

Role of manual manipulation on hip joint dislocation- A case study

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This study was an observational case study report to determine the explore role of manual manipulation on hip joint dislocation. The hip is a ball-and-socket joint. The socket is formed by the acetabulum, which is part of the large pelvis bone. The ball is the femoral head, which is the upper end of the femur (thigh bone). Hip dislocation, the femoral head is pushed either backward out of the socket, or forward. In anterior dislocation, thigh bone slips out of its socket in a forward direction, the hip will be bent only slightly, and the leg will rotate out and away from the middle of the body. When the hip dislocates, the ligaments, labrum, muscles, and other soft tissues holding the bones in place are often damaged, as well. The nerves around the hip may also be injured. The present study was conducted at own clinic of traditional practitioner. Patient who was selected for the study has already taken treatment using manual manipulation by traditional practitioner. Anterior hip dislocation is commonly reduced by in-line traction and external rotation, with an assistant sometimes pushing on the femoral head or pulling the femur laterally to assist reduction. The selected patient was 65 years old female patient presented with anterior hip dislocation with severe pain in the hip, marked decrease in range of movement of the hip joint and the affected extremity was shorten and externally rotated. The traditional practitioner diagnosed this condition as “Tharivu” and affected limb was reduced using his own way of manipulation. The patient was directed to lie in a supine position and the affected leg was pulled at first. Then the knee joint of same leg was flexed & rotated medially. After that the hip joint was rotated internally finally the leg was set aside at the hip and knee joint. Finally the leg was pulled forcefully. Obvious improvement was observed after reduction as severity of pain was reduced from 10 to 3, tenderness was reduced from 4 (Withdrawal to no-noxious stimulation) to 1 (Tenderness to palpation without grimace or flinch) and range of movement also improved. According to this study anterior hip dislocation can be satisfactorily managed by open reduction method. Though, we have to increase the number of patients to recommend this manual manipulation method.

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