

Implication de la coxo-fémorale : Le conflit antérieur de hanche

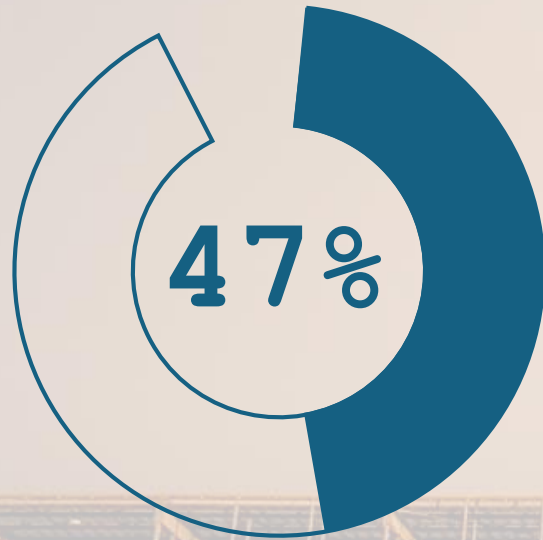
Dr Thomas Gicquel

Chirurgie de la hanche & du genou

Clinique Mutualiste de la Porte de l'Orient

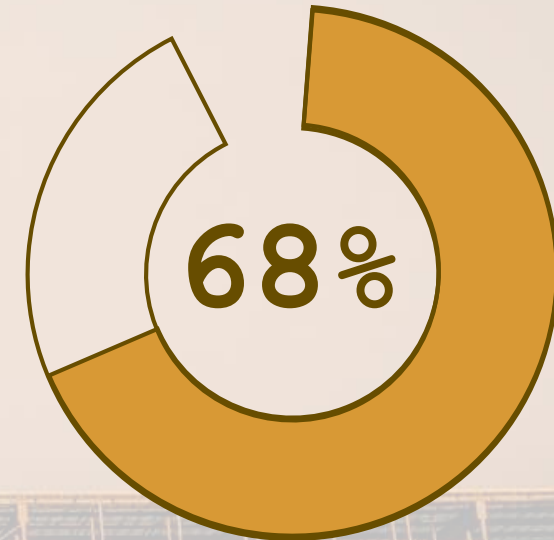


Dans la population générale



Morphologie
type came

Chez les joueurs
de football « elite »



Morphologie
type came

Dickenson EJ. Osteoarthritis Cartilage.
2019

Monckeberg J. BMJ Open Sport Exerc Med. 2017
Gerhardt MB. Am J Sports Med 2012

Etiologies d'une douleur inguinale ?

