Trafford NHS
Primary Care Trust

Hip Protocols

Introduction: Diagnostic Triage and Management Guidelines

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1. Patient Group

Adults aged 18 years and over with routine hip problems.
Patients who have had recent surgery should be referred directly to Secondary care.

2. Diagnostic Triage and Management Guidelines

Perform diagnostic triage to exclude serious pathology.
See Section 1 for Triage and Management guidelines.

3. Abbreviations

C.S.A.G.	Clinical Standards Advisory Group
DRAM	Distress and Risk Assessment
ESR	Erythrocyte Sedimentation rate
ABD	Abduction
OA	Osteoarthritis
CA	Cancer
LFT	Lower Fibres of Trapesius
FBC	Full Blood Count
RTA	Road Traffic Accident
MRI	Magnetic Resonance Imaging
EXT	Extension
OT	Occupational Therapy
MR	Medial Rotation
LR	Lateral Rotation

Diagnostic Triage	Management Guidelines
Red Flags • Age < 20 years or > 60 years • Sudden onset of severe pain • Constant and unremitting night pain • Unable to weight bear • Systemic signs and symptoms • Previous steroids or Ca • Osteomalacia	Consider urgent referral into secondary care: If suspicion of sinister pathology, undertake appropriate investigations e.g. FBC, ESR, LFT's, X-ray etc.
OA Hip **<u>Clinical Features</u>:** • Usually primary OA site • Insidious onset • Equal incidence in sexes • Pain radiates to groin, lateral hip, anterior thigh or knee – activity led • Passive hip movements have painful capsular restriction – more loss of MR, FLEXION, ABD & EXT • Shortening of affected limb • Positive Trendelenberg	**<u>Investigations:</u>** Diagnostic Pelvic X-ray **<u>First Line Management:</u>** • Reassurance • Advice re: diet, exercise, weight reduction • Analgesia / NSAID review • O.T. Assessment • Walking aids • Physiotherapy **<u>Second Line Management:</u>** Liaise with Secondary Care Orthopaedics if patient presents with: • Night Pain • Pain not controlled by analgesia • Progressive limitation of mobility & function • Impaired quality of life • Associated significant X-ray changes • Patient willing to consider surgery and is medically suitable

Diagnostic Triage	Management Guidelines
Trochanteric Bursitis **<u>Clinical Features:</u>** • Deep aching pain lateral hip and thigh • May have gradual or traumatic onset • Pain increased with activity – walking • Pain eased with rest • Pain increased with affected side lying • Weak & painful hip abduction • Local tenderness around greater trochanter • Passive hip movements usually full range – adduction may be restricted • Rebound pain on release of passive movements may also be present **<u>Differential Diagnosis:</u>** • Lumbar dysfunction • Sacro iliac joint dysfunction • OA hip • Biomechanical source • Systemic disorders	**<u>Investigations</u>** None usually required unless systemic cause suspected. If so, undertake appropriate investigations e.g. FBC etc. **<u>First Line Management:</u>** • Physiotherapy particularly for acute stage • Podiatry if Biomechanical component suspected • Avoid provocative activities – rest from sport, affected side lying • Consider N.S.A.I.D.s **<u>Second Line Management:</u>** • If symptoms fail to settle or are chronic, infiltrate with Corticosteroid and local anaesthetic x2 max – if available in primary • Consider referral to MSK Tier 2 or secondary care, if pain persists
Adductor Tendonitis **<u>Clinical Features:</u>** • Trauma or over use • Pain in groin • Painful resisted adduction • Painful passive abduction • Pain increased with activity **<u>Differential Diagnosis:</u>** • Inguinal hernia • Sacro iliac joint • OA hip • Psoas bursa	**<u>Investigations:</u>** • X-rays not routinely required unless diagnosis uncertain **<u>First Line Management:</u>** Rest from painful activity • Physiotherapy • Local Steroid injection- if available in primary care – consider referral to MSK Tier 2 service • Biomechanical assessment **<u>Second Line Management:</u>** • Review diagnostic triage if symptoms fail to settle. Liaise with MSK Tier 2 service