
SFDO
Syndicat Français Des Ostéopathes
Coxa Saltans
Les ressauts de hanche
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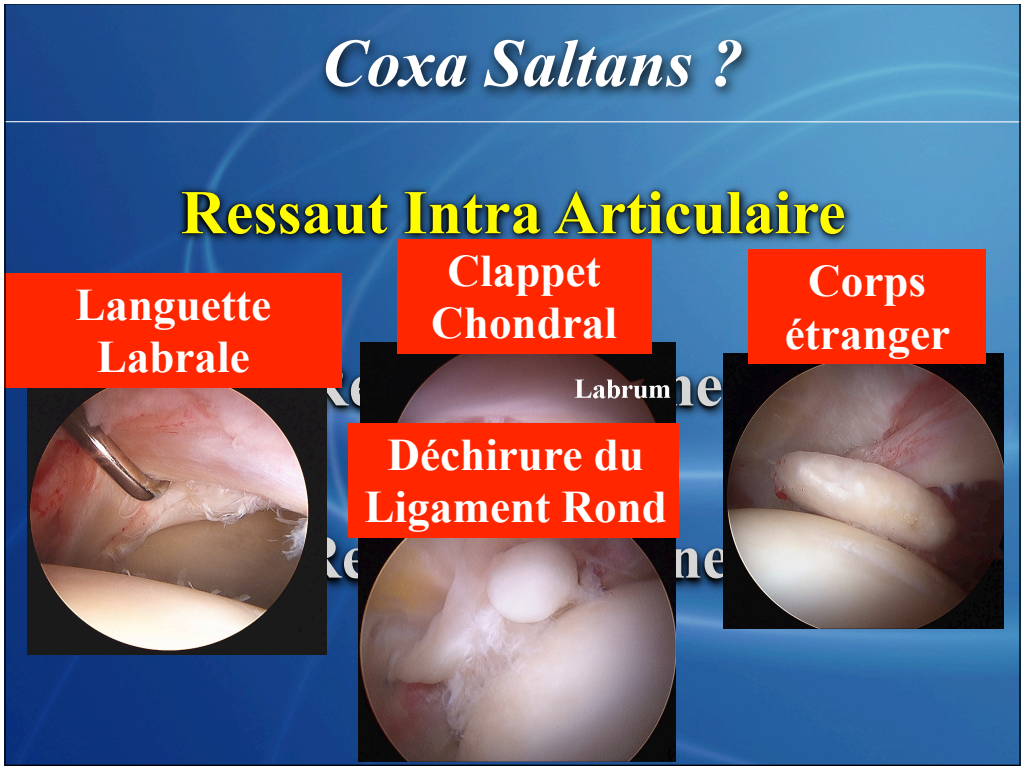
Chirurgie Orthopédique de la Hanche
Traumatologie du Sport
www.lyon-ortho-clinic.com
LYONORTHOCLINIC

Labral Tears, hcondral flaps and loose bodies to be excluded= Remaining: Snapping Psoas