1

Conflit fémoro
acétabulaire

32 %

2

Pubalgie

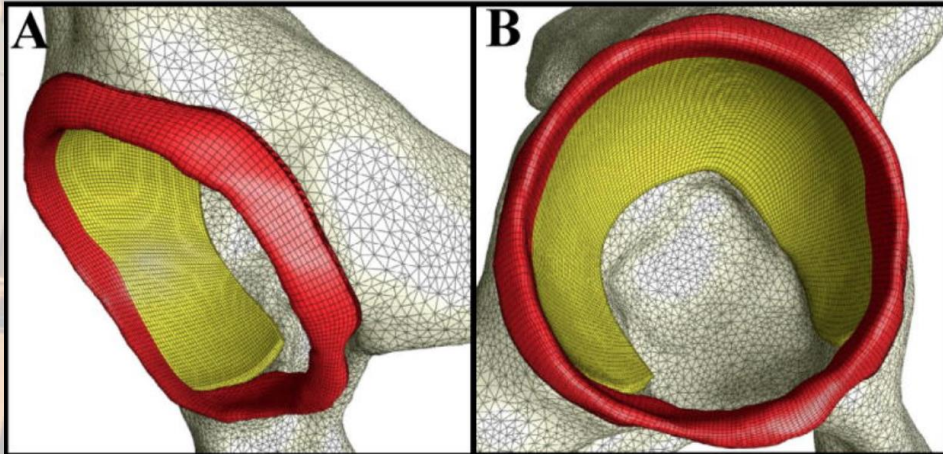
24 %

3

Pathologie des
adducteurs

12 %

Labrum = joint d'étanchéité

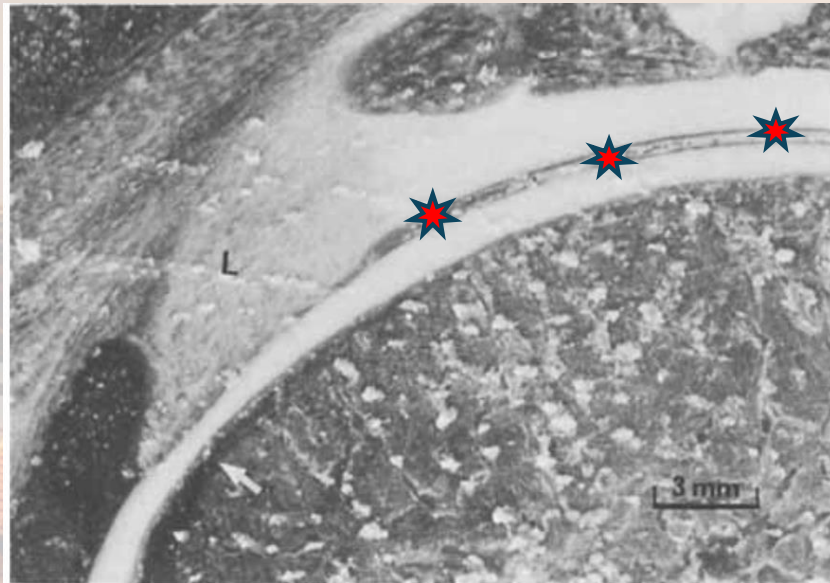


Henak J Biomech 2011

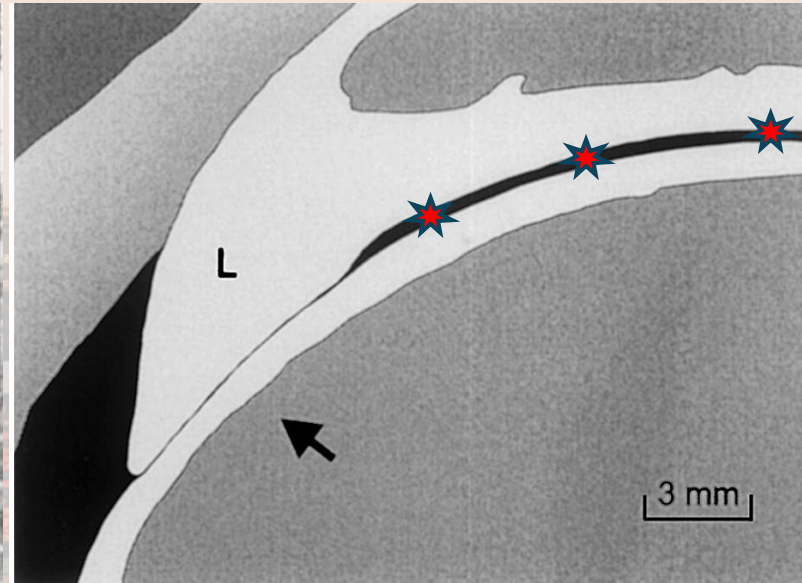


@chicagosportsdoc

Labrum = joint d'étanchéité

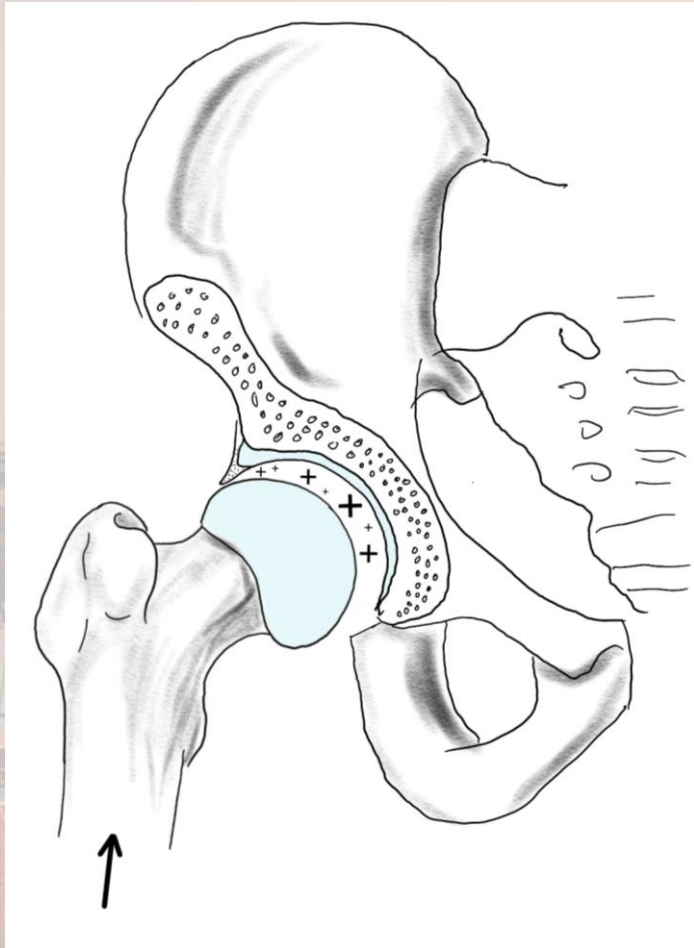


Terayama Eng Med 1980



Ferguson Clin Biomech 2000

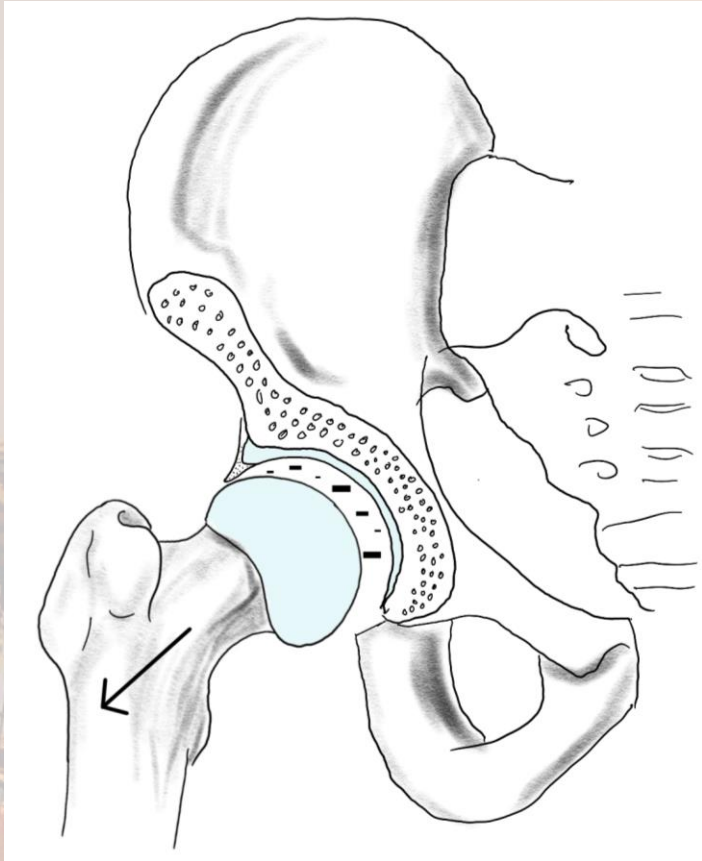
Labrum = joint d'étanchéité



Compression / Appui

-> répartition des
contraintes

Labrum = joint d'étanchéité



Distraction / Décoaptation

-> lutte contre le déplacement

CONFLIT

FEMORO

ACETABULAIRE



**SUMMIT
ORTHOPEDICS**

Hip Preservation and Arthroscopy

Pincer-type Femoroacetabular Impingement (FAI)

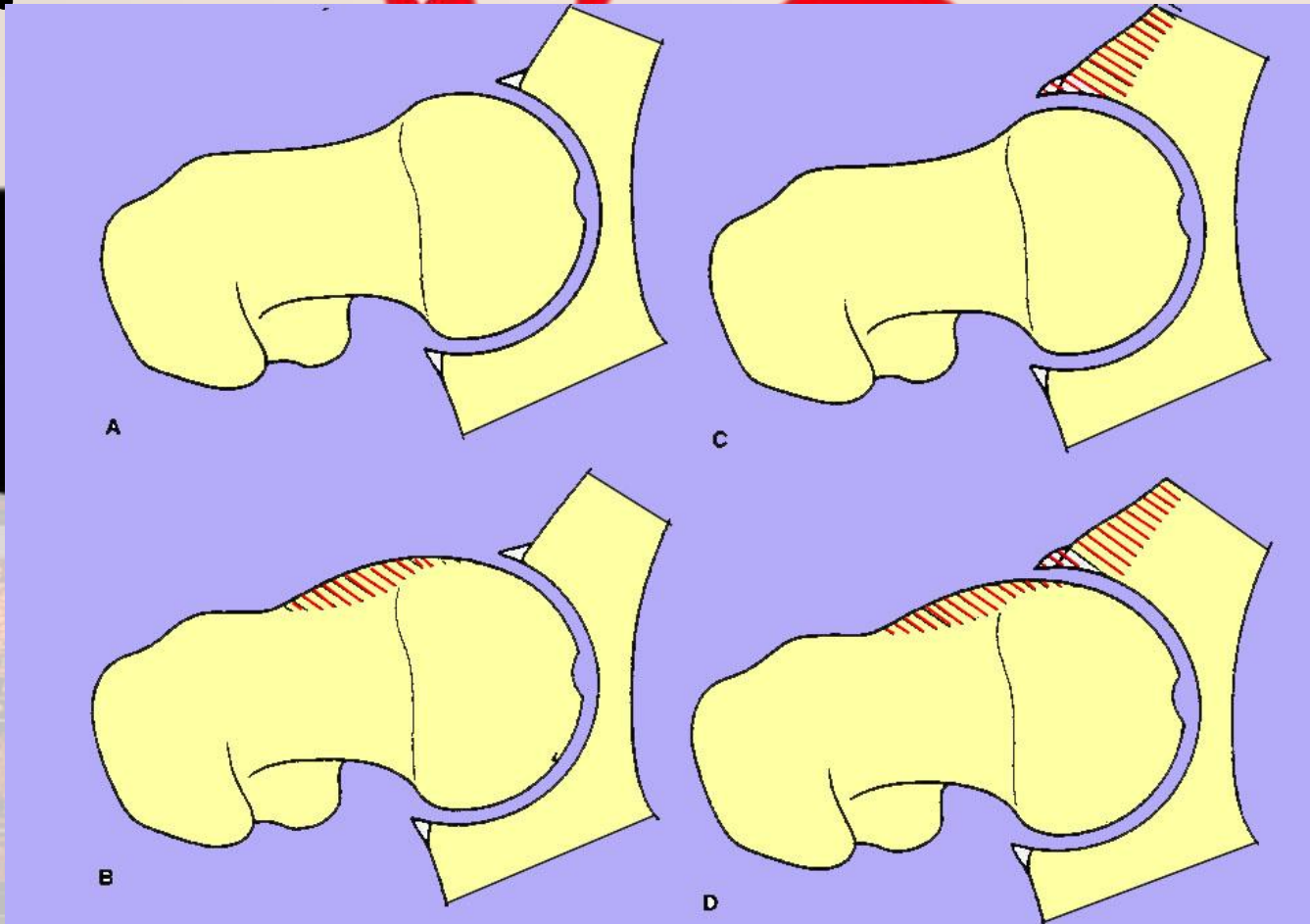
Jack G. Skendzel, M.D.

