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BASIC INFORMATION

Description

Hip luxation or dislocation occurs with separation of the femoral head (ball of the thighbone) from the acetabulum (cup of the hip socket).

Causes

Hip luxation almost always results from a serious traumatic event, such as being hit by a car, a dog fight, falling from a height, or a malicious act. Hip luxation should not be confused with hip subluxation, such as occurs with hip dysplasia. Subluxation is a partial dislocation, whereas luxation is a complete dislocation. For luxation to occur, the major stabilizing ligament and surrounding tissues must be torn. Hip subluxation occurs when these structures are stretched but not torn.

Clinical Signs

Animals with a hip luxation typically stand with their leg outwardly rotated and the toes placed underneath them. The leg with the luxation is usually shorter. Pain, crepitus (grinding sound made when the hip is moved), and swelling may be appreciated when the hip joint is manipulated.

Diagnostic Tests

Physical examination reveals that the prominent bony features of the hip are not properly positioned. X-rays confirm the diagnosis and help to identify any accompanying fractures or underlying disease of the hip that might make treatment difficult. Other tests, such as laboratory assays and chest and abdominal x-rays, may be recommended to identify other injuries and factors that might make anesthesia dangerous.

TREATMENT AND FOLLOW-UP

Treatment Options

If the hip is normal in all other respects (no underlying disease such as hip dysplasia or arthritis) and the luxation is recent,

then closed reduction is usually performed. Closed reduction is manipulation and manual replacement of the thighbone (femur) back into the hip socket without making an incision. It requires general anesthesia and is successful about 50% of the time.

Numerous surgical techniques can be used to keep the ball in the socket after the ball is manually replaced. Surgery may also be performed if the closed reduction fails or is not appropriate. If factors such as hip dysplasia or arthritis are present, then the femoral head may be removed surgically (see the handout on **Femoral Head and Neck Osteotomy**) or replaced (see the handout on **Total Hip Replacement**).

Follow-up Care

If closed reduction is performed, a special bandage called an *Ehmer sling* is applied once the hip is back in place. Ehmer slings are prone to slipping and may cause skin sores or loss of blood supply to the lower leg, so great diligence is required to quickly identify problems associated with the sling. Notify your veterinarian immediately if you have any concerns about the sling.

If surgery is performed, a bandage may or may not be applied, depending on the specific procedure that was performed. Regardless of the corrective procedure, the animal is usually confined to a cage for at least 4 weeks and gradually returned to full activity over the following 4 weeks.

Prognosis

Prognosis depends on the nature of the luxation, associated injuries, and the specific treatment used to correct the luxation. Recent traumatic luxations that are not complicated by other joint disease and are repaired quickly have a good prognosis for return of full function. Secondary arthritis may develop in some affected joints over time.