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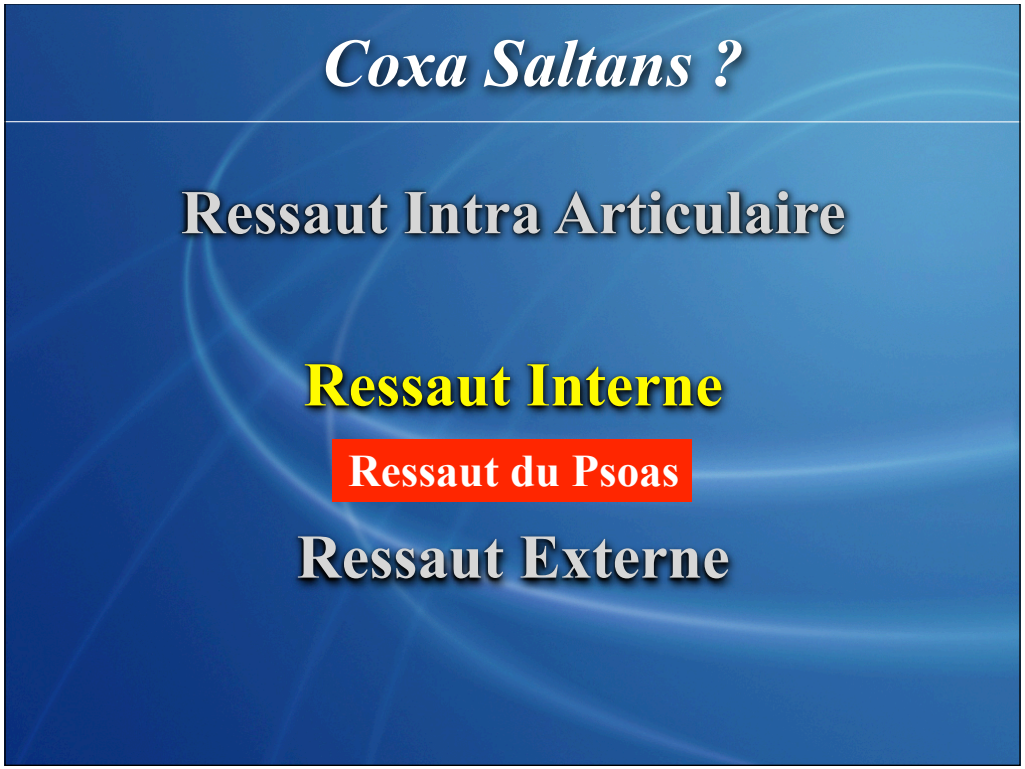

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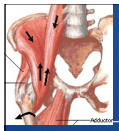
Ressaut du Psoas
Origine :
Eminence Ilio-pectinée
Lésion Labrale ?
Forme de la tête fémorale ?

3 mecanisms=


Ressaut du Psoas
Origine :
Eminence Ilio-pectinée
Lésion Labrale ?
Forme de la tête fémorale ?
Twisting Musculo-tendineux

3 mecanisms=



Ressaut du Psoas

Symptomes :

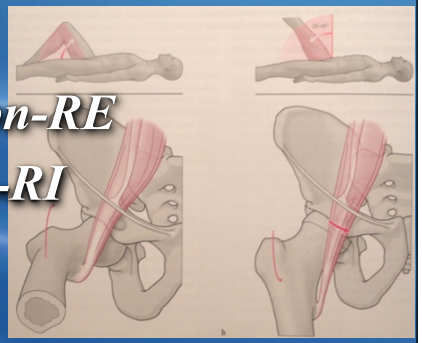
Douleurs élevation Cuisse

Douleur Montée Escaliers

Ressaut Audible +++

De la Flexion-Abduction-RE

à Extension-Adduction-RI



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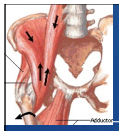


Ressaut du Psoas

Traitement :

Conservateur les 6 premiers mois

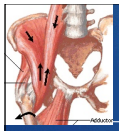
- ✓ *Etirement du Psoas*
- ✓ *Renforcement en Excentrique*
- ✓ *Technique Ostéopathique*

3 mecanisms=


Ressaut du Psoas
Traitement :
Conservateur les 6 premiers mois
✓ Infiltration Cortisonée
✓ Infiltration PRP
✓ Infiltration Toxine botulinique
Pas ou Plus de douleur = Pas de chirurgie
(5-10% asymptomatique)
Allen WC, JAAOS 1995

3 mecanisms=

Section at the level of the Lesser Trochanter



Ressaut du Psoas

2 Techniques ?

Arthroscopy 2009 =

Prospective randomized study of 2 different techniques for endoscopic iliopsoas tendon release in the treatment of internal snapping hip syndrome.
Ilizaliturri VM Jr et al