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CONFLIT

FEMORO

ACETABULAIRE

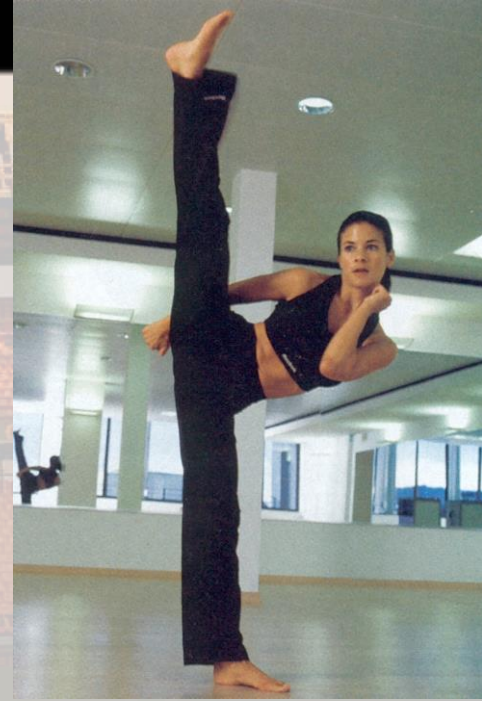


Lavigne et al clin orth

CONFLIT

FEMORO

ACETABULAIRE



Quelles douleurs ?

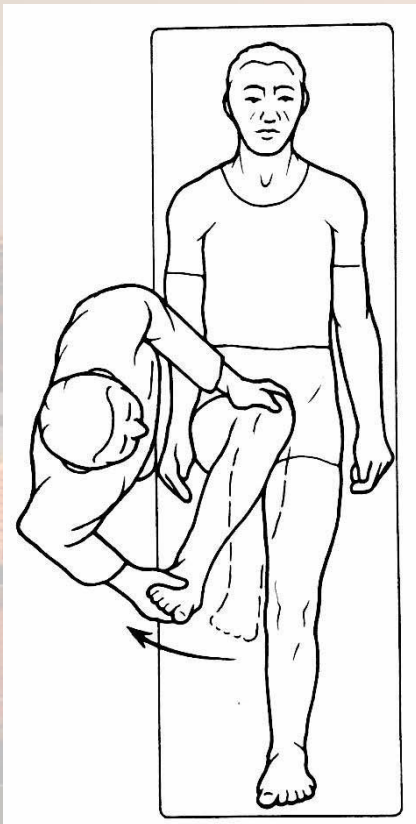


- C-sign
- Inguinales
- Tendinites réactionnelles

L'examen clinique ?

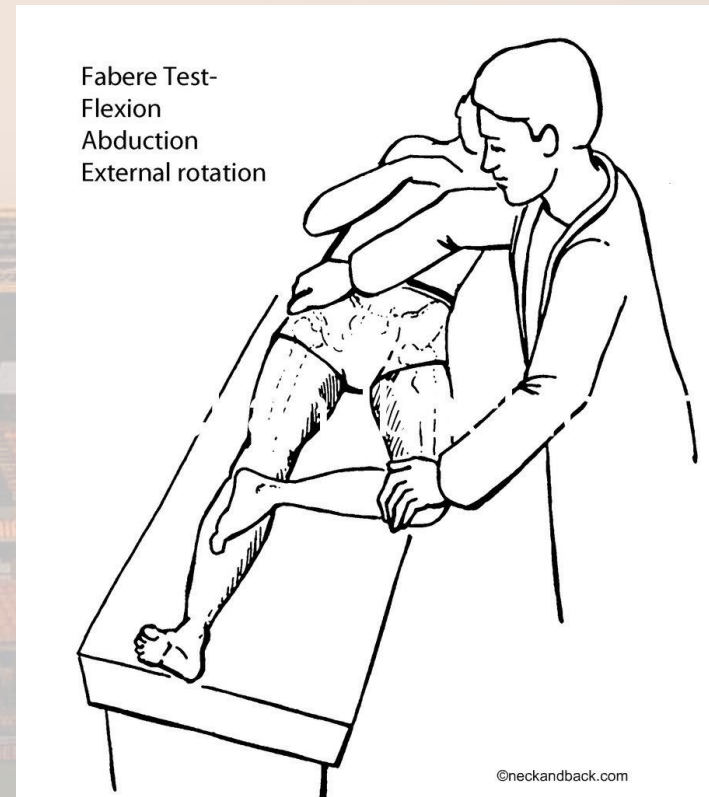
FADIR

Flexion ADduction Internal
Rotation



FABER

Flexion ABduction External
Rotation



L'imagerie ?

