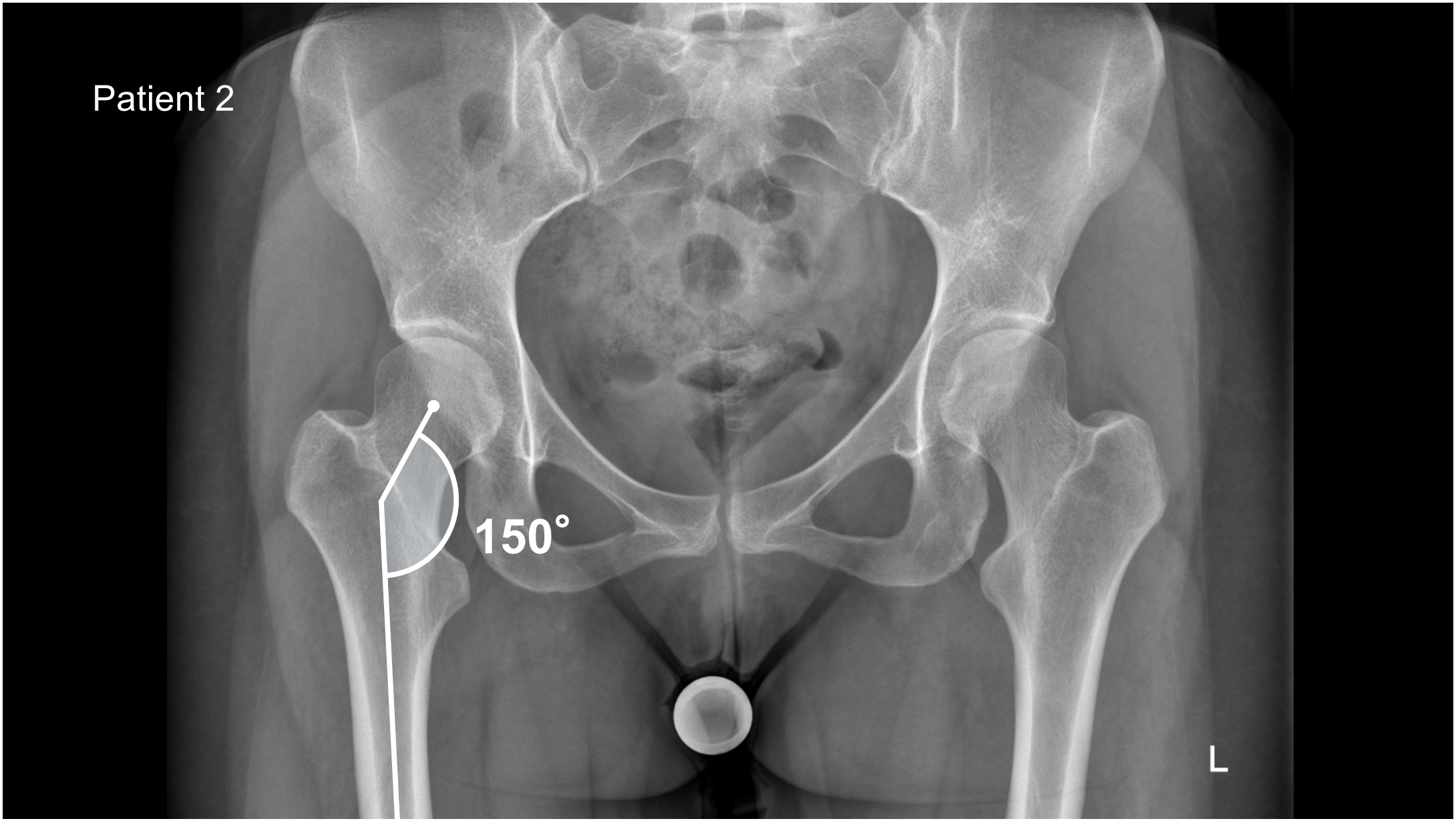

Links
Rechts

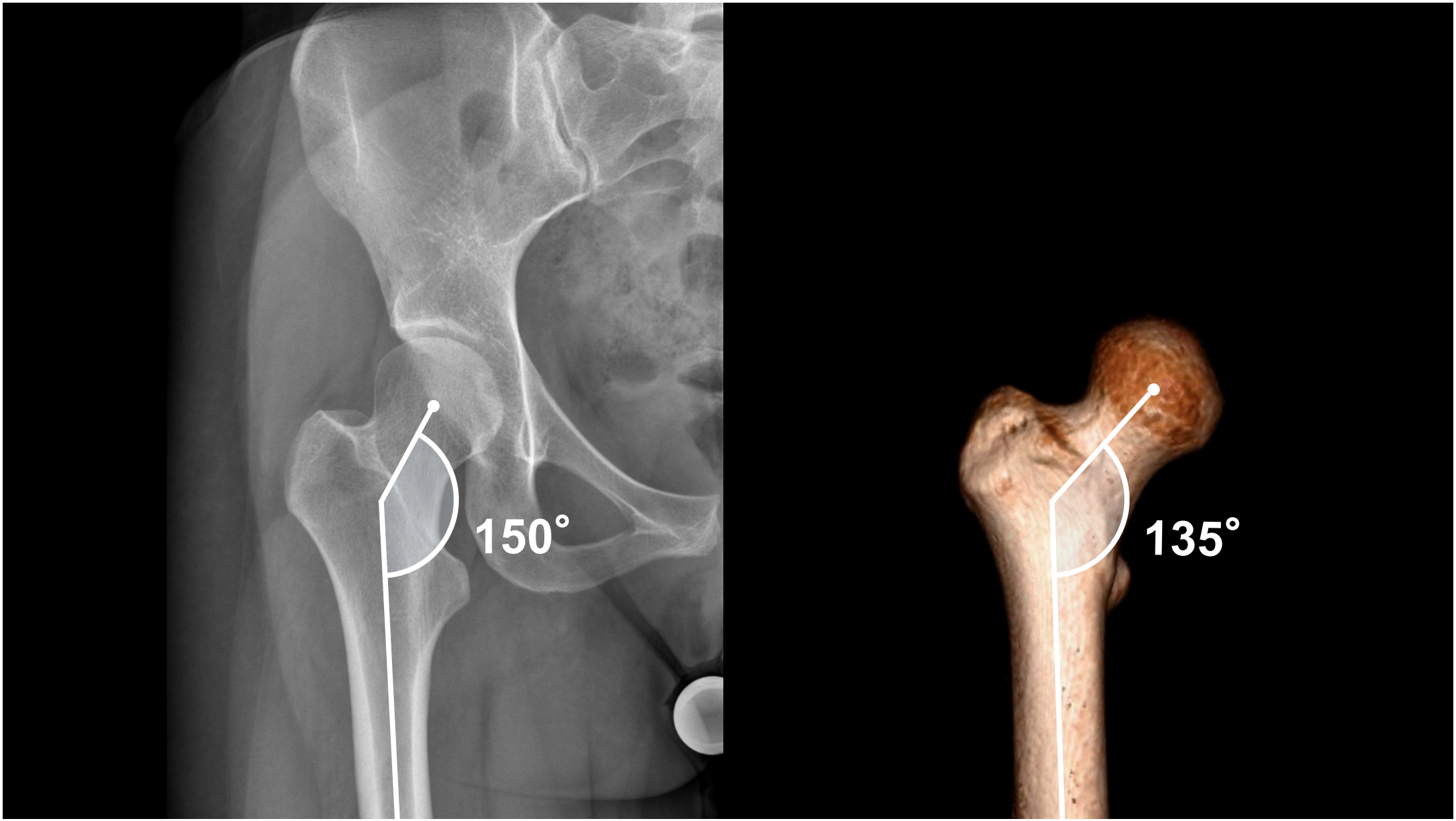
# Femorale Antetorsion von 12°

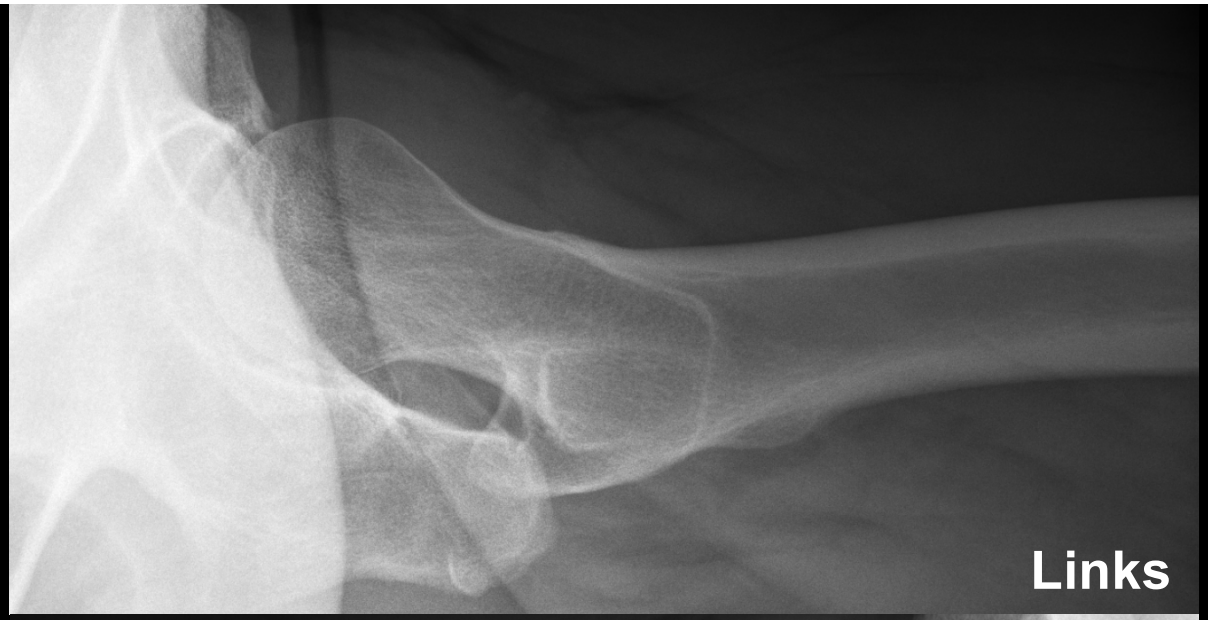


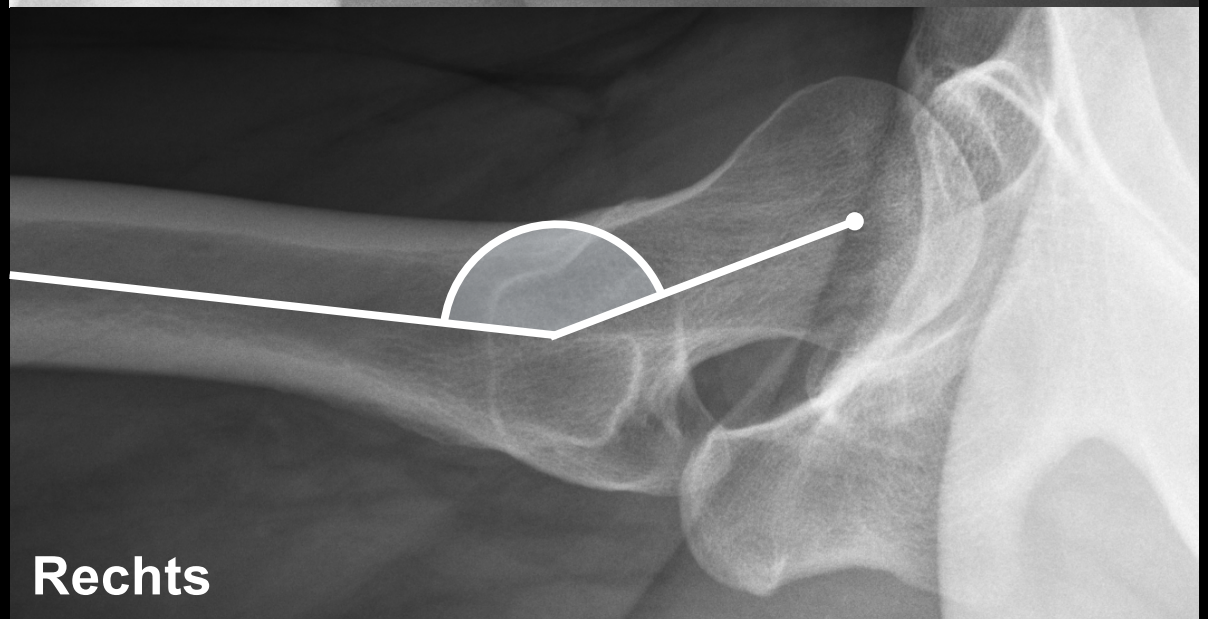





Patient 2
150°
L

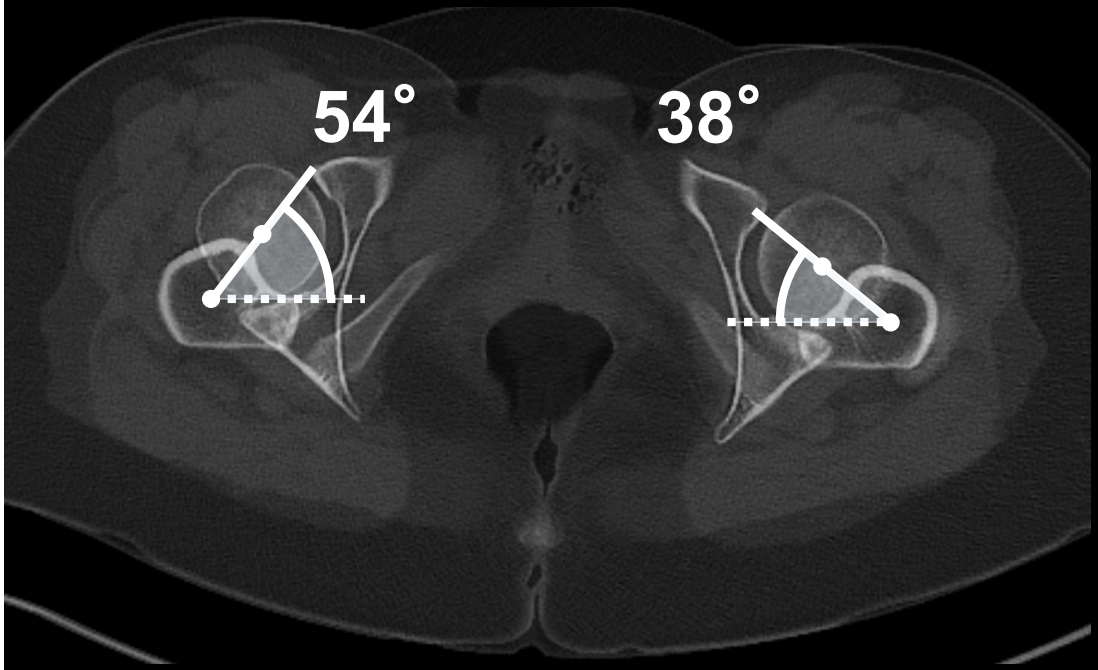

150°
135°

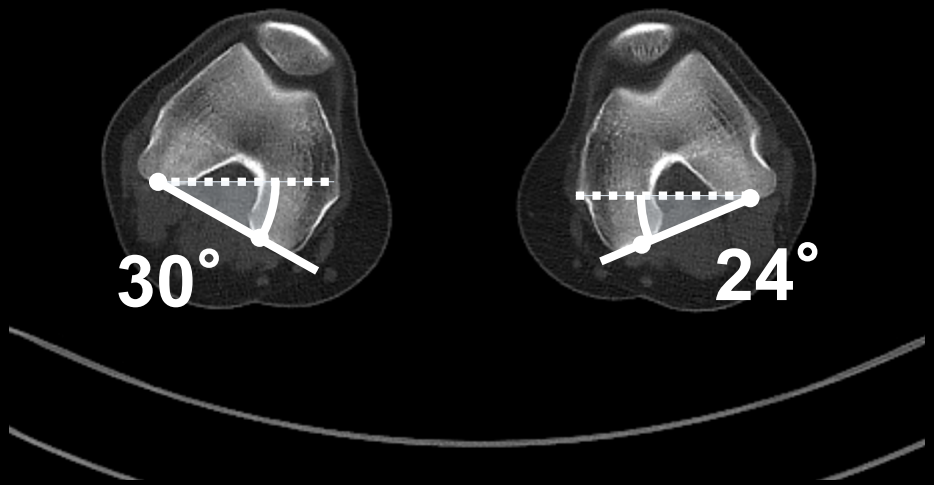

Links


Rechts