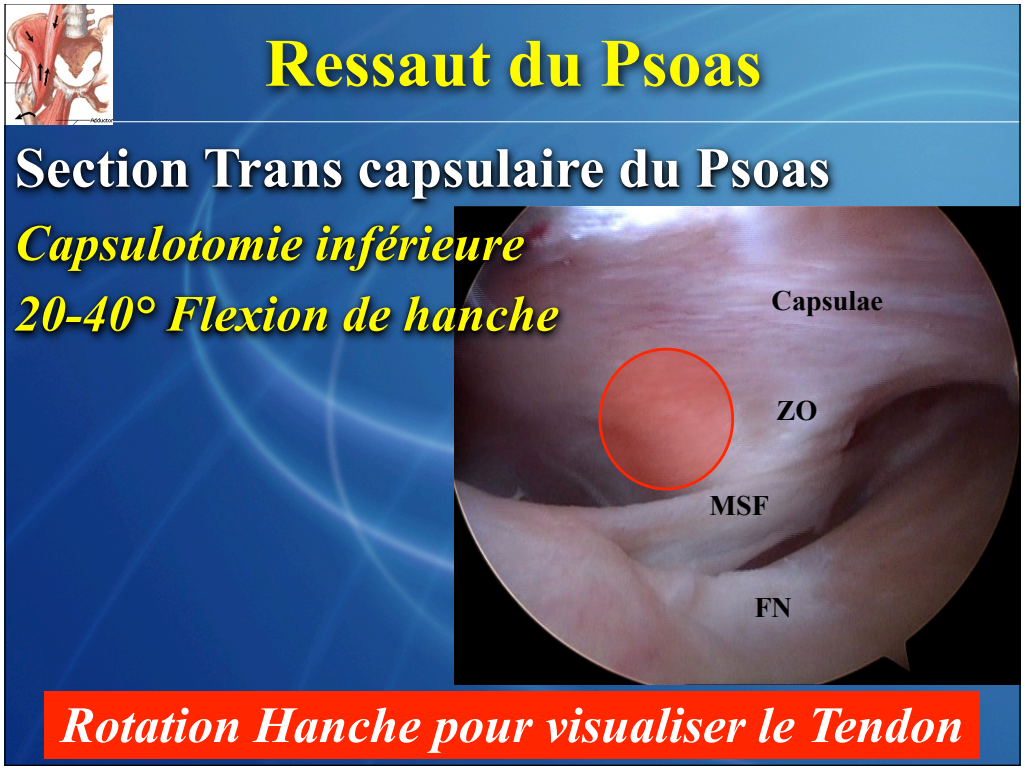
Group 1 (N=10) = Section Endoscopique du Psoas au niveau du petit trochanter