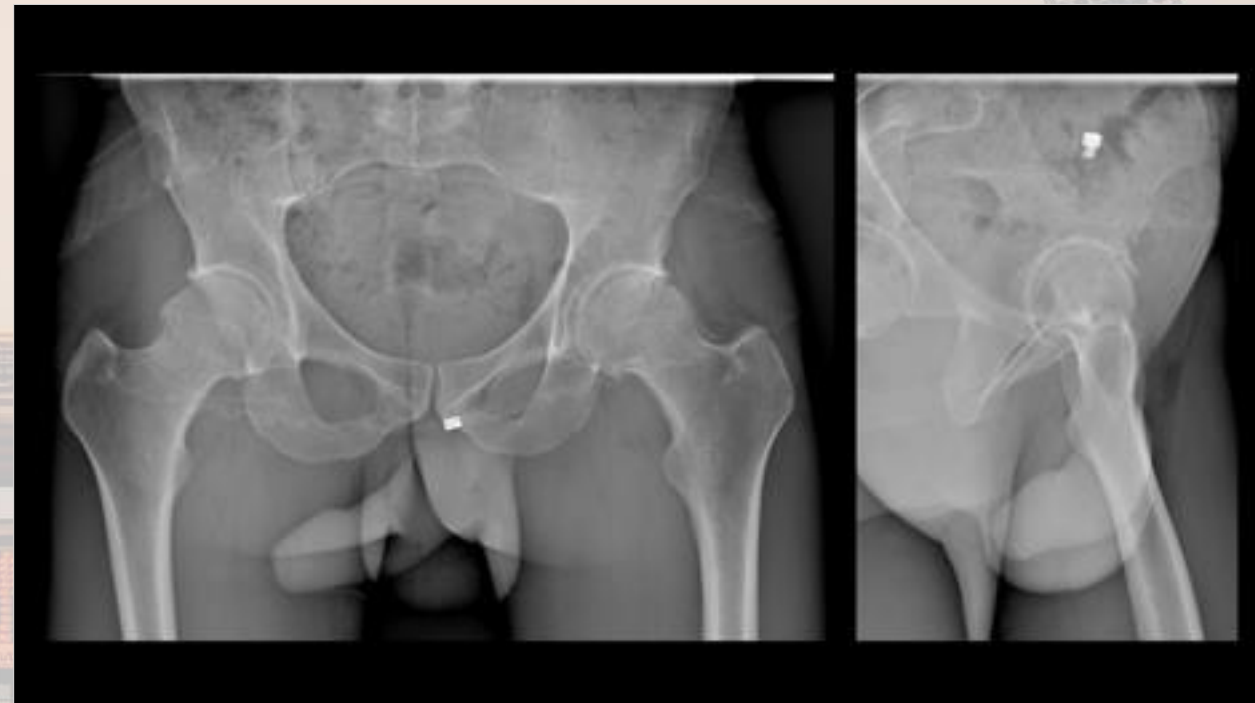
TDM



IRM



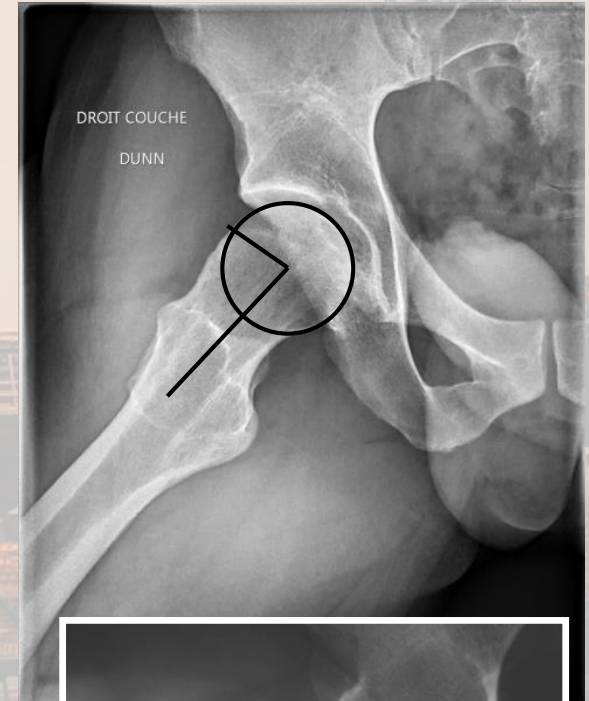
L'imagerie ?





L'imagerie ?

- Orientation acétabulum
- Couverture acétabulaire
- Came



L'imagerie ?



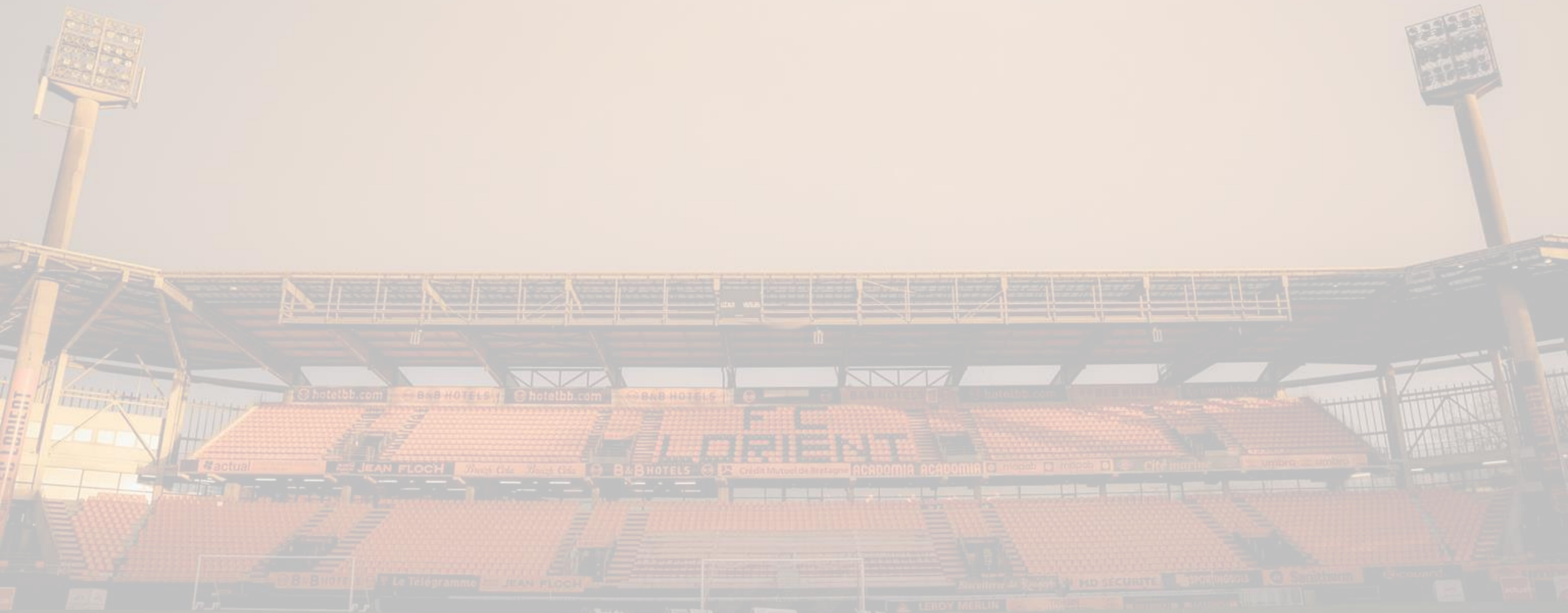
Le traitement

- Physiothérapie
- Médical conservateur : Injections
- Chirurgical conservateur : Arthroscopie
- Arthroplastie = prothèse

De plus
en plus
invasif

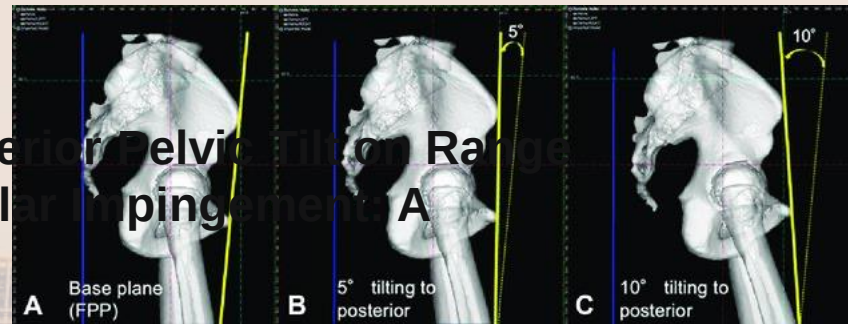


Anterior Pelvic Tilt

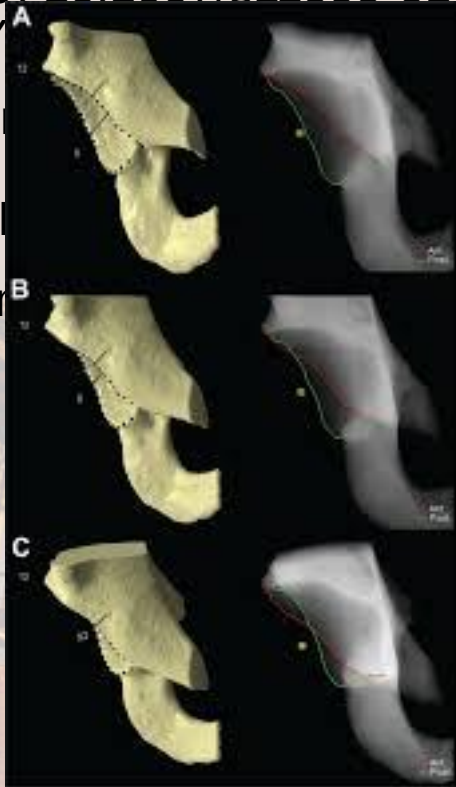


Effect of Decreasing the Anterior Pelvic Tilt on Range of Motion in Femoroacetabular Impingement: A Computer-Simulation Study

