



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.

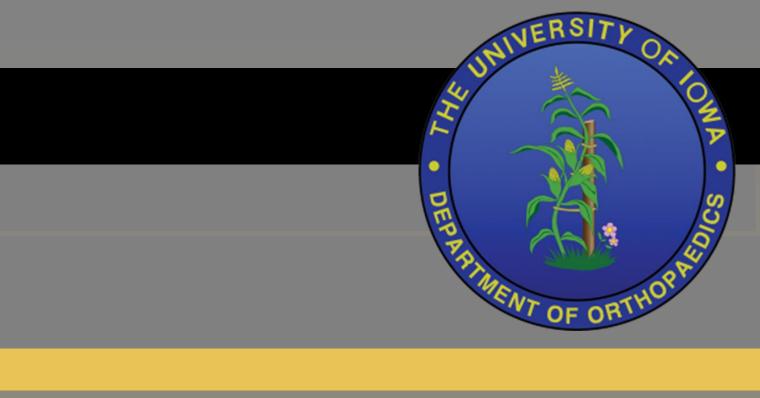
Hip Pathology in Patients Presenting to the Urologist for Chronic Orchialgia

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

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