Group 2 (N=9) = Section Arthroscopique du Psoas Trans Capsulaire

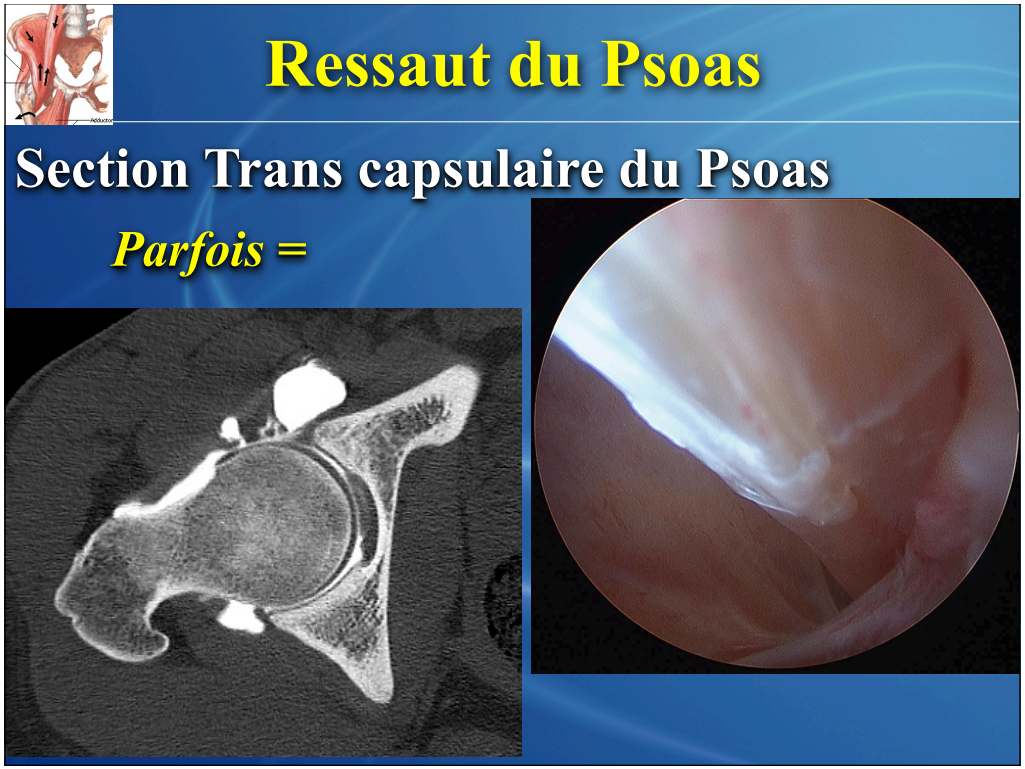
Resultats = Pas de différence Clinique

3 mecanisms=

Section at the level of the Lesser Trochanter



Medial Synovial Fold



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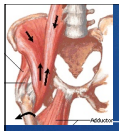


Ressaut du Psoas

Résultats

6-8 semaines de Déficit de Flexion de hanche

Anderson SA et al. Am J Sports Med 2008 =

15 athlètes / Suivi Moyen = 17 mois

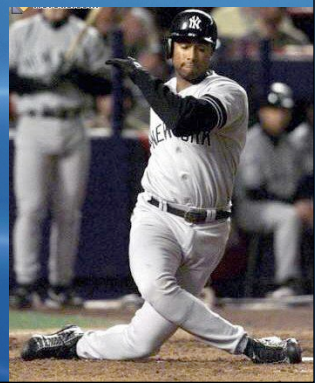
12/15 lésions labrales

Pas de complications

Pas de déficit au Recul

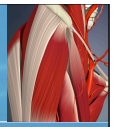
100% Retour même niveau sportif

Préopératoire



After Xr, Ct scan and MRI. It permit an articular Washout and debridment of the fracture.

Ressaut du TFL

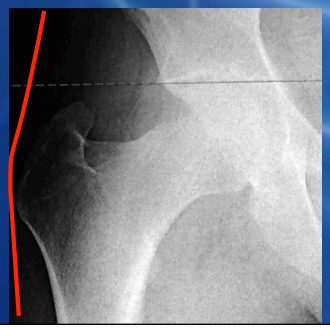


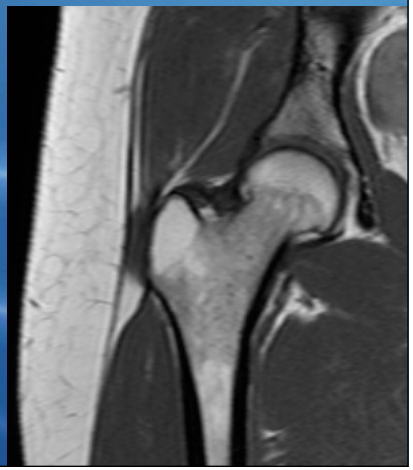
Origine :

Frottement TFL sur Grand Trochanter

Lésion Gm/GM ?