- April 2021
- [Orthopaedic Journal of Sports Medicine](#) 9(4):232596712199946
- DOI:
[10.1177/2325967121999464](#)
- License
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- [Naomi Kobayashi](#)
- [Shota Higashihira](#)
- [Haruna Kitayama](#)



- Clin Orthop Relat Res (2015) 473:1267–1273 and Related Research®
- DOI 10.1007/s11999-014-4104-x A Publication of The Association of Bone and Joint Surgeons®
SYNOPSIS: THE ORIENTAL HIP SYMPOSIUM
- Full Text: Hip Orientation Varies Between Supine and Standing Radiographs: Implications for the Detection of Impingement
- J Bone Joint Surg Am. 2015;97(12):1267-1273. P. Tannenbaum MD, Jeffrey J. Nepple MD, Bryan T. Kelly MD, Christopher Bedi MD



- Anterior pelvic tilt (10° change) resulted in a decrease in internal rotation in 90° of flexion of 5.9° ($P < .0001$) and internal rotation in 90° of flexion and 15° adduction of 8.5° ($P < .0001$)

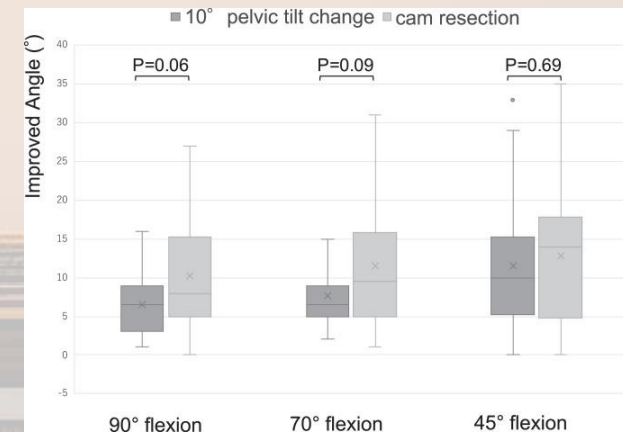
- **Effect of Changes in Pelvic Tilt on Range of Motion to Impingement and Radiographic Parameters of Acetabular Morphologic Characteristics**

- [James R. Ross, MD](mailto:orthodocjimross@gmail.com) orthodocjimross@gmail.com, [Jeffrey J. Nepple, MD](#), [...], and [Asheesh Bedi, MD](#)⁺³ [View all authors and affiliations](#)
- [Volume 42, Issue 10](#)
- <https://doi.org/10.1177/0363546514541229>

Protocole physiothérapie

- Repos sportif
- Traiter les tendinites associées
Massages profonds etc..
- Renforcement musculaire
Gainage
Renforcement des abducteurs et rotateurs externes
- Lutte contre le Tilt pelvien antérieur
Travaux posturaux = Lutte contre l'antéversion de bassin -> diminuer rétroversion acétabulaire
Assouplissement des ischio jambiers
- Éviter les étirements excessifs
Travail sur le psoas et sur les adducteurs
- Apprentissage de l'auto rééducation

« Anterior pelvic tilt »



Kobayashi Orthop J Sports
Med. 2021



Training-induced changes in anterior pelvic tilt: potential implications for hamstring strain injuries management

Jurdan Mendiguchia , Angel Gonzalez De la Flor , Alberto Mendez-Villanueva , Jean-Benoît Morin , Pascal Edouard & Mirian Aranzazu Garrues

Table 1. Description of multimodal intervention programme.

CONTENT	PHASE I: week 1–3, session 1–9	PHASE II: week 4–6, session 10–18
MANUAL THERAPY	Lumbar Z-Joint mobilization Lumbar soft tissue massage Latissimus dorsi release	Lumbar Z-Joint mobilization Lumbar soft tissue massage Latissimus dorsi release
MOBILITY	Hip flexor flexibility with retroversion 4 reps x 15 ' Hamstring wall flexibility 4 reps x 15 ' Rock back with retroversion (push wall) 2 x 8 reps (5") Cat-camel (retroversion emphasized) 2 x 10 reps Lower back + adductor stretch 4 reps x 15 ' Thoracic spine open book 2 x 8 reps Thoracic extension roller 2 x 12 reps TRX Overhead squat 6 reps (deep breaths) Breathing in lumbar flexion 6 reps (deep breaths) Standing glute squeeze 2 reps x 20 ' (On-Off)	Hip flexor flexibility + pull down 4 reps x 15 ' Hamstring dynamic mobility + contralateral psoas flexibility 2 x 6 reps Standing W shoulder flexion (with retroversion) 2 x 8 reps Squat Rock 3 x 8 reps Lower back + adductor stretch 4 reps x 15 ' Half-Kneeling Thoracic spine rotation 2 x 8 reps Thoracic extension Roller 2 x 12 reps TRX Overhead squat 6 reps (deep breaths)
SELF-MASSAGE	latissimus dorsi foam roller 3 reps x 20 ' Lumbar foam roller 3 reps x 20 ' Quadriceps foam roller 3 reps x 20" Iliotibial band foam roller 3 reps x 20 ' Glute Bridge (50% BW) 3 x 6 reps Cook hip lift 2 x 6 reps	latissimus dorsi foam roller 3 reps x 20 ' Lumbar foam roller 3 reps x 20 " Quadriceps foam roller 3 reps x 20" Iliotibial band foam roller 3 reps x 20 ' Hip thrust (70% BW) 3 x 6 reps Pull trough banded 3 x 6 (5 ') reps Squat + hip banded 3 x 5 reps
GLUTEUS MAXIMUS STRENGTH	Kneeling banded bridge 2 x 8 reps (5 ') Conventional deadlift (30% BW) 3 x 6 reps Elevated Hamstring Bridge (30% BW) 2 x 8 reps	SL deadlift (10% BW) 3 x 6 reps Reverse Crunch with medicine ball 3 x 5 reps Dead bug w/medicine ball and band 3 x 6 reps Scissors 3 x 6 reps
HAMSTRING STRENGTH	Abdominal crunch + retroversion 3 x 5 reps (5") Long lever prone plank 2 x 8 reps (5 ') Reverse crunch 3 x 5 reps Dead bug wall press 3 x 5 reps ASLR + pull down 2 x 8 reps Farmer carry 2 x 4 reps (10 m) Isometric abdominal "V" hold 2 x 4 (5 ') Roll out with fitball 2 x 6 reps	Lunge + Palloff Press with hip flexion 3x6 reps (3 ') March technique + medicine ball rotation 5 reps x 10 m Overhead stick march 5 reps x 5m Backward resisted walking 2 x 5 reps March technique + barbell rotation 5 reps x 10m Extensor-focused march 2 x 5 reps Flexor-focused march 2 x 5 reps Palloff press 2 x 8 reps (5 ')
LUMBOPELVIC CONTROL		

reps = repetitions; " = seconds, BW = body weight; SL = single Leg

1) Exercices actifs (~80% du temps)

- Mobilisation active lumbopelvienne
- Etirement des fléchisseurs de hanche
- Etirement des Ischio jambiers
- Auto-massage avec foam roller
- Renforcement des extenseurs de hanche (gluteus maximus et ischio jambiers)
- Exercices de contrôle neuromusculaire lombo pelvien focalisés sur le tilt postérieur

2) Thérapie manuelle (~20% du temps).