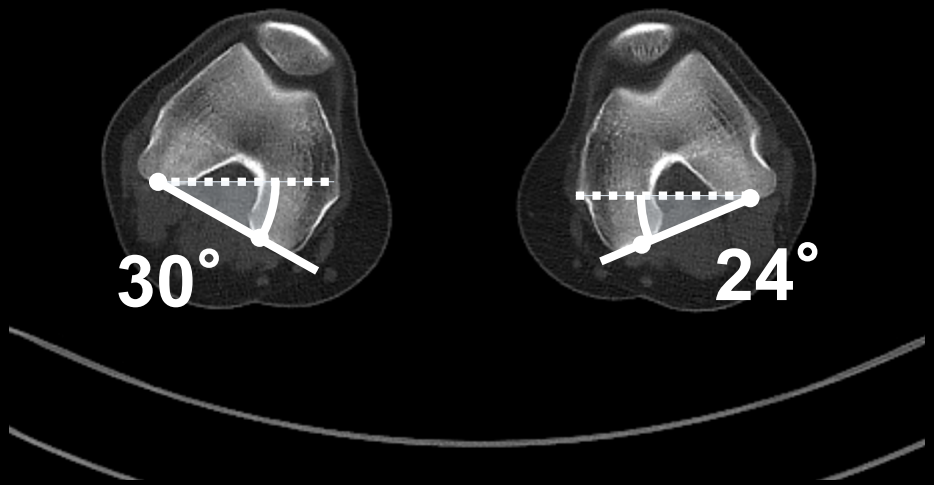
# Femorale Torsion

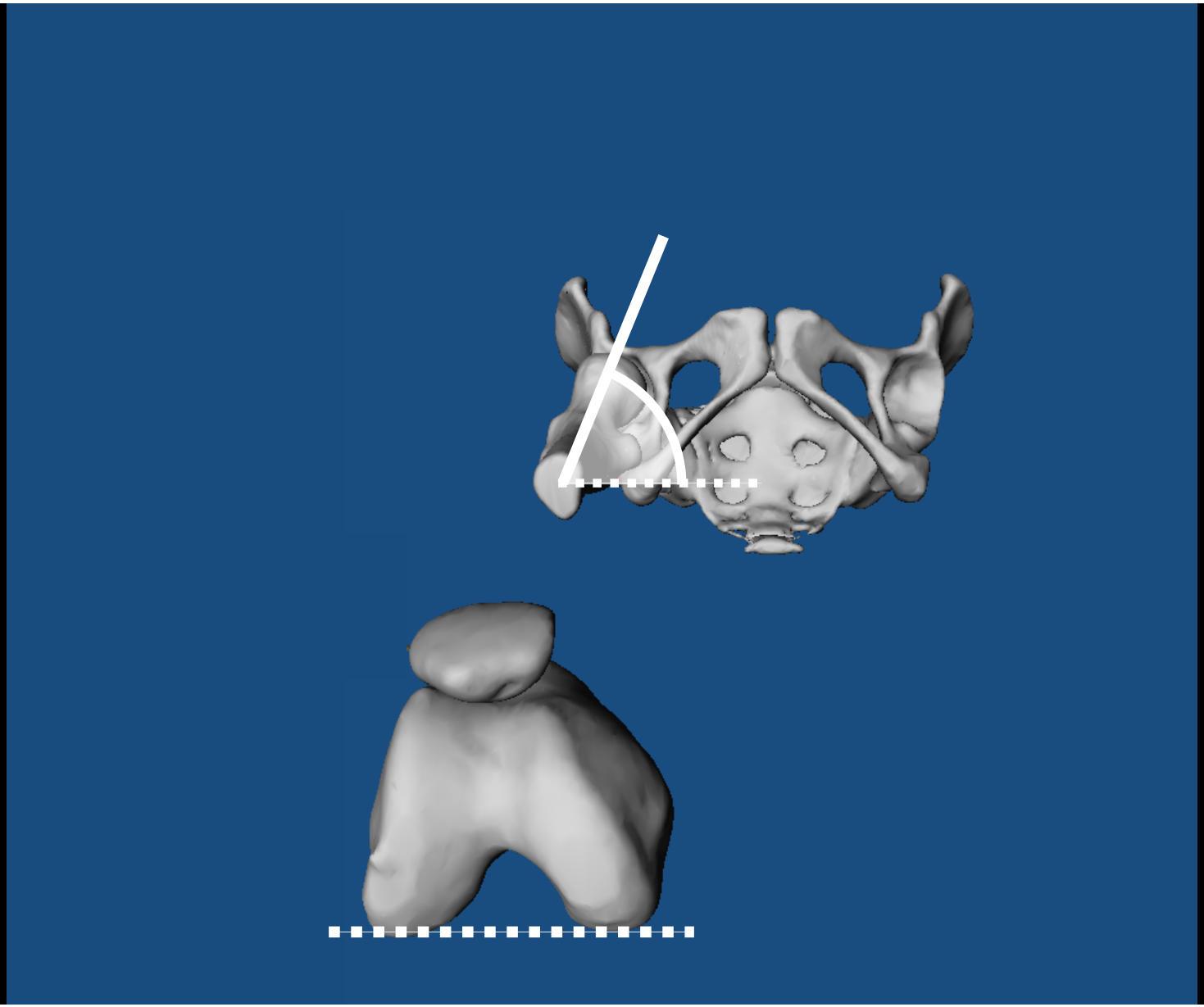
Rechts 84°  Links 62°

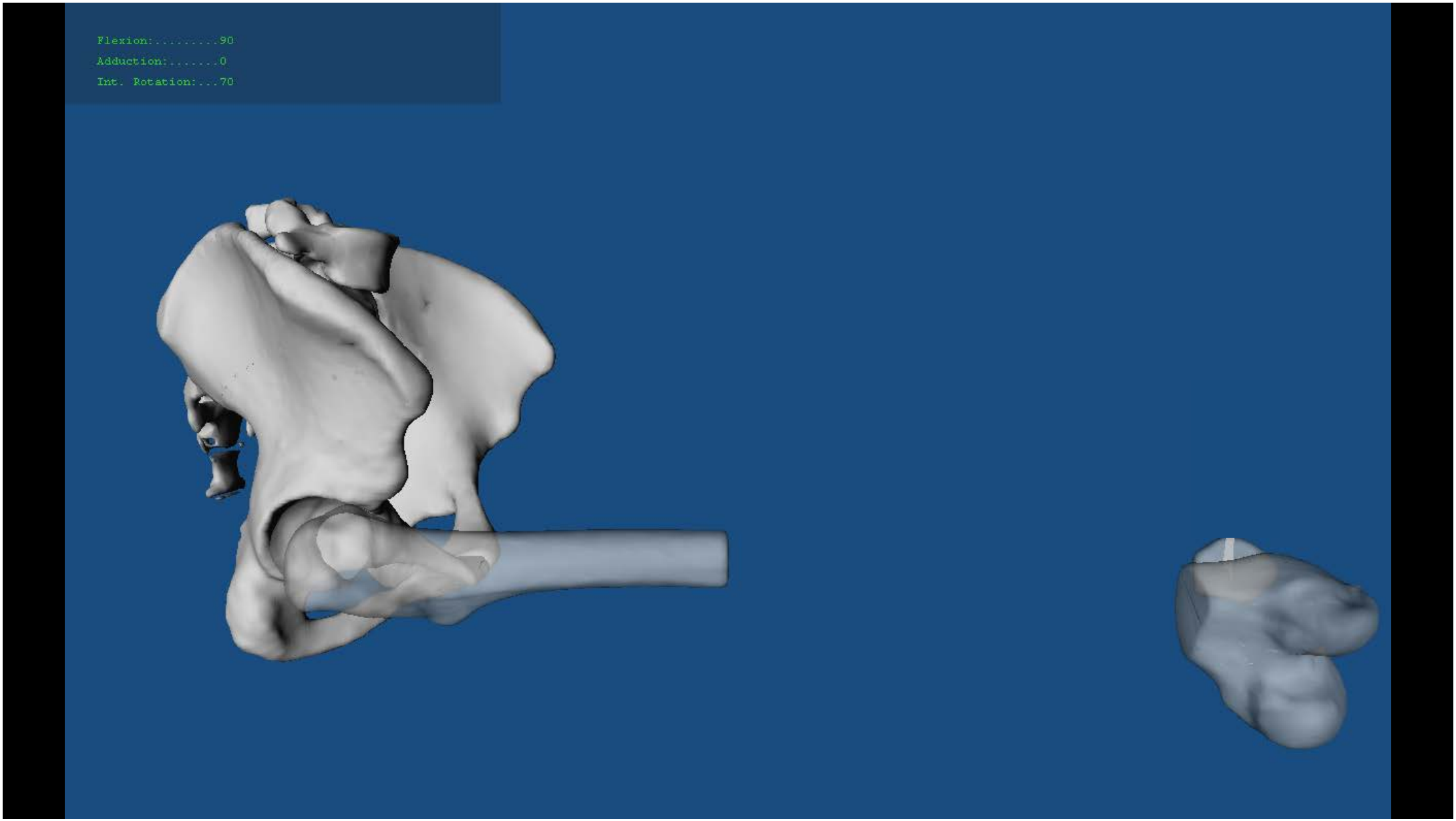


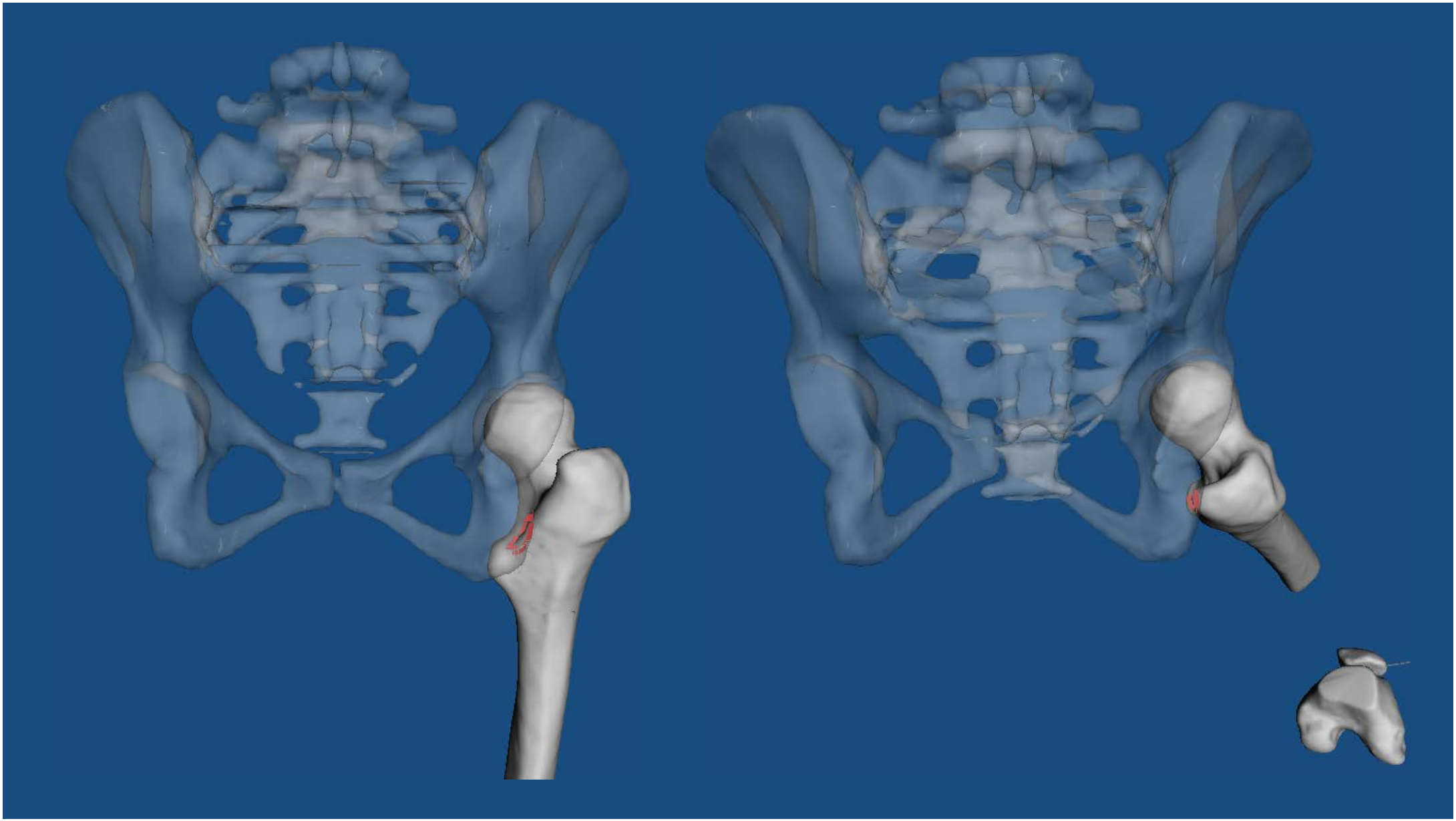



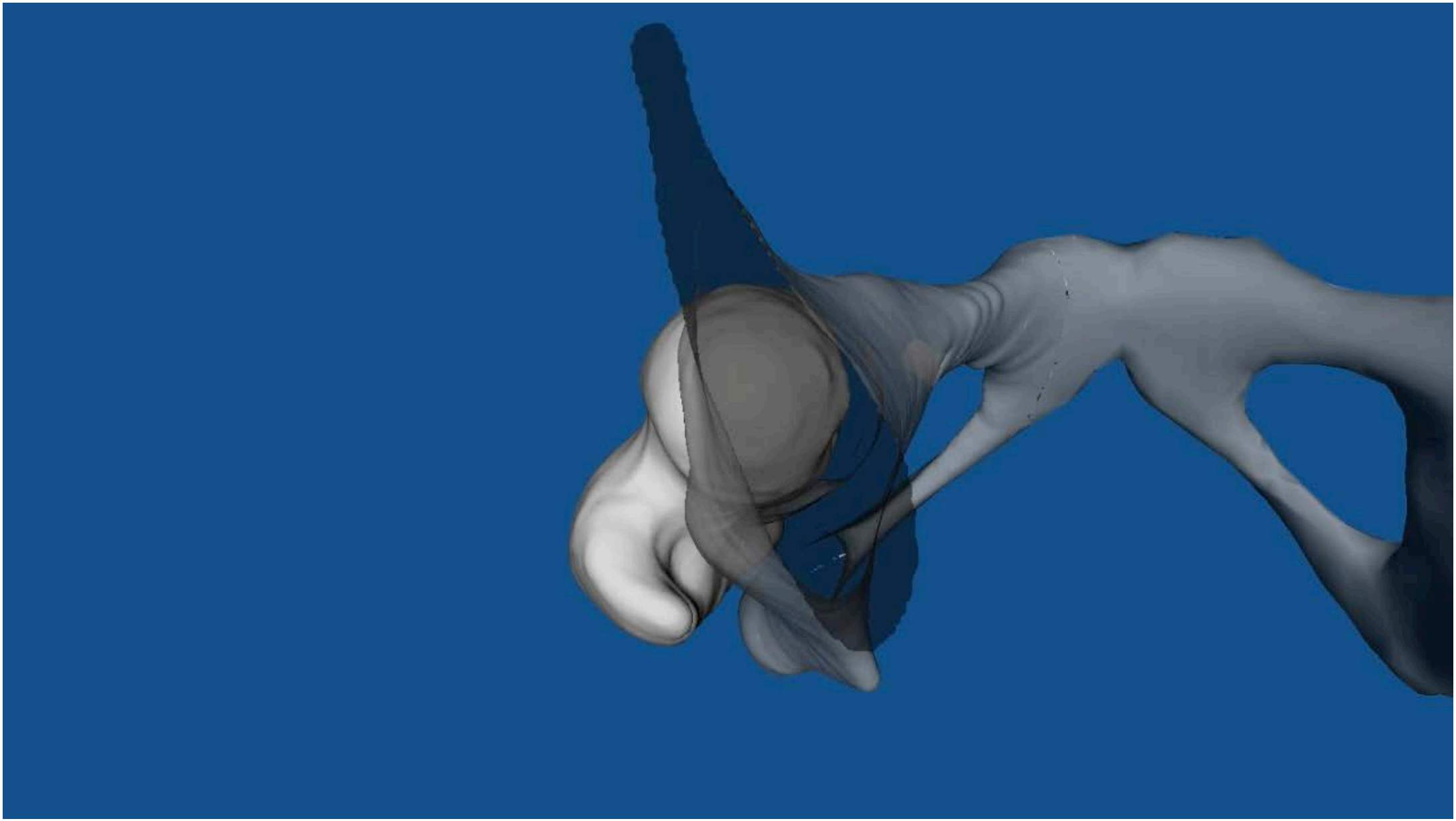
# Femorale Torsion

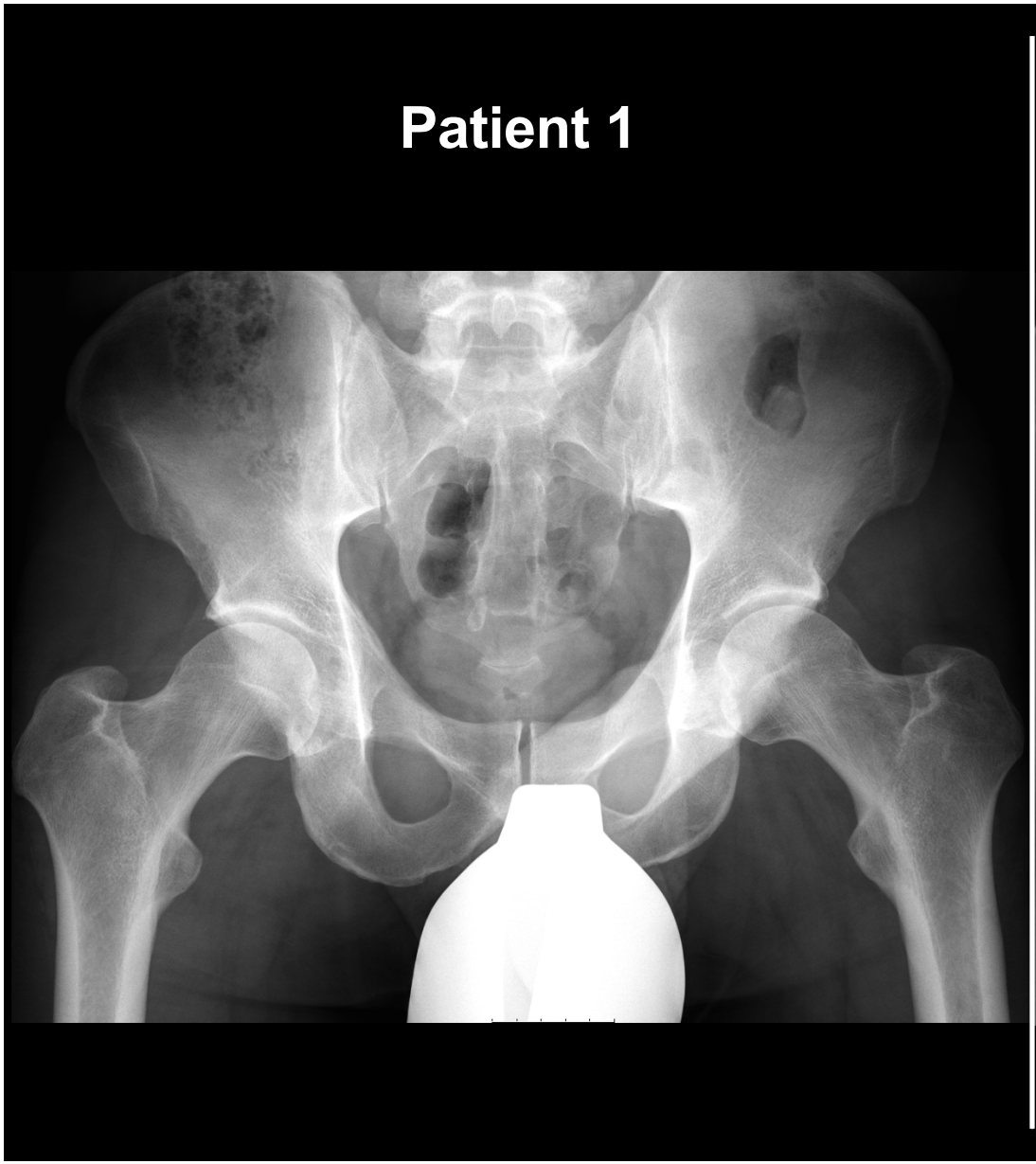


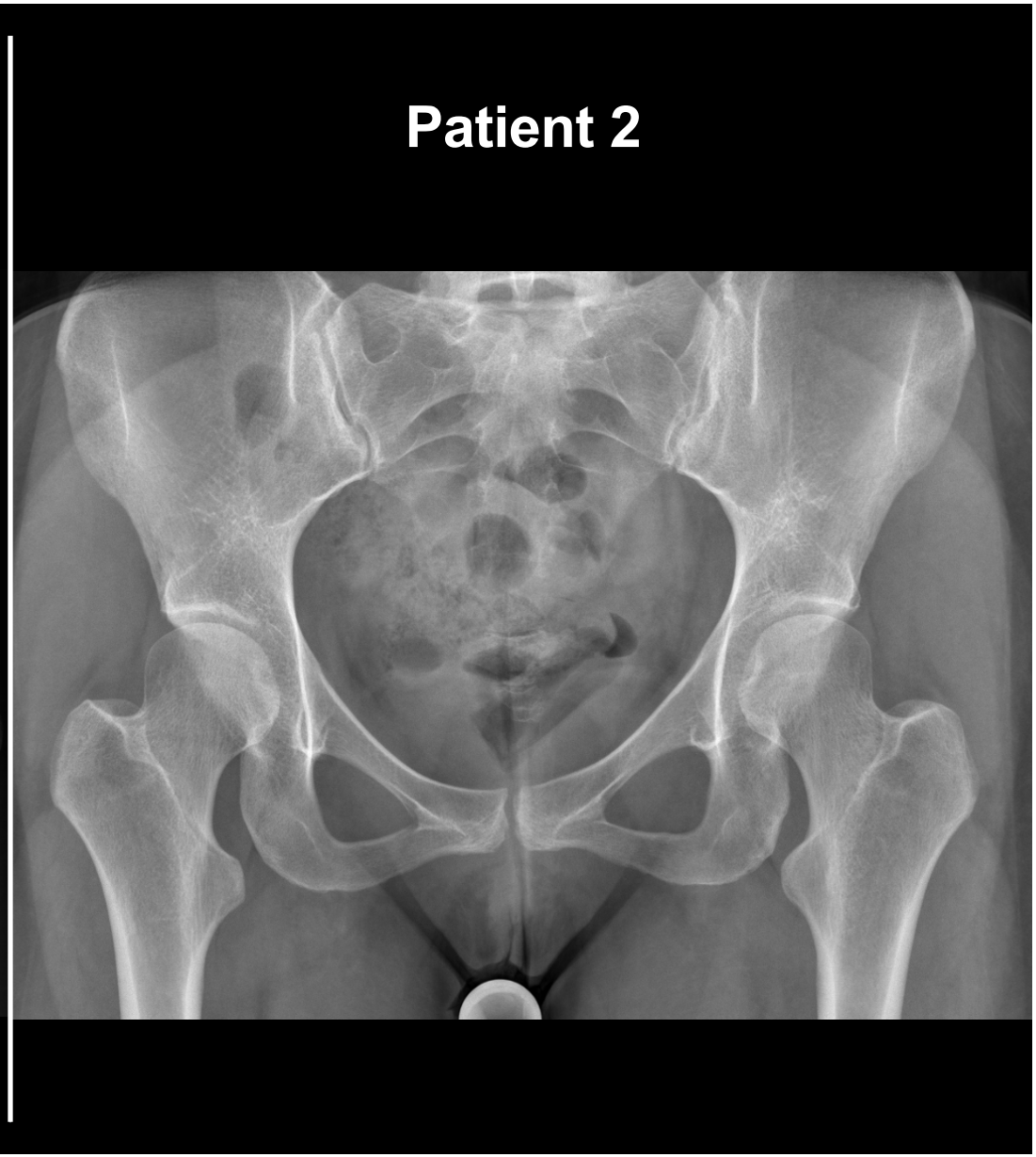