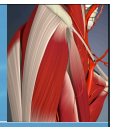
Offset Femoral





3 mecanisms=

Ressaut du TFL



Symptomes :

Douleur latérale

Ressaut +/- Audible

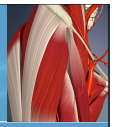
Visible +++

de l'Extension

à la Flexion (20°)

3 mecanisms=

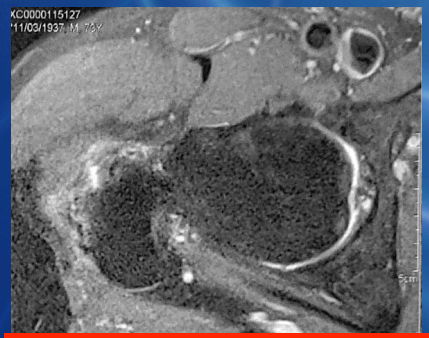
Ressaut du TFL

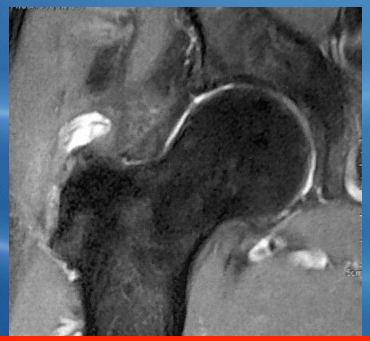


Imagerie =

Diagnostic Clinique

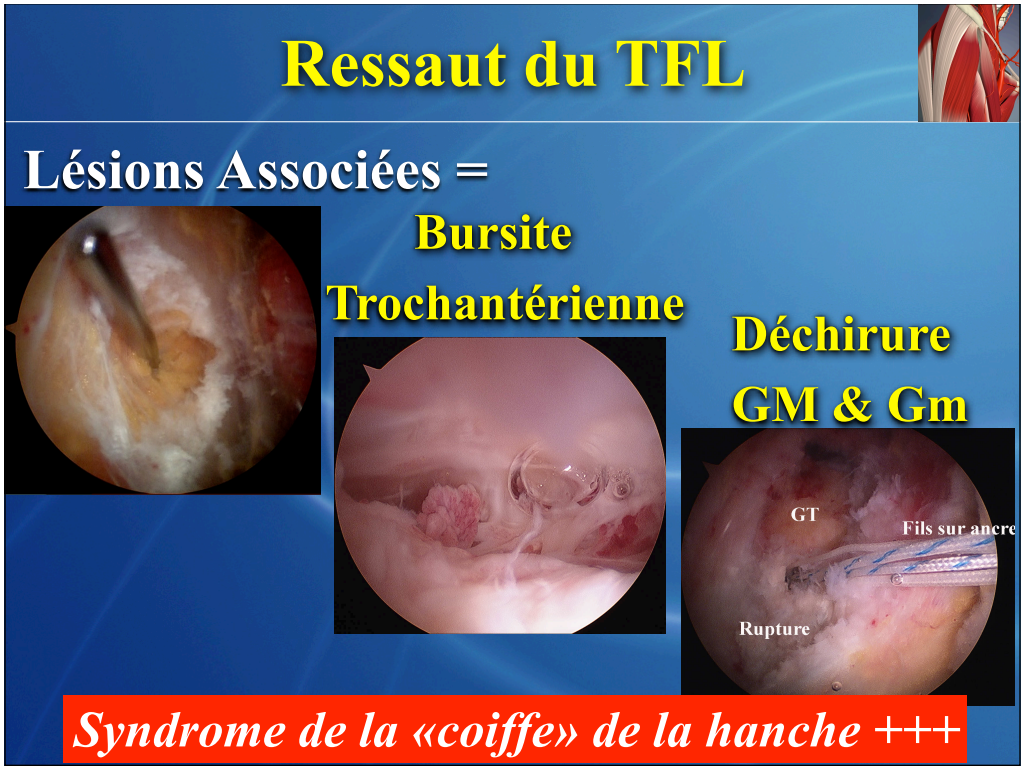
IRM Recherche Lésions Associées +++





Syndrome de la «coiffe» de la hanche +++

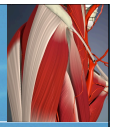
3 mecanisms=



More often part of a Syndrome (Greather Trochanter Pain Syndrome)

