



#### Introduction

Chronic orchialgia can be difficult to treat as its etiology is often idiopathic. Hip pathology is a possible cause, but hip physical examination is not routinely performed in the urologist's office. This study aimed to identify hip pathology in patients presenting with orchialgia.

### Study Objective

To evaluate for abnormal hip physical examination and radiographic findings in men presenting to the urologist with orchialgia.

## Methods

Men presenting to the University of Iowa Men's Health Urology Clinic with a duration of orchialgia > 3 month were offered study participation.

These patients were given hip-specific patient reported outcomes (PRO's; HOOS Jr, VAS, PROMIS, UCLA Activity Score), underwent hip-specific physical examination performed by a non-orthopedic provider, and completed hip-specific radiographs to evaluate for markers of femoroacetabular impingement, developmental hip dysplasia, osteoarthritis, and/or acetabular retroversion.

Electronic medical records were reviewed for follow-up to determine the outcome of referrals for hip treatment to physical therapy and/or orthopedic surgery clinic.

# Hip Pathology in Patients Presenting to the Urologist for Chronic Orchialgia

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	Results		Results					
;	32 patients (64 hips) were included.			Radiographic Analysis	Frequency (Hips)	<b>Percent of Cohort</b>		
p		Mean	Range	Tonnis Score				
ЭУ	Age BMI	39 years 29 kg/m <sup>2</sup>	18 – 71 years 19 – 53 kg/m <sup>2</sup>	0 1 2	34 23 6	53% 36% 9%		
				$3$ <b>LCEA</b> $(X < 25^{\circ} \cap X > 50^{\circ})$ <b>Termin Angle</b>	1 35	2% 55%		
rith	Physical Exam	Frequency (Hips)	<b>Percent of Cohort</b>	Tonnis Angle $(X < 0^{\circ} \cap X > 10^{\circ})$ Crossover Sign	14 17	22% 27%		
	Flexion (X < 90°)	3	5%	Alpha Angle (X < 60°)	15	23%		
	Internal Rotation (X < 30°)	18	28%	Based on presenting symptoms, physical examination, radiographic findings, and shared decision making				
	External Rotation (X < 40°)	8	13%					
	Abduction (X < 40°)	1	2%	<ul> <li>between members of the testicular pain team:</li> <li>16 patients (50%) were referred to orthopedic clinic</li> <li>Of these, 4 patients (13%) have had an identifiable orthopedic diagnosis with resolution of symptoms after hip-directed intervention</li> </ul>				
d	Flexion Contracture	9	14%					
				Discussion				
	<b>Provocative Exam</b> Fre	quency of Positive Exam (Hips)	<b>Percent of Cohort</b>	<ul> <li>In our study of 32 patients (64 hips), we found abnormal</li> </ul>				
<b>`</b>	Impingement Test	21	33%	<ul> <li>range of motion in 39 hips, positive provocative testing in 57 hips, and abnormal hip radiographs in 145 hips.</li> <li>The study lacks statistical power to conduct a multivariate analysis regarding outcomes or predictors for risk of an underlying hip etiology of orchialgia.</li> <li>Our study does, however, provide data showing that hip pathology can cause orchialgia and that hip-specific interventions can improve orchialgia symptoms.</li> </ul>				
	Patrick's Test	20	31%					
	Stinchfield Test	15	23%					
	Straight Leg Raise	1	2%					

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