Flexion:.....90
Adduction:.....0
Int. Rotation:...70



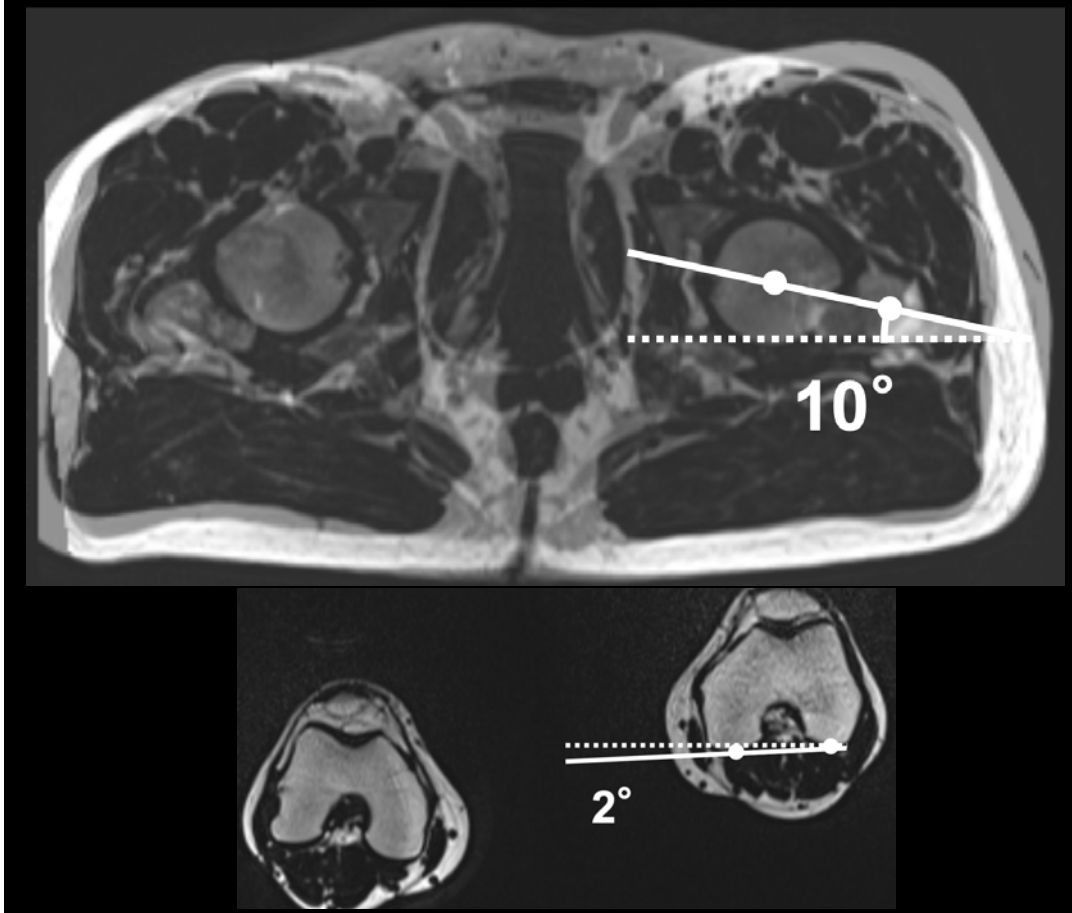



Patient 1


Patient 2

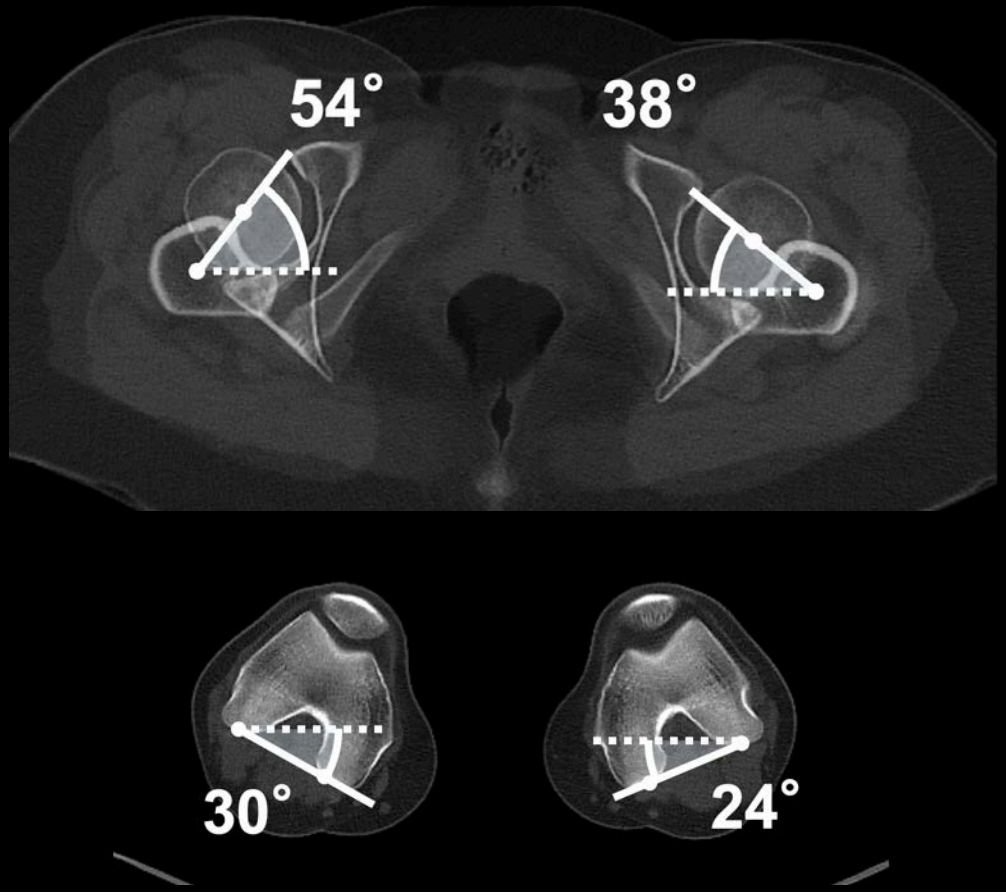
## Patient 1

### Femorale Torsion von 12°

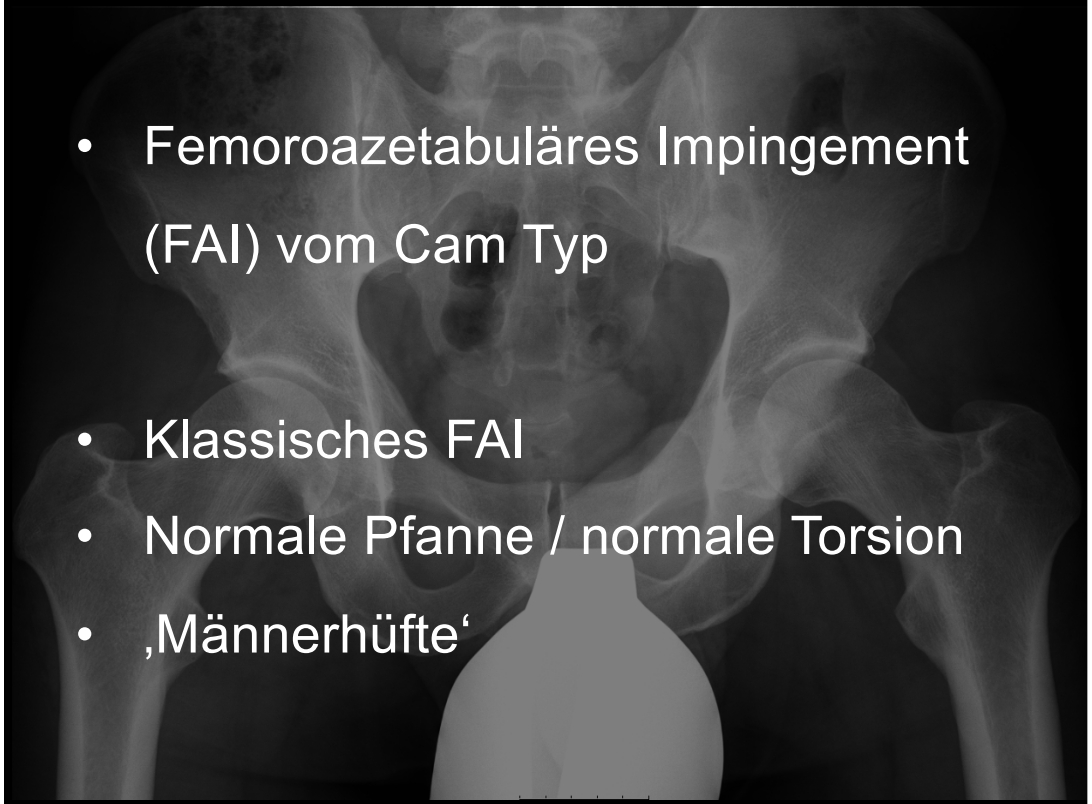



## Patient 2

### Femorale Torsion von 84°



## Patient 1



- Femoroazetabuläres Impingement (FAI) vom Cam Typ
- Klassisches FAI
- Normale Pfanne / normale Torsion
- ‚Männerhüfte‘

## Patient 2

- Posteriores und extraartikuläres femoroazetabuläres Impingement (FAI)
- Torsionsfehlstellung
- Normale Pfanne / normaler Offset
- ‚Frauenhüfte‘

# Bewegungsumfang

Flexion

Extension

Abduktion

Adduktion

Innenrot.
(Flexion)

Aussenrot.
(Flexion)

