

**Title:** Systematic Approach to Undifferentiated Hip Pain in a Patient with Incomplete Traumatic Tetraplegia



PRESENTER:  
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**Case Description:**

- 59-year-old man presented after falling resulting in cervical spinous fractures and cord compression at C4-C5.
- Underwent surgical decompression and fusion.
- Classified as C4 AIS A C.
- On admission, he required maximal assistance for mobility and ADLs. Rehabilitation course was notable for nonspecific right hip pain.
- Pain was reproduced with hip flexion past 90 degrees and internal rotation past neutral. Examination was consistent with intraarticular hip pathology. Right hip X-ray was unremarkable.
- No improvement with conservative treatment
- A right USG hip steroid injection was performed
- Pain and range of motion improved. Posterior hip pain then emerged with ischial tuberosity tenderness.
- The patient then developed lower extremity spasms and hypertonia. Baclofen and gabapentin were started resulting in resolution of hip pain.

**Discussion:**

- Joint pain after a spinal cord injury can be complex and may have both neurological and musculoskeletal components
- This patient was treated with a combination of anti-inflammatory, antispasmodic, and neuropathic agents.
- Resolution of the musculoskeletal pain by injection unmasked neurological pain that improved with medical management.
- Successful treatment of the right hip pain was instrumental in maximizing the patient's participation in therapy.

**Conclusion:**

- important to consider both musculoskeletal and neurological etiologies of pain in patients presenting with complex joint pain after spinal cord injury.
- Multimodal treatment is important for achieving optimal pain relief and maximizing therapy.

# Evaluating joint pain in Spinal Cord Injury patients can be complex. Multiple etiologies can confound the presentation.



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Discharge Functional Status after 7 weeks of inpatient rehabilitation:

Bed Mobility : Supervision  
Transfer Sit to Supine Rehab: Contact Guard, supervision  
Transfer bed to chair: Supervision  
Ambulation: Moderate assistance  
Upper Extremity Dressing Level: Max assistance  
Lower Extremity Dressing Level: Max assistance  
Grooming Level: Contact guard  
Toileting Level: Total Assistance  
LE Bathing Level: Supervision  
Eating Level: Supervision  
Transfer Toilet Level: Mod A

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