HIP POINTER

(Iliac Crest Contusion)



■ ■ ■ Description

A hip pointer is characterized by bruising of the skin and underlying tissues of the ilium, one of the bones of the pelvis. It is usually due to a direct blow. Contusions cause bleeding from ruptured small capillaries that allow blood to infiltrate muscles, tendons, or other soft tissues. The ilium is relatively exposed, with little soft tissue covering it. The bruise is usually superficial, although it may be deep within muscle.

■ ■ Common Signs and Symptoms

- Swelling, pain, and tenderness of the pelvis
- Pain often worse the day after injury
- Feeling of firmness when pressure is exerted at the injury site
- Discoloration under the skin, beginning with redness and progressing to the characteristic black and blue or purple bruise
- Occasionally, pain with walking or inability to walk

■ Causes

• Direct blow to the pelvis, usually from collision with another player, the player's equipment (helmet), or the playing surface (hockey sideboard or artificial turf)

■ ■ Risk Increases With

- Contact or collision sports, especially football, hockey, and soccer
- Inadequate protection of exposed areas during contact or collision sports
- Bleeding disorder or use of anticoagulants, aspirin, or nonsteroidal anti-inflammatory medications

■ ■ Preventive Measures

- Wear appropriate protective equipment, such as thigh pads for football, and ensure correct fit.
- Limit use of anticoagulants, aspirin, or nonsteroidal antiinflammatory medications.

■ ■ Expected Outcome

This condition is usually curable with time and appropriate treatment. Healing time varies but usually averages $1\ \text{to}\ 2$ weeks.

■ ■ Possible Complications

- · Excessive bleeding, leading to prolonged disability
- Infection (uncommon)
- Hip stiffness
- Delayed healing or resolution of symptoms, particularly if activity is resumed too soon
- Bursitis

■ ■ ■ General Treatment Considerations

Initial treatment consists of medication, ice, and compressive strapping to relieve pain and reduce swelling. Heat, massage, nonsteroidal anti-inflammatory medicines, and vigorous physical therapy are usually delayed for at least 48 hours. Stretching of the hip and modification of activities to allow the bruised area to heal are needed. Referral to a physical therapist or athletic trainer may be advised for further evaluation and treatment. For return to play, often a special pad cut to protect the pelvis and reduce pressure over the injured area may be attempted. Rarely, surgery or aspiration (removal with a syringe and needle) is recommended to remove the clotted blood.

■ ■ Medication

- Nonsteroidal anti-inflammatory medications, such as aspirin and ibuprofen (do not take for the first 3 days after injury or within 7 days before surgery), or other minor pain relievers, such as acetaminophen, are often recommended. Take these as directed by your physician. Contact your physician immediately if any bleeding, stomach upset, or signs of an allergic reaction occur.
- Topical ointments may be of benefit.
- Pain relievers may be prescribed as necessary by your physician. Use only as directed and only as much as you need.
- Injections of corticosteroids may be given to reduce inflammation, although not usually for acute injuries.

■ ■ ■ Heat and Cold

- Cold is used to relieve pain and reduce inflammation. Cold should be applied for 10 to 15 minutes every 2 to 3 hours for inflammation and pain and immediately after any activity that aggravates your symptoms. Use ice packs or an ice massage.
- Heat may be used before performing stretching and strengthening activities prescribed by your physician, physical therapist, or athletic trainer. Use a heat pack or a warm soak.

■ ■ Notify Our Office If

- Symptoms get worse or do not improve in 2 weeks despite treatment
- New, unexplained symptoms develop (drugs used in treatment may produce side effects)

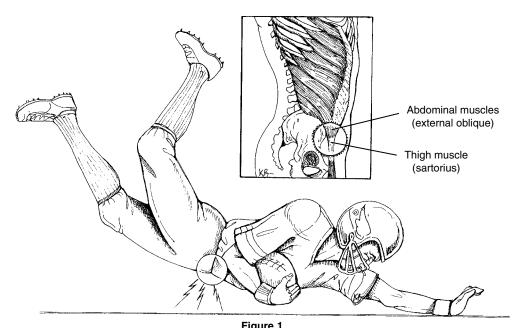


Figure 1
From Scuderi GR, McCann PD, Bruno PJ: Sports Medicine: Principles of Primary Care. St. Louis, Mosby, 1997, p. 312.

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Notes and suggestions	