Terms Describing Anatomical Location

Medial	closer to the midline of the body
Abducted	moved away from the midline of the body
Anterior	nearer to or toward the front of the body

Iliopsoas Tendinitis is uniquely common in dancers, still not well understood in the dance community, and easily prevented if its warning signs are promptly and properly addressed.

Clicking and popping about the hip in athletes and dancers is a common phenomenon, and generally remains **asymptomatic**.

The medial snapping could be the result from movement of the iliopsoas tendon over the **neck of the femur**. (This is referred to as external snapping)

Sometimes the pop is deeper, which relates to internal snapping. This can cause severe pain or restrict activity. This pain is the result of a stenosing tenosynovitis of the iliopsoas tendon near its insertion on the femur - essentially an iliopsoas tendinitis.

Repeated loading of the iliopsoas with many ballet movements results in a progressively stronger, but also tighter iliopsoas muscle-tendon unit. This tightening may be further enhanced by **lumbar lordosis**.

Another factor is that stretching of this muscle-tendon is very difficult to do on one's own. The end result is a tightened muscle-tendon complex in which the tendon begins to snap over the femur head as the leg is flexed at the hip, sometimes causing inflammation of the iliopectineal **bursa**. A number of early observers have implicated this bursa as the primary source of pain.

Dancers will often describe a slow progressive onset of an initially painless snap as they perform the maneuver of developpe a la second. In particular, this snap occurs as the gesturing leg is brought down from the elevated, abducted, and externally rotated position fo the hip and aligned with the standing leg. Rond de jambe en l'air also presents a problem for those with this condition, especially at the moment of transition from front to side to back. The snap occurs when the leg passes through the front or back diagonally.

Treatment

- Rest
- The use of anti-inflammatory medication, and heat
- **Anti-lordotic exercises**. Most important, peripelvic stretching and strengthening exercises, particularly of the iliopsoas, should be initiated both for immediate relief and to correct the biomechanics conditions that caused the problem in the first place.

The basic components of rehabilitative management are therapeutic exercises to increase flexibility of the iliopsoas as well as the hip external rotators, adductors, and internal rotators. This should be combined with anti-lordotic exercises, since a tightened iliopsoas muscle is inevitably associated with hyper-lordosis.

Tasks

1. Define asymptomatic, lumbar lordosis, and bursa.
2. Locate the head of the femur on your body. Label with a sticky note.
3. Design a rehabilitative management system that increases flexibility of the iliopsoas, hip external rotators, adductors, and internal rotators. Include anti-lordotic exercises.