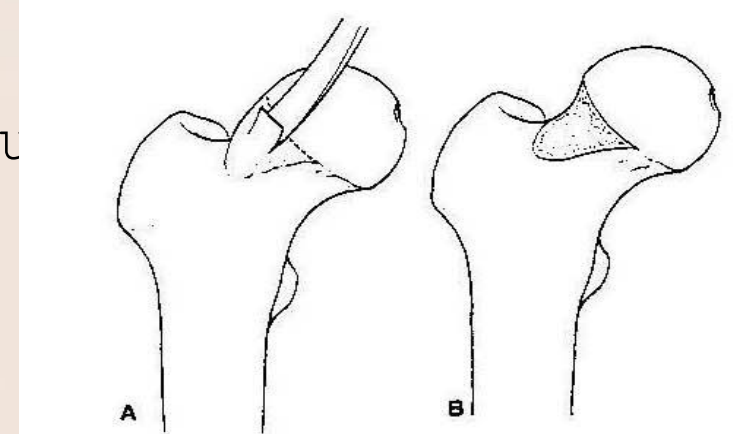
- Massages
- Mobilisation lombo vertébrale antéro-postérieure

Traitement par luxation chirurgicale

Voie d'Abord:

trochantérotomie ou voie antérieure

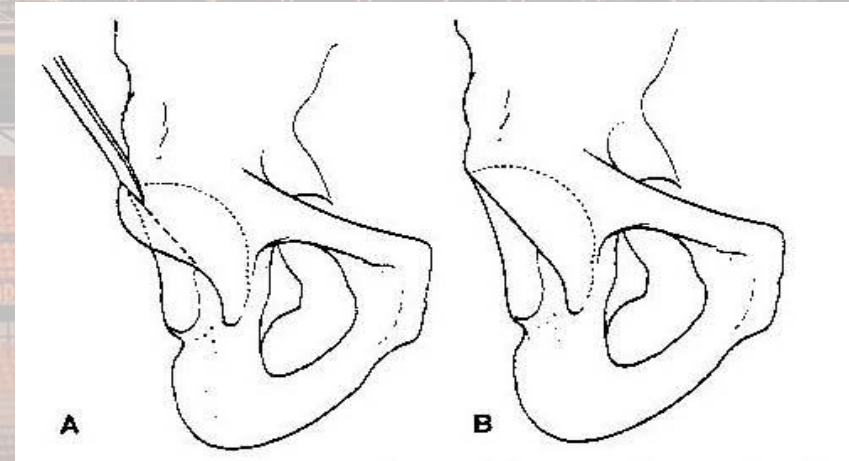
Lavigne, Ganz et al 04



Ostéoplastie du col



Luxation chirurgicale



Acétabuloplastie

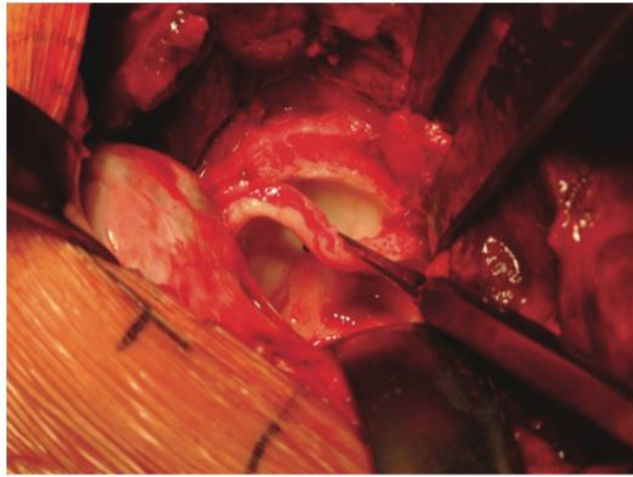


Figure 1. Surgical hip dislocation allows an excellent visualization of the joint. For the treatment of labral lesions and/or acetabular overcoverage (pincer-type femoroacetabular impingement), the labrum was detached from the rim and the rim trimmed using an osteotome.

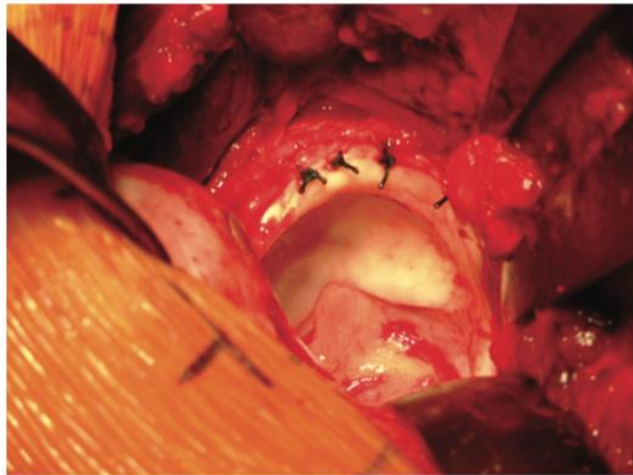


Figure 2. After rim trimming, the labrum was refixed using bone anchors. Knots have to be placed on the outside of the joint to avoid any cartilage damage.

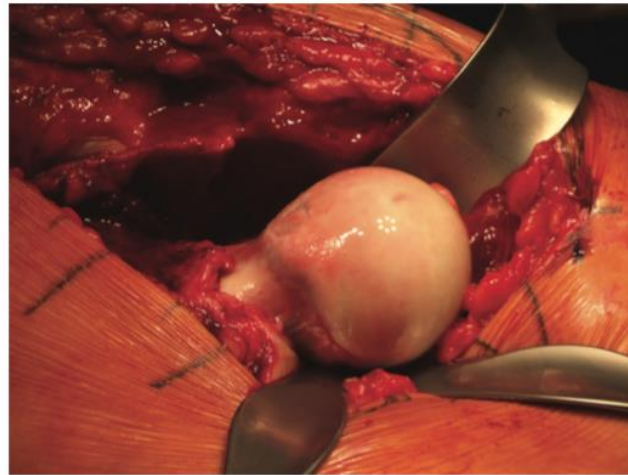


Figure 3. Almost all hips in the present series had a reduced head-neck offset with a typical bump at the head-neck junction.

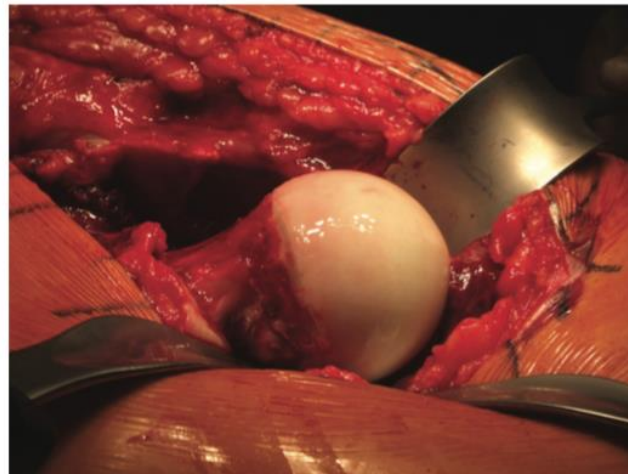


Figure 4. Osteochondroplasty restoring a normal head-neck offset was performed in all but one hip. We routinely perform the correction along the entire anterolateral neck length (from the head-neck junction to the intertrochanteric line) to also improve hip flexion and to reduce the risk of extra-articular subspinal impingement.

