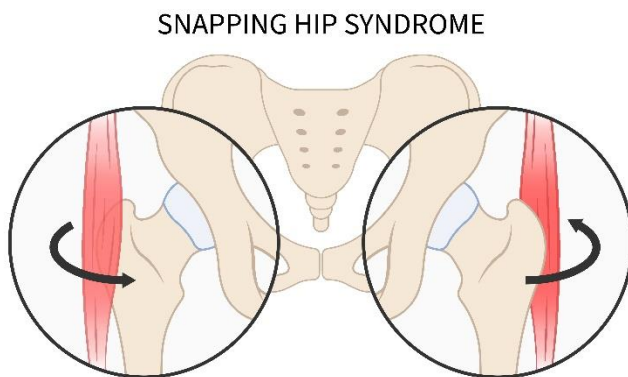


DANCER HEALTH TIPS FROM UAB SPORTS & EXERCISE MEDICINE

The Rhythmic Saga of Snapping Hips: A Dancer's Tale

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Snapping hip syndrome is a common hip condition in dancers that can manifest as either internal or external snapping. Internal snapping occurs when the iliopsoas tendon snaps over a bony prominence within the hip. External snapping hip is attributed to the iliotibial band or gluteus maximus snapping over the greater trochanter¹.



In order to diagnose snapping hip syndrome, clinicians perform a physical exam of the hip that includes movement through various positions to observe the snapping of the hip. A dynamic ultrasound can also be performed to observe the snapping tendon in real-time. Additional imaging may be required to rule out other potential conditions¹.

The primary management of snapping hip syndrome is conservative in nature and includes physical therapy. Active rest with training modifications should be attempted early in treatment as a common cause of snapping hip is errors with technique and alignment¹.

Some specific training modifications that can be employed include:

- Turnout should come from isolated hip rotation
 - If hip rotation is limited, dancers often obtain turnout position from using movement from the pelvis. This is often achieved by tucking the pelvis under to attain the illusion of more turnout. There should be no change in pelvic

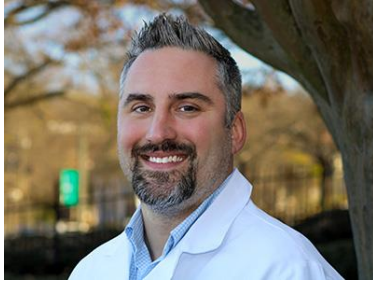
alignment when moving into turnout. Stretching into hip external rotation and strengthening the external rotators can assist with the ability to do this properly².

- Maintain appropriate alignment with plies
 - When moving into plies, the hips should open-up, staying in full rotation, with the knee pointed directly over the 2nd and 3rd toes. Letting the knees fall inward can cause deactivation of crucial gluteal muscles that assist with hip stabilization during these motions. Movement should be relaxed, with the tailbone dropping straight through the heels to avoid overuse of hip flexors².
- Avoid “gripping” (over activation) of hip flexors
 - “Gripping” and overuse of hip flexors can often occur when moving into grande battement motions or sinking into grand plies, which are frequent motions that reproduce the snapping sensation. The way to reduce hip flexor “gripping” and over activation is to maintain a strong core. If the core is weak, it is difficult to lift the legs without excessive activation of the hip flexors or pelvic/low back compensations. Pilates, Swiss ball exercises, and plank strengthening are activities that can help increase core strength appropriately for dance².
- Maintain good balance and proprioception
 - Dancers should be able to balance on a single leg when they possess appropriate core, gluteal, and hip strength. Weakness in these muscles contributes to poor hip stability which leads dancers to over-utilize the iliopsoas and hip flexors when moving through single-leg positioning. This can be improved with practice including performing single leg balancing in parallel and turnout positions with the knees bent and straight. The hips should always be facing forward and symmetrical, and the spine should remain in neutral with a small inward curve².

In severe or refractory cases, surgical intervention may be required to release tension in the tendon¹.

Early and comprehensive examination and management are crucial to reducing risk of snapping hip syndrome and help prevent it from derailing a dancer’s career. Despite its prevalence, snapping hip syndrome is often underreported or misdiagnosed, thus emphasizing the need for better awareness and recognition amongst dancers and clinicians¹.

About the Author:



Steven T. Brown, MD is a fellowship-trained, double board-certified sports medicine physician and the Chief of Sports & Exercise Medicine in the Department of Family and Community Medicine at the University of Alabama at Birmingham. Dr. Brown specializes in the non-surgical treatment of orthopedic and sports medicine conditions for patients of all ages and activity levels. Dr. Brown has a special interest in performing arts medicine and previously served as team physician for the 16-time National Champion University of Memphis Pom Squad and as a company physician for Ballet Memphis.

For an appointment with Dr. Brown or anyone on the UAB Sports and Exercise Medicine team, please call us at 205-930-8339 or visit us online at uabmedicine.org/sports.

1. Nolton, Esther C., and Jatin P. Ambegaonkar. "Recognizing and Managing Snapping Hip Syndrome in Dancers." *Medical Problems of Performing Artists*, vol. 33, no. 4, 2018, pp. 286–91. *JSTOR*, <https://www.jstor.org/stable/48714385>. Accessed 18 June 2024.
2. "Snapping Hip Syndrome in Dancers." *Gibsons Dance Centre*, www.gibsonsdance.com/articles/snapping-hip-syndrome-in-dancers. Accessed 16 June 2024.