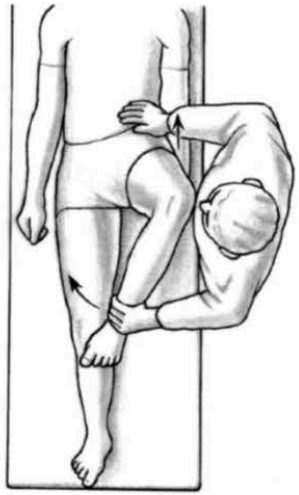
Innen-/
Aussenrot.
Bauchlage

# Provokationstests

Vorderes Impingement

Hinteres Impingement

Reine Flexion



FABER

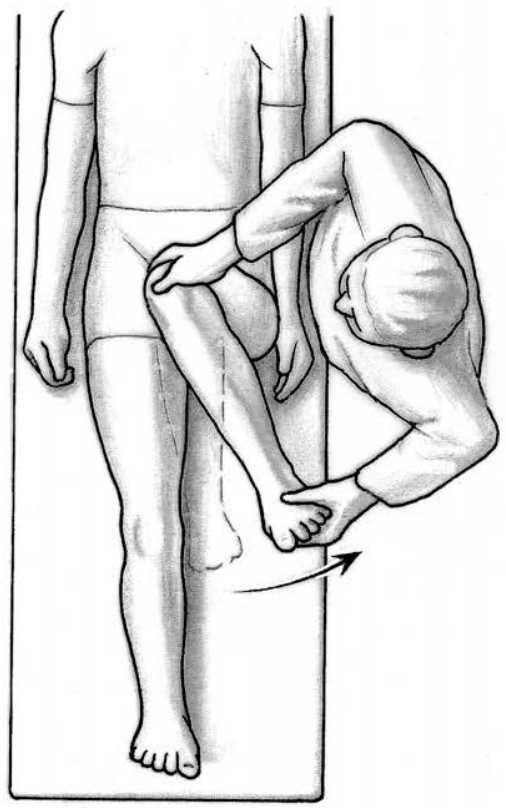
# Impingementtests

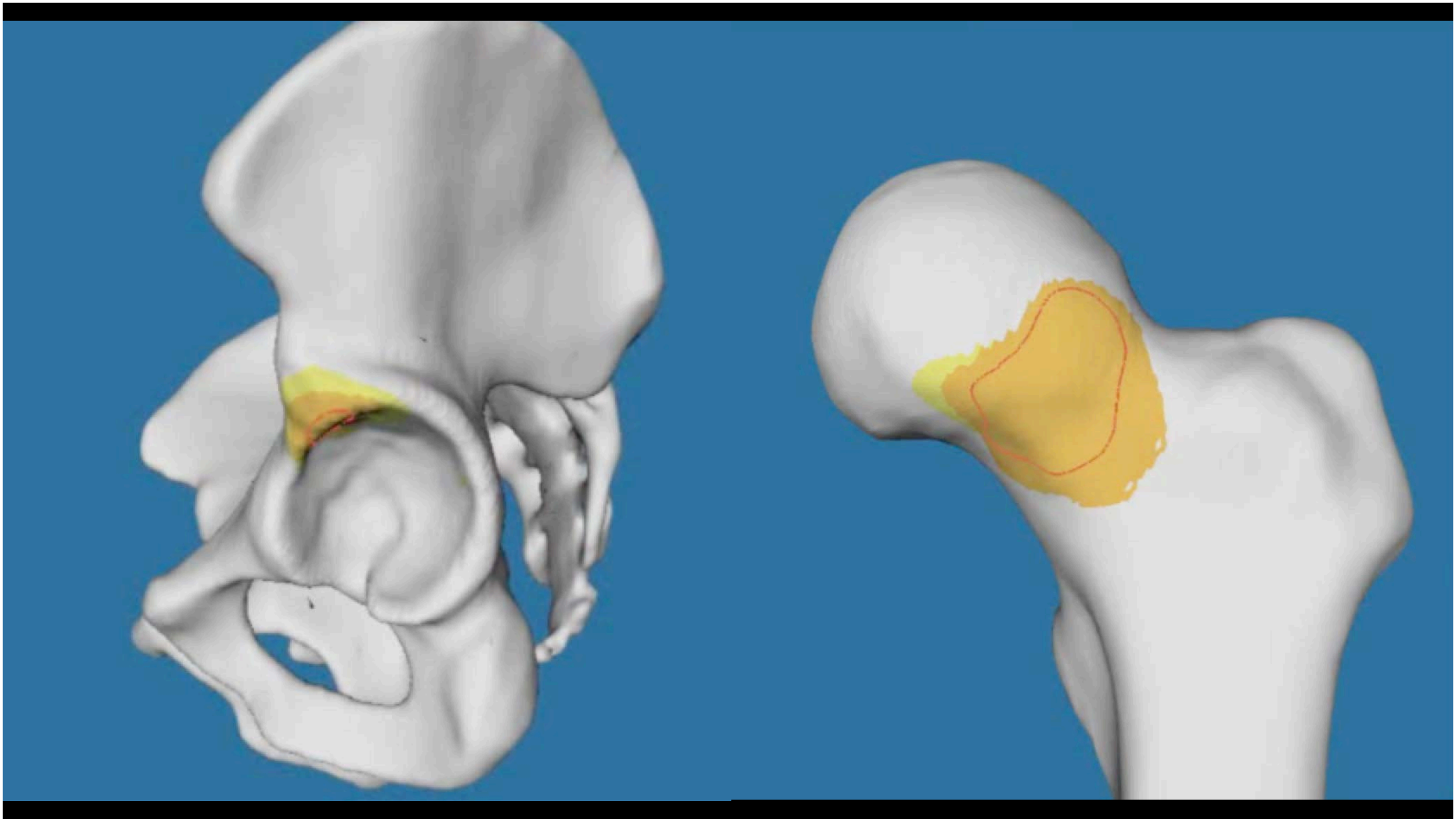
- **Vorderer Impingementtest:**

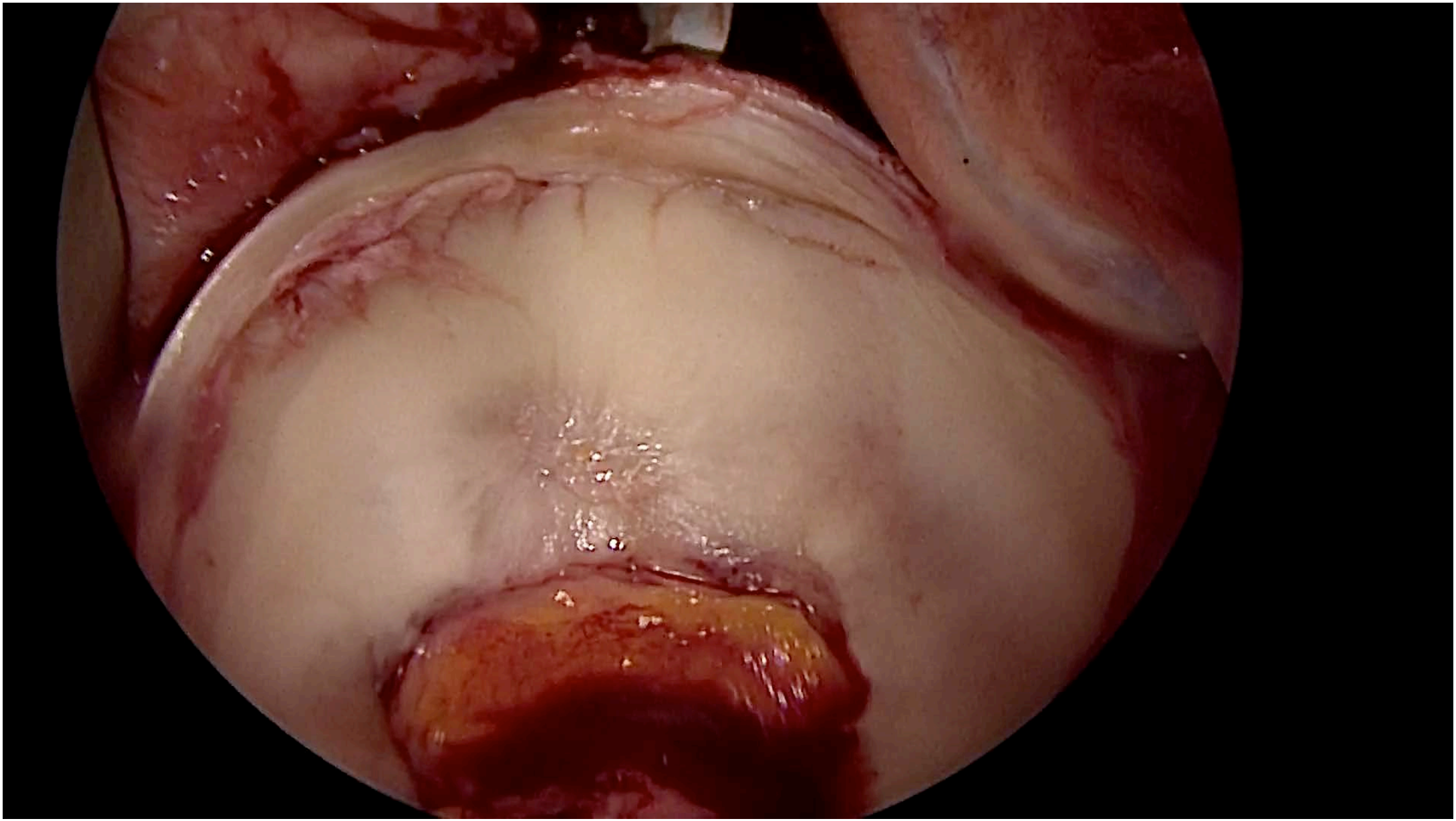
- Falsche Namensgebung:
  - Nicht spezifisch für Impingement
  - **‚Labrumtest'**

- Korrelation mit Labrumläsion
  - Positiv prädiktiver Wert von 100%
  - Negativ prädiktiver Wert von 13%