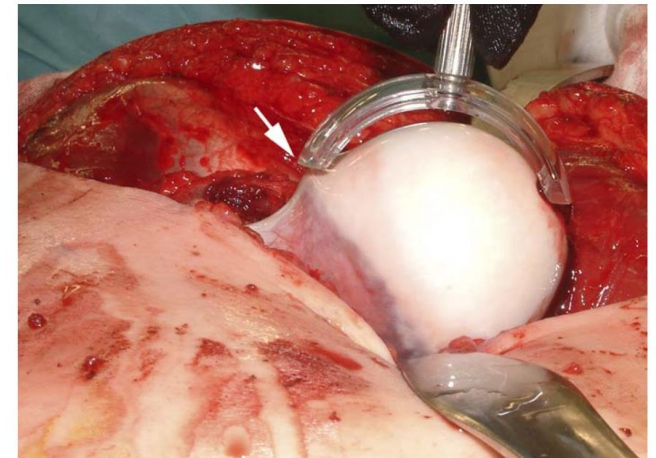
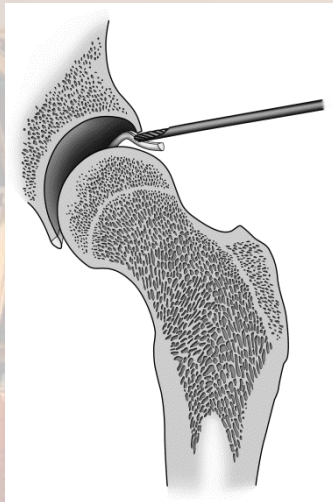
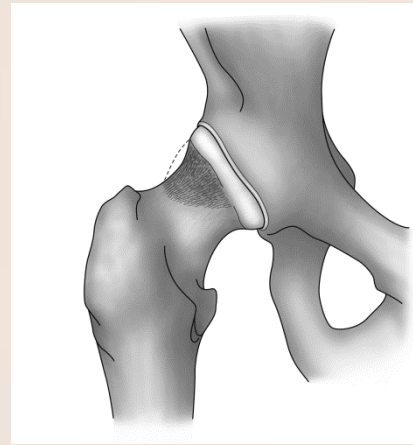
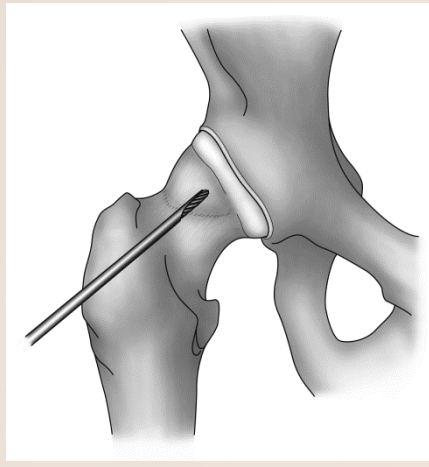
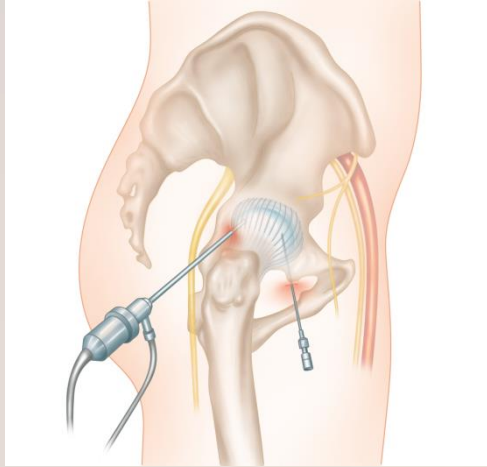
