Table 5-1

Helpful Hints

Type of Instability	*Mechanism/Pathology*	*Presentation*
TRAUMATIC		
Anterior	High-energy injury Forced external rotation and extension or abduction	Severe pain with motion Hip held in extension and external rotation
Posterior	Often high-energy injury from hip flexion and adduction Low-energy injuries seen in athletic competition from flexion and adduction or from getting hit while on all 4 limbs Labral tear, posterior rim fractures, iliofemoral ligament tear, and hemarthrosis common	Severe pain with motion Hip held in flexion and internal rotation After reduction, flexion abduction and external rotation improves pain because it maximizes capsular volume May have recurrent instability because of resultant capsular laxity
ATRAUMATIC		
Anterior	Iliofemoral ligament microtrauma from repetitive axial load and external rotation (eg, golf) Generalized ligamentous laxity Collagen disorders (eg, Ehlers-Danlos)	Increase external rotation in 0 degrees of hip flexion Pain and apprehension with hip extension and external rotation Labral tears common Coxa saltans (aka, snapping hip) Iliopsoas tendonitis and trochanteric bursitis
Imaging	*Important Views*	*Findings*
Plain radiographs	AP pelvis, lateral, Judet (traumatic), traction (atraumatic)	Cam and pincer impingement, acetabular rim fractures (traumatic), vacuum sign (atraumatic)
CT scan	Thin cuts with coronal and sagittal reconstructions (traumatic)	Acetabular rim fractures, marginal impaction, intra-articular fragments, femoral head and neck fracture
MRI (± arthrogram)	Coronal, sagittal, and axial	Chondral defects, loose bodies, labral tears, hemarthrosis, capsule disruption