

Hip / pelvis avulsion

What is this leaflet for?

You have been diagnosed with a hip (pelvic) avulsion fracture.

This leaflet explains what has happened, how it is treated, and what to expect during your recovery.

It is a general guide — your own injury and treatment plan may differ slightly. Always follow the advice given to you by your own medical and physiotherapy team.

What is it?

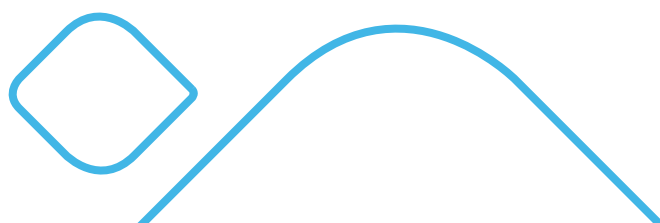
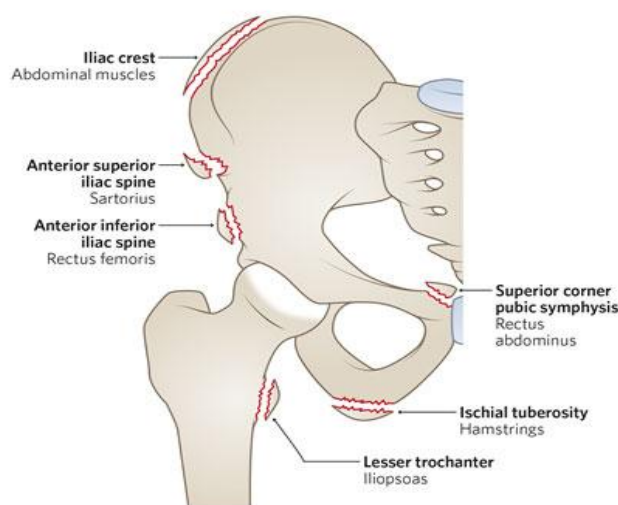
During childhood and the teenage years, bones are still growing. The areas where strong tendons attach to bone (called 'apophyses' or growth plates) are weaker than they will be in adulthood.

An avulsion fracture happens when a sudden, powerful muscle contraction pulls hard enough on the tendon that a small piece of bone is pulled away from the rest of the bone, at the point where the tendon attaches.

At the time of injury, you may have felt or heard a 'pop' or 'snap', followed by sudden pain, swelling, bruising, and difficulty walking or bearing weight on the affected side.

Common triggers include sprinting or suddenly accelerating, kicking a ball forcefully, jumping or landing awkwardly, doing the splits, over-stretching suddenly or a sudden change of direction while running.

Locations of injury



Will I need surgery? And what happens next?

Most hip avulsion fractures DO NOT need surgery. The large majority heal well with rest, activity modification, and physiotherapy alone.

You will be referred to the virtual fracture clinic who will review your X-ray and arrange follow up if necessary. Only a very small proportion of young people need surgery and this is usually if there is significant displacement of the bone fragment.

The fracture clinic usually sees patients at around 6 weeks post injury but may arrange an earlier appointment if there is significant displacement of the fragment.

You will be supplied with crutches to allow for protective weight bearing initially. Please return them to the Emergency Department when you no longer need them.

You should use simple analgesia such as paracetamol and ibuprofen to help with pain.

Physiotherapy and recovery timeline

Recovery happens in stages. It is important not to rush — returning to sport too early is one of the most common causes of re-injury or delayed healing. You can request referral to physiotherapy through the fracture clinic, but it is important not to start anything vigorous too early.

Stage	Goal	Typical activity
1: Protection (roughly weeks 0-2)	Rest, reduce pain and swelling. You may be given crutches and advised to limit weight-bearing.	Ice, gentle ankle/knee movement, avoiding stretching the injured muscle
2: Restoring movement (roughly weeks 2-6)	Gradually walk more normally and regain gentle hip movement as pain allows.	Gentle active range-of-movement exercises, gradual increase in walking
3: Strengthening (roughly weeks 6-10)	Rebuild strength in the muscle group involved and surrounding hip muscles.	Isometric holds progressing to resistance exercises, balance work
4: Return to sport (roughly weeks 10-16+)	Progressive return to running, sport-specific drills, and full training.	Jogging, agility drills, sport-specific movements, full training, then match/competition

These timeframes are a general guide only. Full recovery commonly takes around 3 to 6 months, depending on the severity of your fracture, which site was affected, and your sport. Some people take longer, and that is normal — your physiotherapist can guide your progress based on how you are healing.



If you don't hear from fracture clinic after 10 days, please phone the number below:

Appointments & Reception

Telephone: **01225 825602**

Reception is open from **9:00am – 5:30pm, Monday to Friday**

Royal United Hospitals Bath NHS Foundation Trust
Combe Park, Bath, BA1 3NG

01225 428331 | www.ruh.nhs.uk

If you would like this leaflet in email form, large print, braille or another language, please contact the Patient Support and Complaints team on 01225 825656.

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