Fascia Lata Retraction/ Trochanteric Bursitis / Gluteus Medius and Minimus tendon tears

Ressaut du TFL



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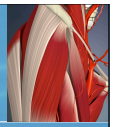

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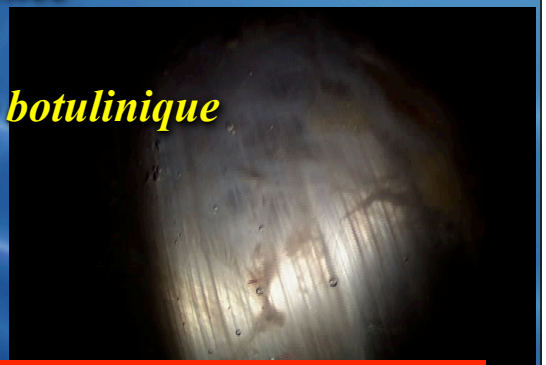

Pas ou Plus de douleur = Pas de chirurgie

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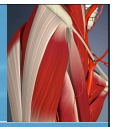
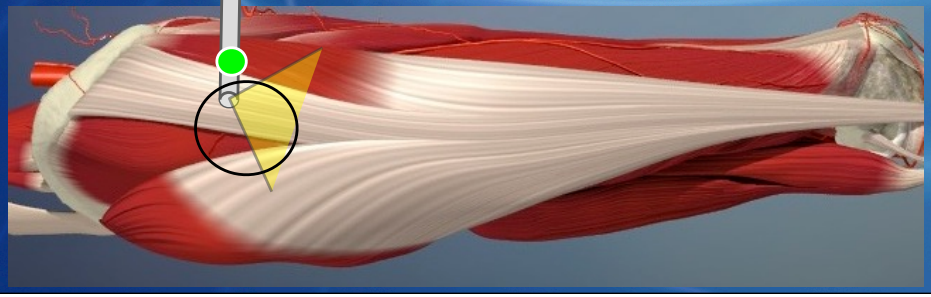


Technique Arthroscopique

- ✓ Dec Latéral ou Dorsal
- ✓ Technique Inside Out
- ✓ Vue arthroscopique Antéro-supérieure



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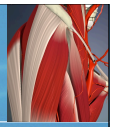

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- ✓ Dec Latéral ou Dorsal
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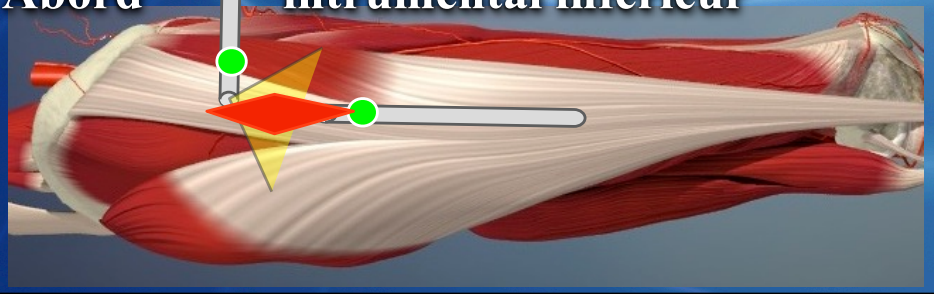
- ✓ Vue arthroscopique Antéro-supérieure
- ✓ Abord intrumental inférieur



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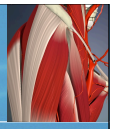

Résultats

Excellent sur le Ressaut +++

Toujours Vérifier la «Coiffe» (Douleur)