Musculoskeletal – Hip

Exclude Lumbar Spine

NHS Greater Glasgow and Clyde

Patient Presentation

Hip Pain and stiffness –typically felt in the groin/sometimes in thigh & knee

Primary Care

? Non mechanical pain, past history of cancer or steroid therapy, unwell / weight loss or multiple joint involvement.

Yes

Secondary Care

-? Infection in the joint (immediate referral)
-sudden /rapid deterioration causing severe disability (urgent referral)
-symptoms impair quality of life reduced functional capacity (routine)

No

Primary Care

The majority of patients with soft tissue lesions/osteoarthritis (OA) of the hip can be managed in primary care.

-Reassurance/patient education, weight reduction, walking aids, exercise programmes, cushion-soled footwear, simple analgesics/NSAIDs.

-Assessment should include patient based questionnaire e.g. Oxford Hip Score (agreed between Primary & Secondary Care)

X-Ray: crude screening procedure for infection / tumour / avascular necrosis (normal x-ray does not exclude above diagnoses).

Severe pain and normal X Ray could suggest other serious pathology.

Failure of conservative management

Osteoarthritis of the Hip

Major clinical predictors of receiving hip replacement

-Pain Duration
-Pain Severity
-Use of a walking aid
-Major functional limitation
-Restriction of internal rotation
-Marked OA on X ray

Adapted from CCI Orthopaedic – Hip Patient Pathway, 2005