*Troelsen et al, Acta Orthop, 2009*

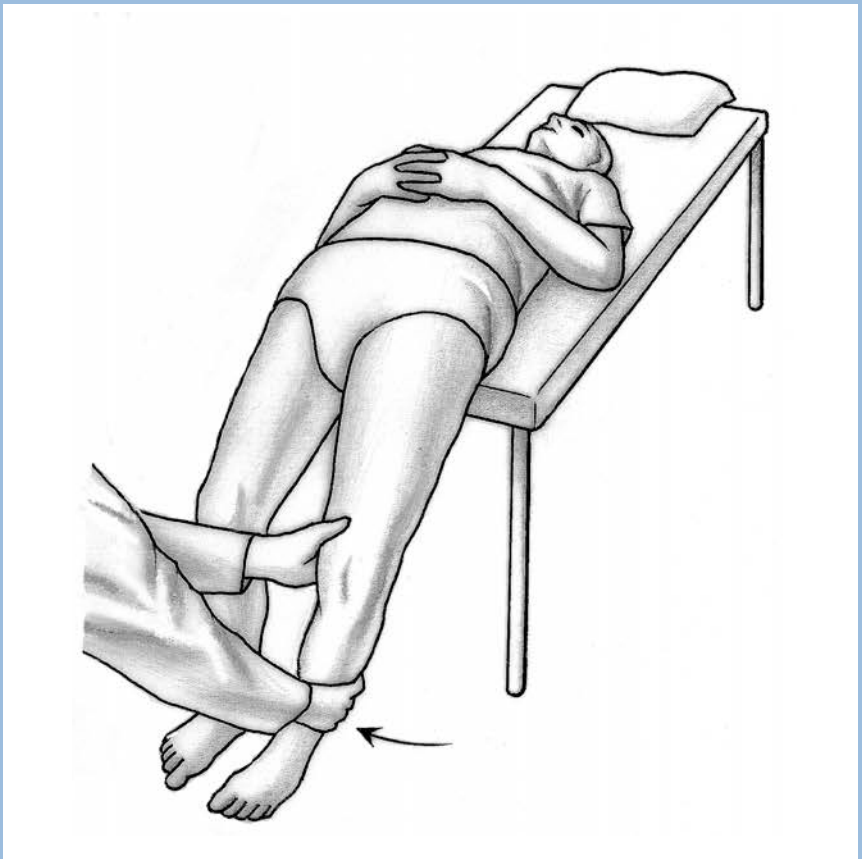


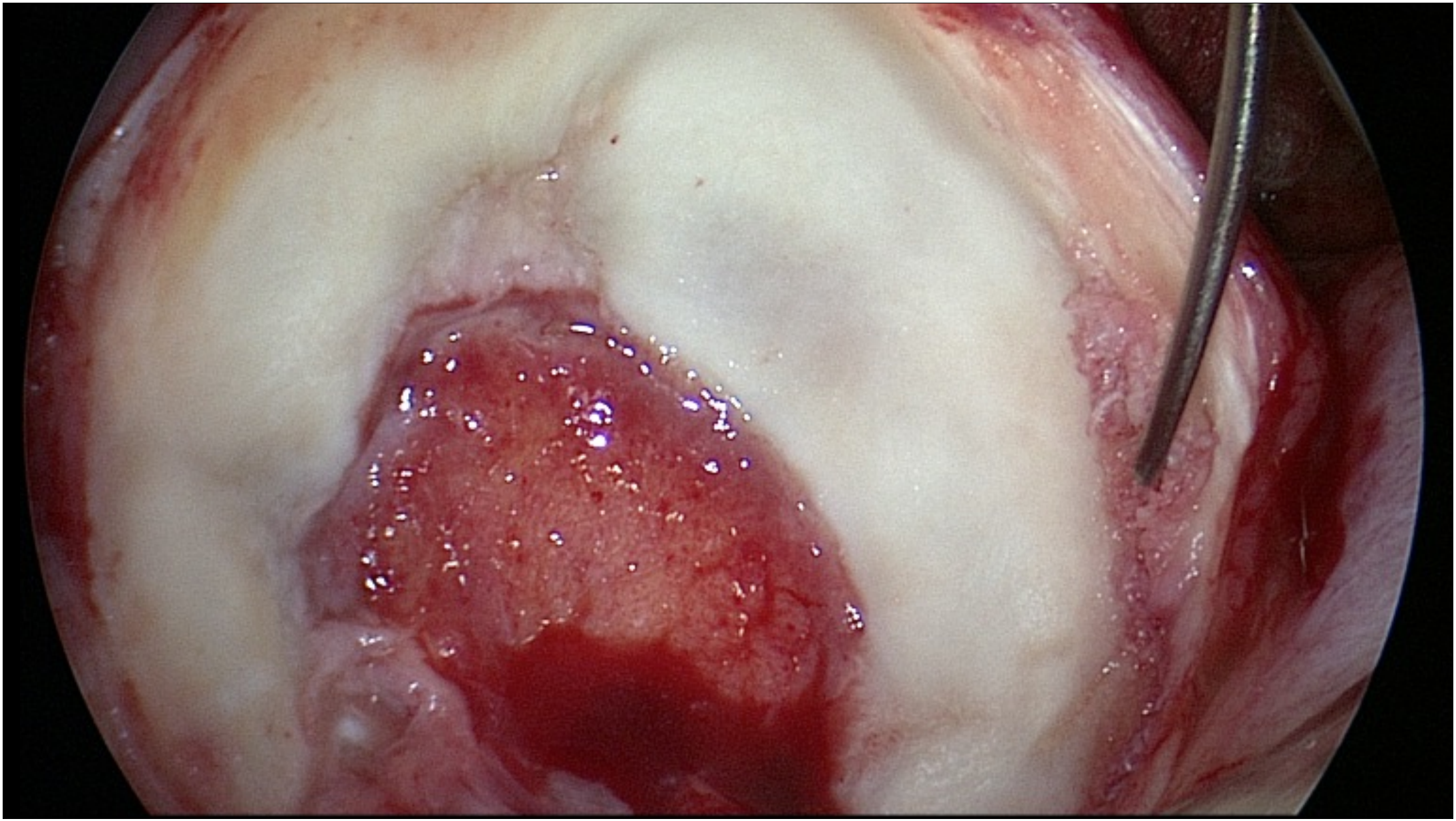




# Posteriorer Impingementtest

- Intraartikulär: Prominente Hinterwand
- Extraartikulär: Impingement zwischen Trochanter minor und Tuber ischiadicum
- ‚Apprehension Test' für vorderer Instabilität





