Iliopsoas Muscle Injury

Your pet has been examined for an acute or chronic lameness of the rear leg and an injury to the iliopsoas muscle is a possible diagnosis based upon physical examination findings. Muscle strains in dogs, like people, can be graded from mild sprains (grade I), grade II with hematoma (blood clot) formation, grade III with severe tearing of the muscle, and grade IV where there is a complete rupture of the tendon or muscle. Mild sprains usually resolve in about one week with rest. More severe sprains can result in severe pain and lameness that will not resolve without intensive rest, muscle relaxants, and anti-inflammatories. In severe, chronic cases that do not respond to medication and rest, surgery is sometimes necessary.

Some patients will have other conditions of the rear limb like hip dysplasia or luxating patella’s and it can be difficult to determine whether your pet’s limping is due to a muscle injury or some other underlying condition. Since a definitive diagnosis can only be made with specialized testing like ultrasound, CAT scan, or MRI (expensive), many times we will treat your pet for a muscle strain to see if they respond before recommending these tests.

Injury to this muscle, as well as other muscles of the upper limb, can occur when your pet’s leg is caught in extension or there is a blow to the abdomen. The iliopsoas muscle is a large muscle extending from the lower spine, along the pelvis, and attaching to the inner part of the upper femur bone. Pain is elicited when the leg is extended and internally rotated, usually much more than is seen in hip dysplasia. Some patients will only show pain when the muscle is pressed where it attaches to the upper thigh, along the spine, or transrectal palpation of the pubic rim and ilium. In cases where the muscle is severely bruised and swollen, the femoral nerve can be trapped between the muscle and the bone of pelvis causing neurological signs like dragging the foot.

Much like “groin pulls” in people, severe muscle strains take strict rest and time to heal. Many patients will improve temporarily and then worsen after resuming normal activity too soon. Initial treatment involves strict confinement to the house with no running, jumping, playing or stairs. Patients are taken outside on a short leash twice daily to eliminate only. Tranquilizers (if needed), muscle relaxants, and NSAID’s (anti-inflammatory medications) are the first line of treatment. After two weeks, if improvement is seen, activity is slowly increased with short walks over the next four to six weeks. If your pet worsens or fails to improve, further testing to confirm the diagnosis is usually indicated.

Once the diagnosis is confirmed aggressive physical therapy is the next course of treatment with a properly trained and qualified veterinary physical therapist. This will include ultrasound, heat, cross friction massage, stretching, and sometimes laser therapy. Only when this fails to resolve the pain and lameness, or if your pet develops femoral nerve damage, is surgery considered. Surgery involves actually cutting the tendon of insertion (tenectomy) and removing as much of the muscle as possible. Patients do quite well without this muscle and recovery usually takes two to six weeks.