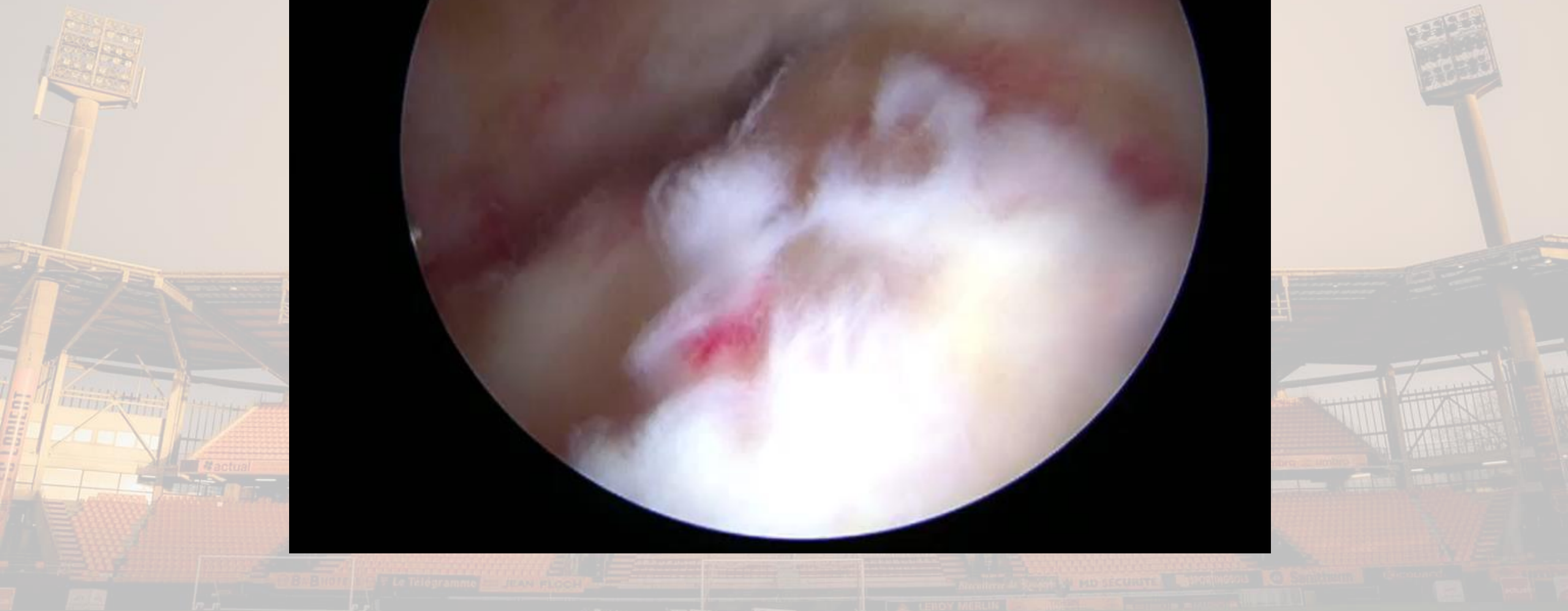
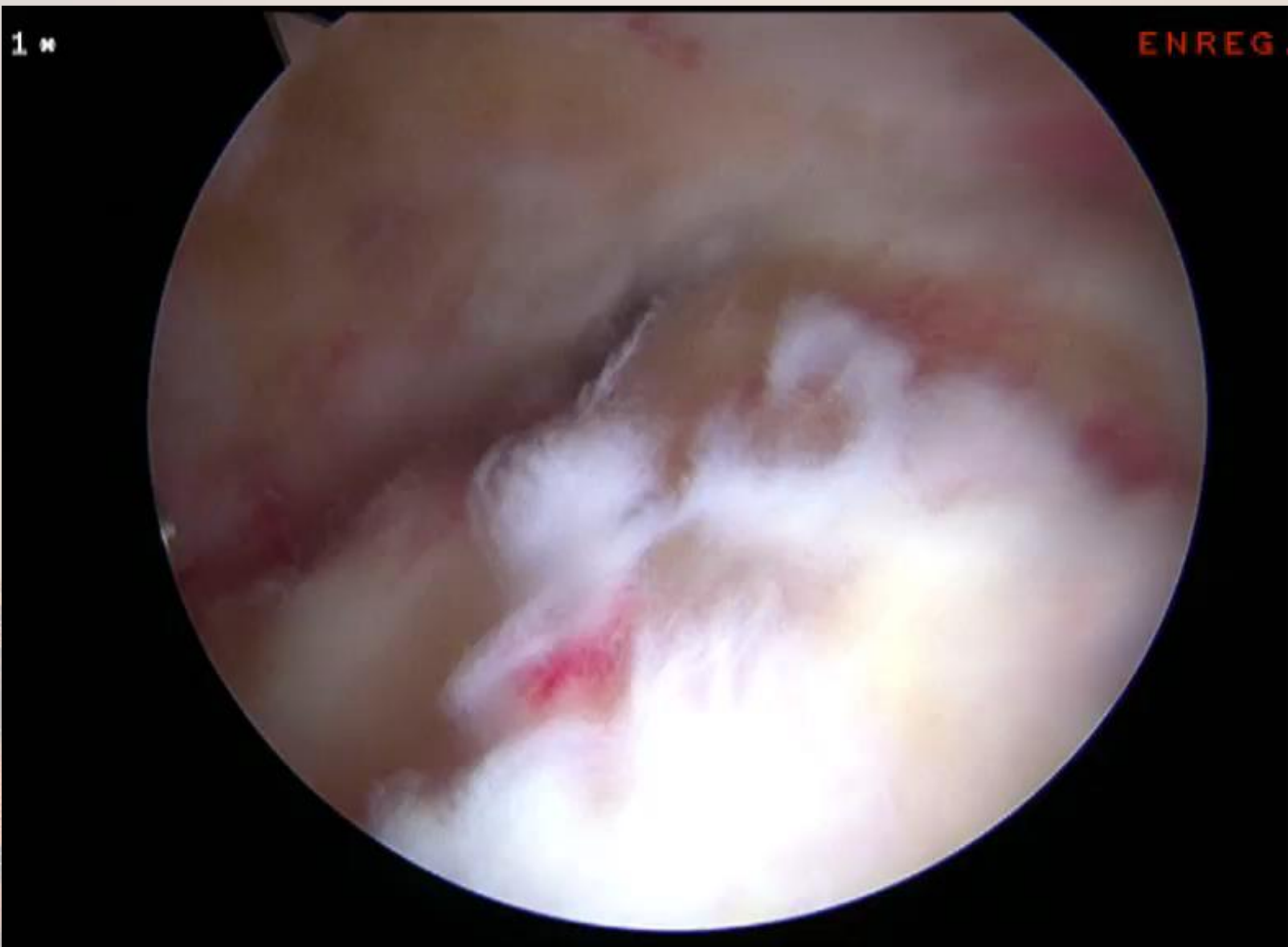
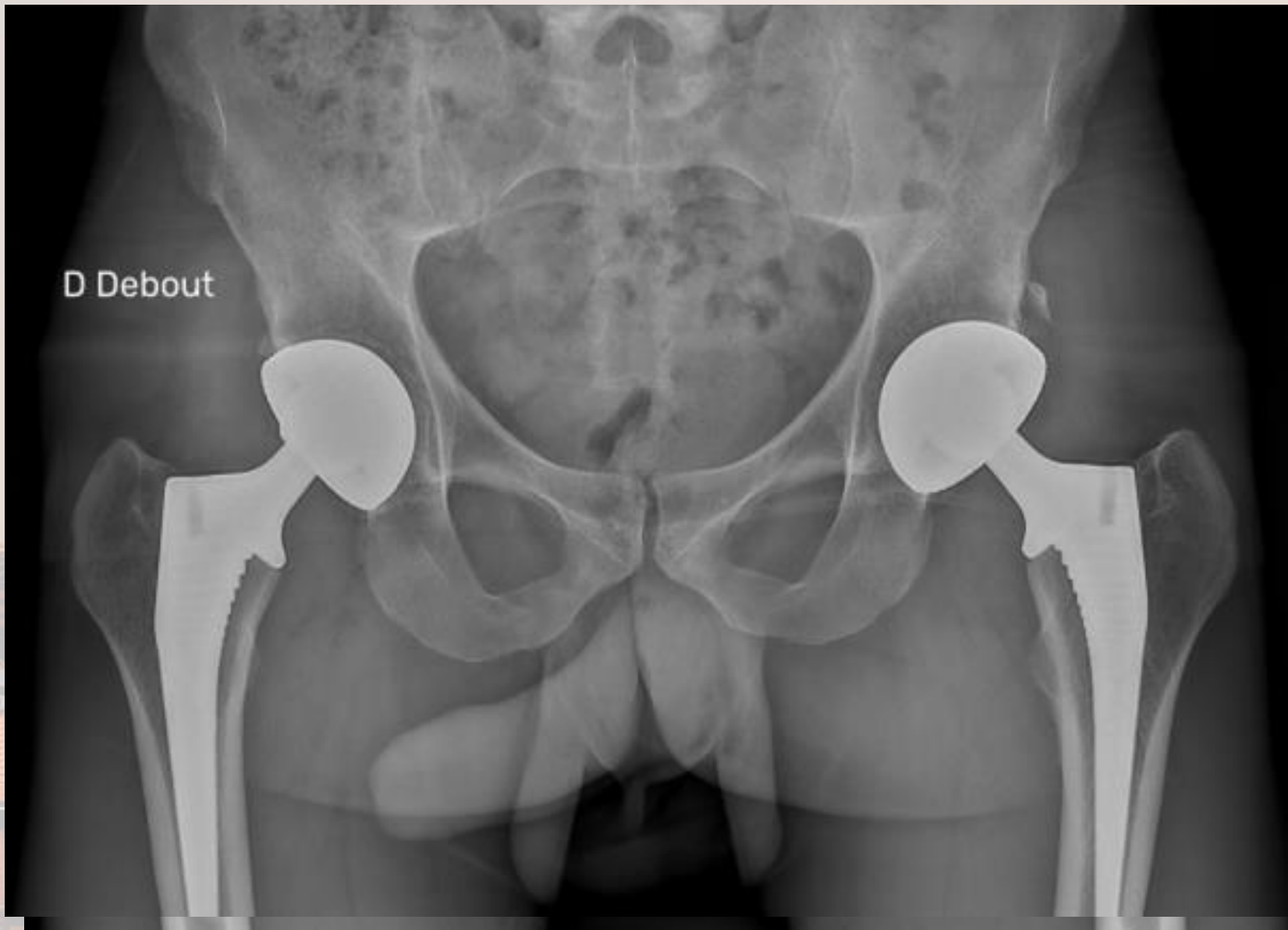


Figure 5

Traitement Arthroscopique









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