# Schmerzen in reiner Flexion

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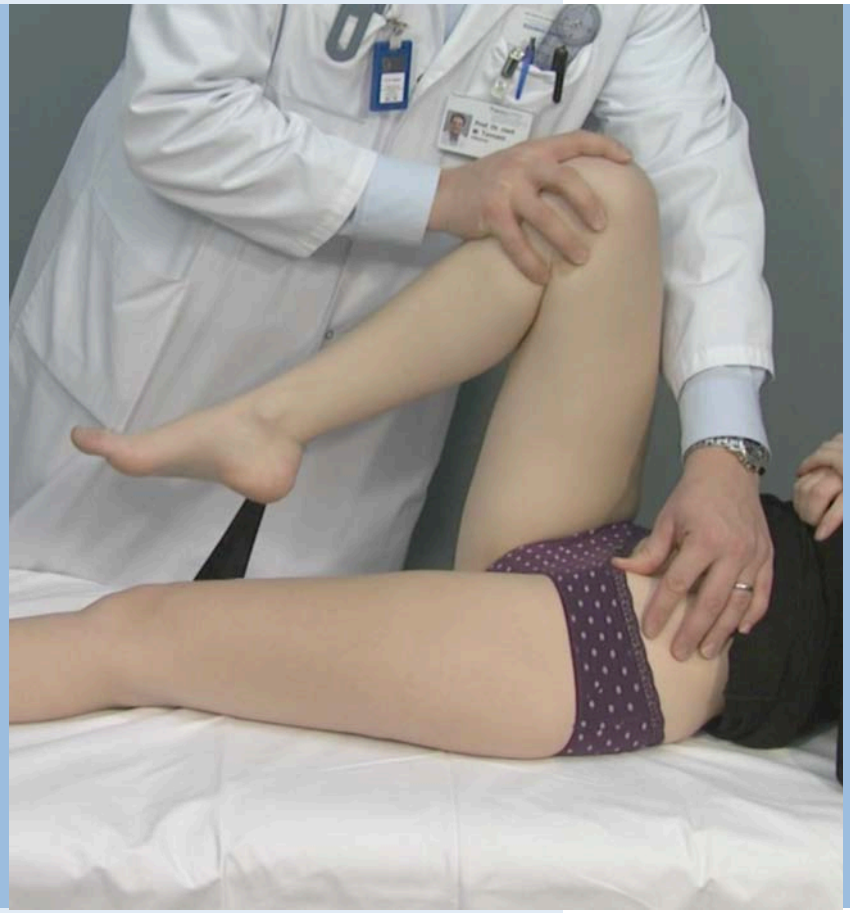
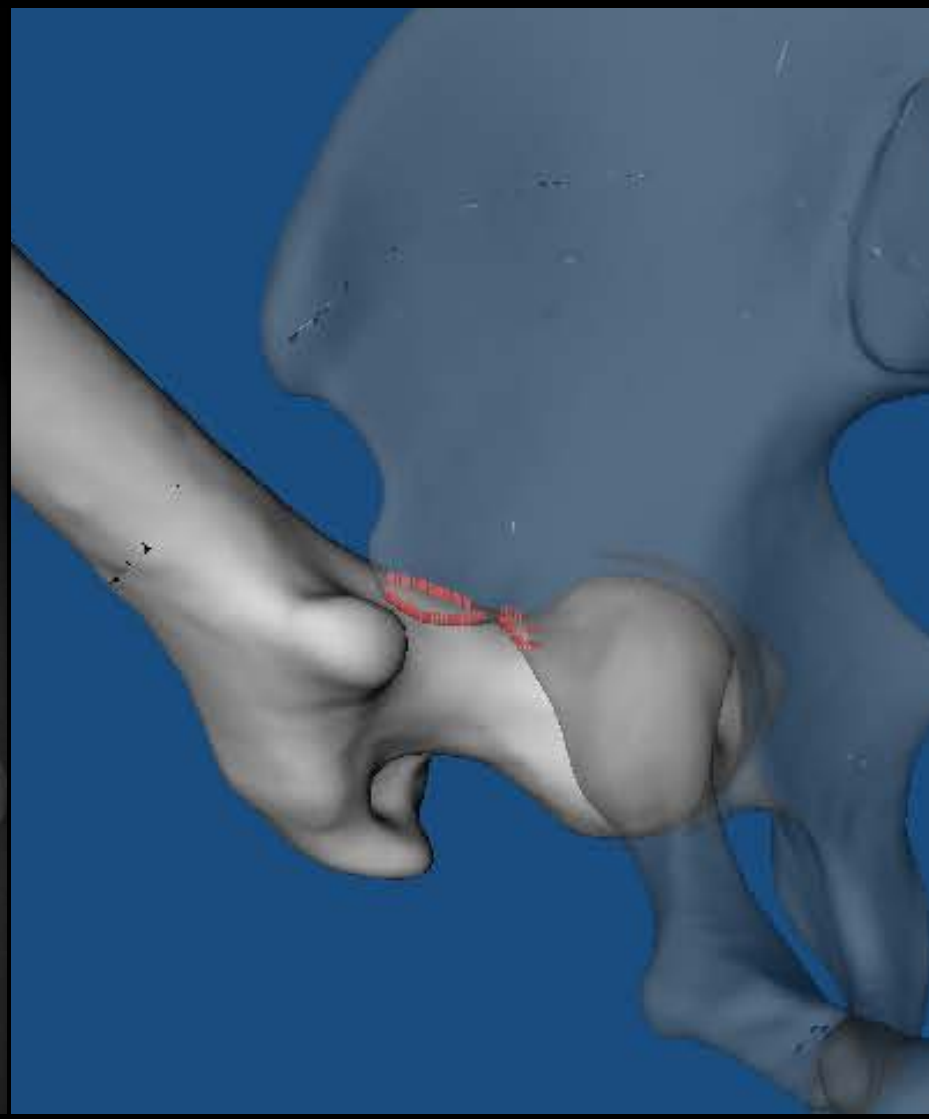
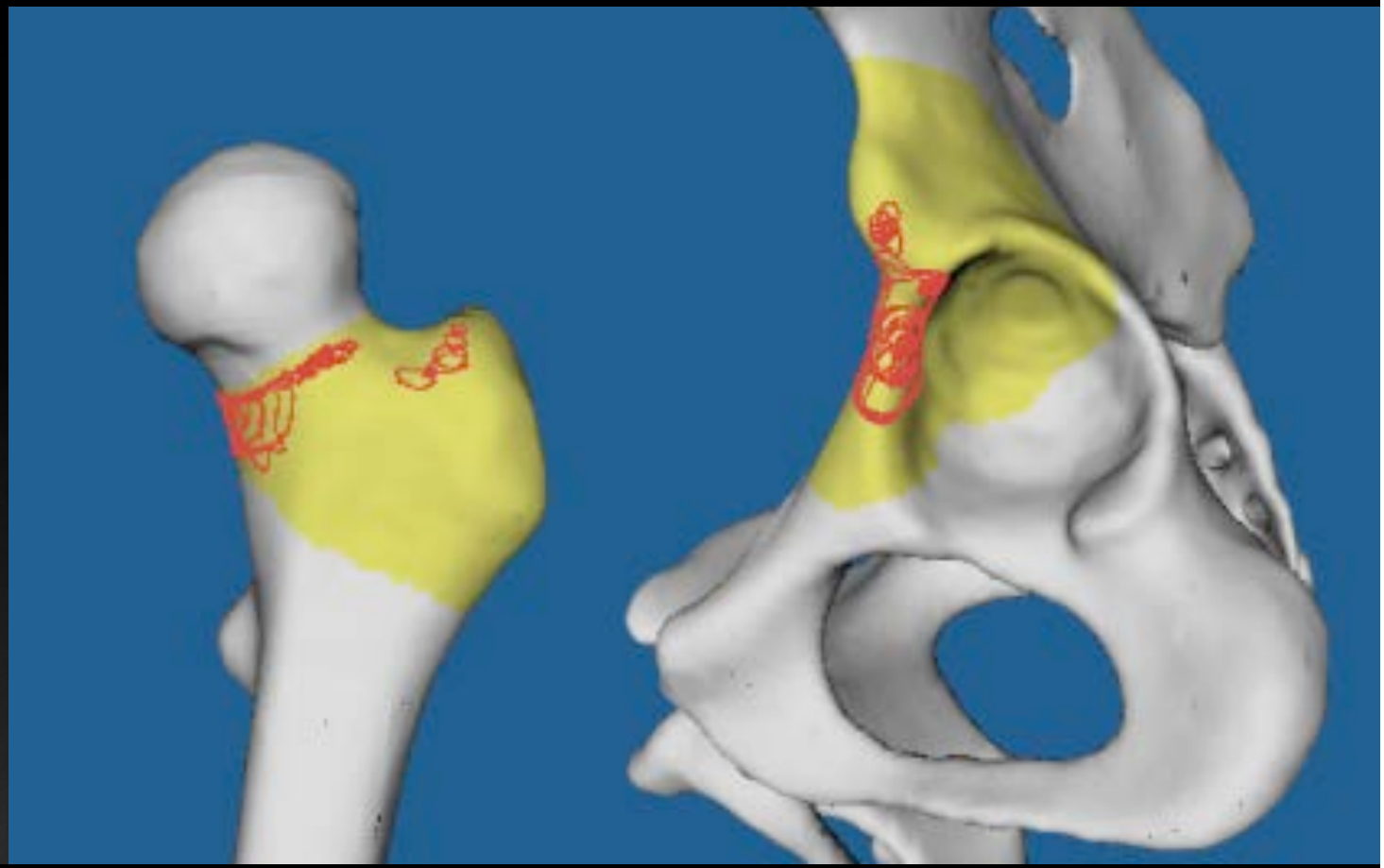
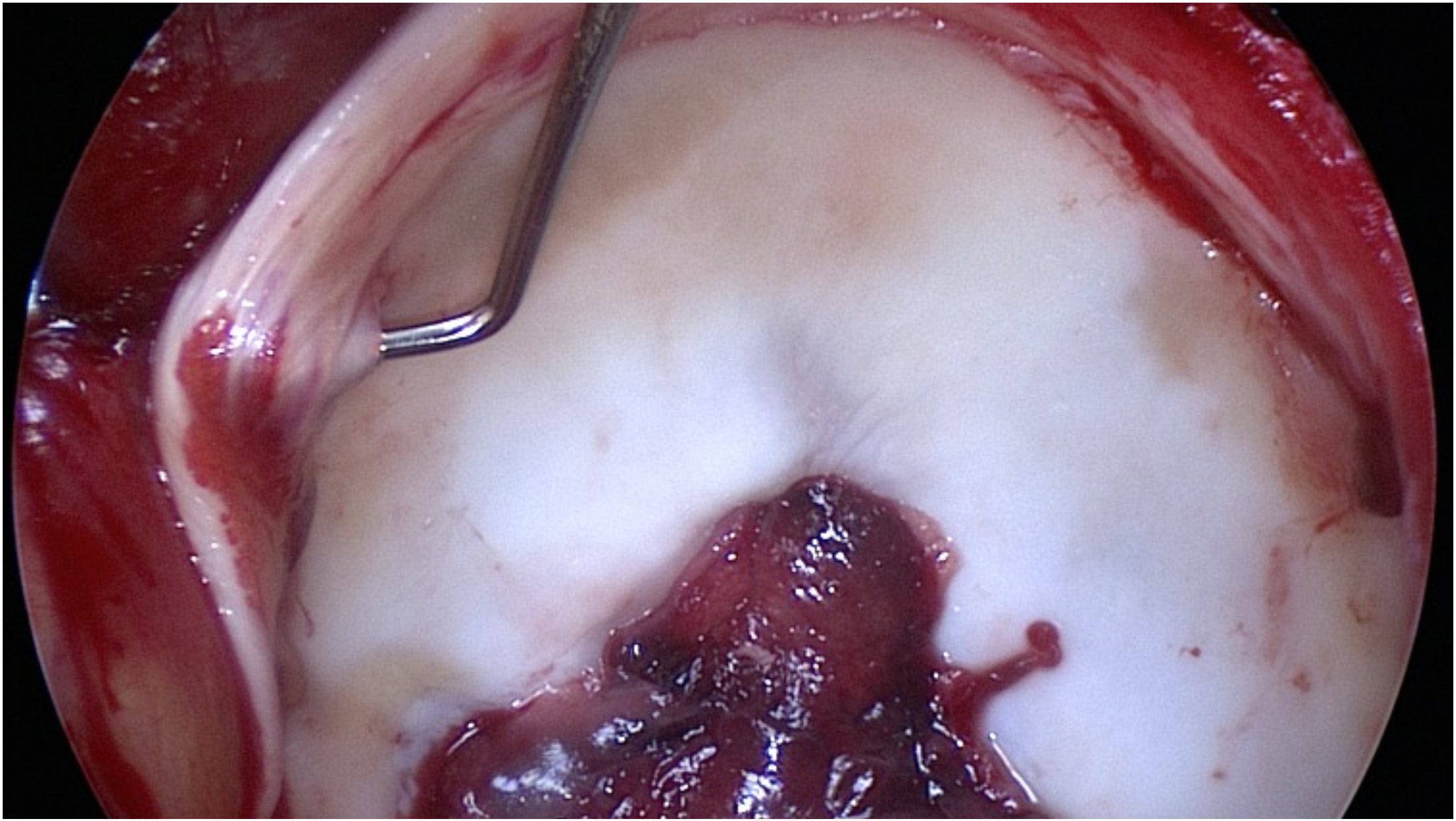
- Valgus Hüfte
- Extraartikulär: Impingement mit Spina iliaca anterior inferior
- Intraartikulär: Sehr prominente Vorderwand und Anteroinferiore Asphericität



