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ILIOPSOAS SYNDROME IN DANCERS

[Annual Meeting Abstracts]

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Outline

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Abstract 1639

Iliopsoas syndrome (internal coxa saltans, iliopsoas tendinitis and bursitis) has been identified as a cause of anterior hip symptomatology in dancers. This is usually the result of repetitive active hip flexion with the hip in an abducted, externally rotated position. We are reporting on the incidence, clinical findings, treatment protocol and results of treatment of iliopsoas syndrome in a dance population. A retrospective chart review of 653 professional (370), student (186), and amateur (67) dancers evaluated for musculoskeletal injury or complaint was performed. Diagnosis of iliopsoas syndrome was made on the basis of characteristic complaints along with the specific clinical finding of pain and/or weakness with resisted hip flexion in a turned out position. Other hip pathology was specifically ruled out. Dancers with asymptomatic snapping of the hip were excluded. 7.5% (49/653) of dancers evaluated were diagnosed as having iliopsoas syndrome. The incidence in female dancers was 9.2% (43/465) compared to 3.2% (6/188) in male dancers. Although fewer in number, the 12.8% incidence (10/78) in dancers less than 18 years old was greater than the 7% (39/557) incidence in dancers 18 years of age or older (age range: 14-49). Student dancers had a higher incidence (14%) than either professional (4.6%) or amateur dancers (7.5%). Symptoms (pain, clicking, weakness) frequently occurred during passé developpé in a turned out position (active flexion, abduction and external rotation). Associated ipsilateral lower back pain was present in 44%. Clicking and/or snapping could be elicited in 78%, with a positive "iliopsoas test" (pain and/or weakness) in 100%. 73.5% of patients had pain and/or tightness upon passive hip extension. All patients underwent physical therapy, which included hip flexor stretching and strengthening, pelvic and peripelvic mobilization and soft tissue work, alignment exercises, and modification of dance technique or exposure as required. A follow-up via clinical evaluation and/or telephone interview was performed averaging > 2 years from initial evaluation. All patients responded well to conservative management. No patients required corticosteroid injections or surgical intervention. This is the largest series reported to date of iliopsoas syndrome in dancers, or any other subject population.

Section Description

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