

Musculoskeletal Treatment Guidelines

Hip

HIP	Signs & Symptoms	Treatment	Consider onward referral	Diagnostic tests/ investigation prior to referral	Indication for surgery/ secondary care referral
OA Hip	Gradual onset of pain and reduction in function. Reduced ROM esp. medial rotation and flexion Groin pain, anterior thigh, knee and buttock Worse after inactivity and weight bearing	Advice, analgesia, NSAIDs, Physio / Occup. Therapy Mobilisation Stretching Core stability Lifestyle advice ADL Injection	<u>Onward</u> Not responding to treatment	Previous Surgery and >60 AP pelvis >60 AP pelvis and AP affected hip <60 AP pelvis and lateral of affected hip	<u>Direct</u> Functional disability (walking less than 1 mile, affecting work, ADL) Night pain Progressive deformity or decreasing ROM Oxford score > 29 Previous hip surgery Requires THR
Trochanteric Bursitis	Local pain over lateral hip which radiates down the lateral thigh and knee. Worse on going up stairs, standing, crossing legs and lying on affected side	Advice, analgesia, heat, rest, Physiotherapy Steroid injection	N/A	Pain on hip rotation & resisted abduction. Local tenderness on palpation NIL investigation	N / A
Adductor Tendonitis / Muscular groin pain	History of over stretch / injury Pain felt in groin and medial thigh Worse on activities, better on rest	Expert advise Physiotherapy Steroid injection	N / A	N / A	N / A
Avascular Neurosis of the hip	Occurs in 3 rd to 5 th decade, often bilateral and more common in men. Grad onset of pain, progressive restriction of joint movement	<u>Risk factor</u> Idiopathic but may be related to gouty arthritis, chronic alcoholism, and chronic renal disease; in divers, and long term steroid users, after hip dislocation.	If suspected or proven AVN	Xray AP pelvis and lateral of affected hip X-ray – increased density of the superior portion of the femur. A radiolucent zone is often present between the avascular segment and surrounding bone. MRI	Surgical opinion needed

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Meralgia Paresthetica	Pain & paresthesia along course of lateral cutaneous nerve of the thigh Common in joggers, gymnasts, obese patients or patients wearing tight clothing.	Advice re weight loss and clothing, injection			For consideration of surgical release
Loose body	Twinges in groin, intermittent pain/ locking Reduced ROM in non capsular pattern	Physiotherapy		MRI	