Nach Avulsion Spina iliaca anterior inferior
G
F







# FABER Test (Flexion, ABduction, External Rotation)

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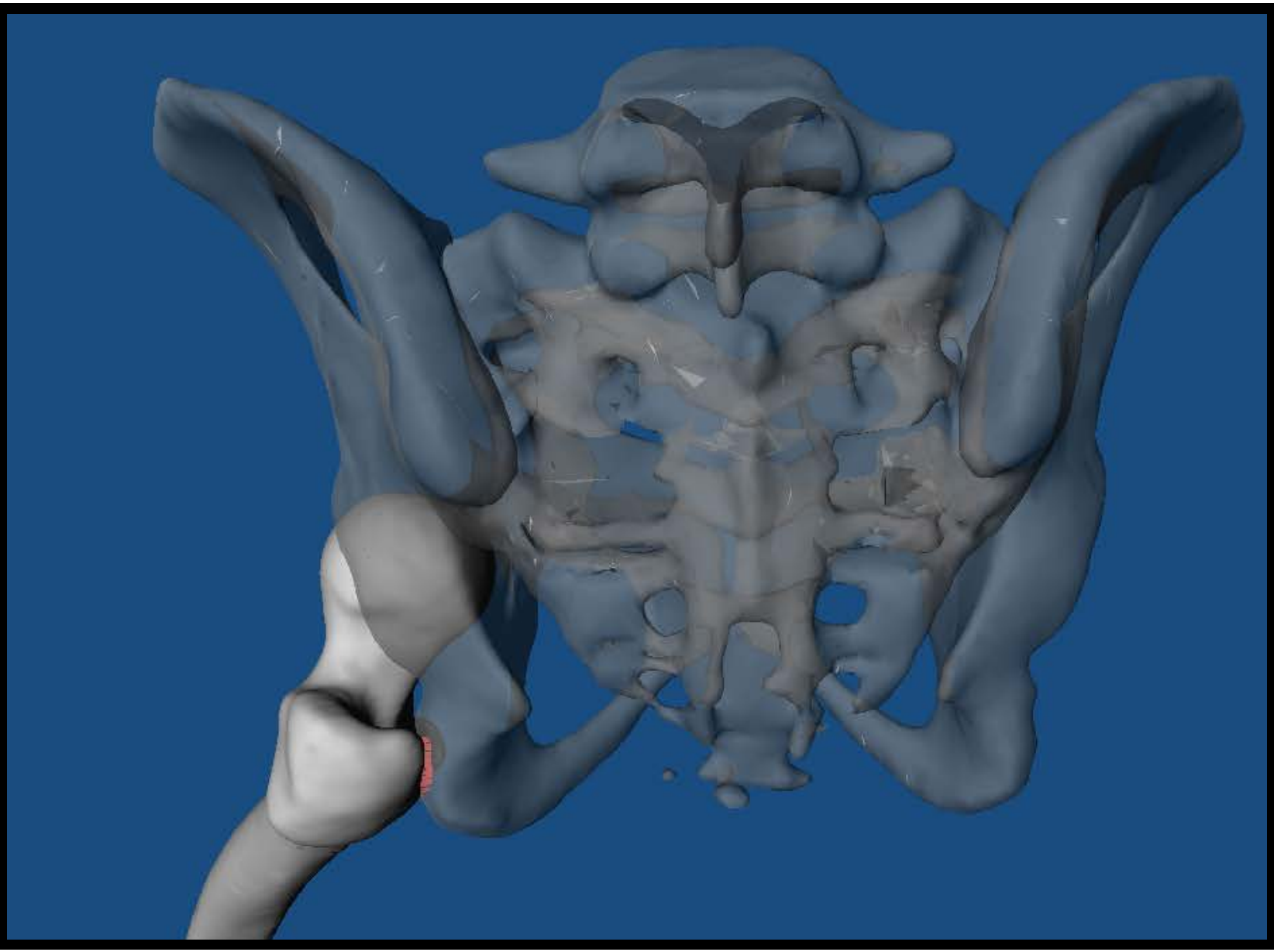
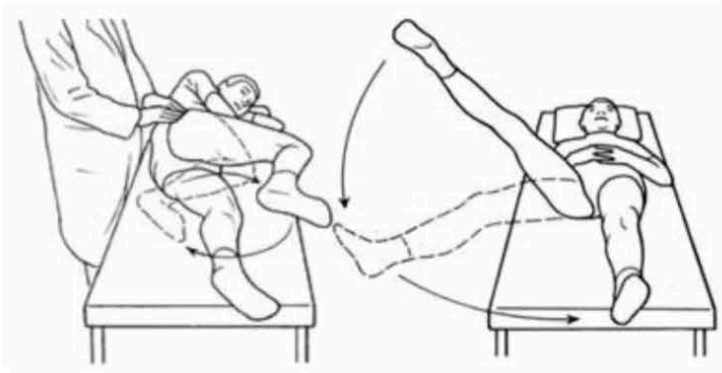
- Extraartikuläres Impingement von Trochanter major und Tuber ischiadicum
- Typischerweise bei erhöhter femoraler Antetorsion



# Zusätzliche Untersuchungen

Abduktoren-
kraft



Velotest

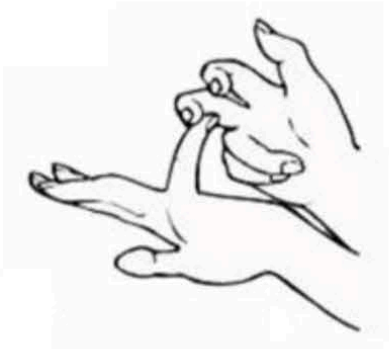
Psoastest

Viererzeichen

Adductor
Squeeze test

Thomas-
test

# Hyperlaxizität (Beighton Score > 5 Punkte)



| | Daumen auf Unterarm | Kleinfinger-extension >90° | Ellbogen Hyper-extension | Knie-hyper-extension | Hände flach auf Boden | **Total Punkte** |
|---|---|---|---|---|---|---|
| R | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| L | ☐ | ☐ | ☐ | ☐ | | |