

## Musculoskeletal Pathways **HIP JOINT**

HIP JOINT	Signs & Symptoms	Treatment	Consider onward referral	Diagnostic tests/ investigations prior to referral	Indication for surgery/ Secondary care referral
<b>OA Hip</b>	Gradual onset of pain and reduction in function. Reduced ROM esp. medial rot. 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	<u>Previous Surgery and</u> <u>≥60</u> :AP pelvis <u>&gt;60</u> :AP pelvis / hip <u>≤60</u> : AP pelvis and lateral of affected hip	<u>Direct</u> Functional disability (walking less than 1 mile, affecting work and ADL). Night pain Progressive deformity or decreasing ROM Previous hip surgery Requires THR
<b>Trochanteric Bursitis</b>	Local pain lateral hip which radiates down the thigh and knee. Worse on going up stairs, standing, cross legs and lying on affected side	Advice, analgesia, heat, rest, Physiotherapy Steroid injection		Pain on hip rotation & resisted abduction. Local tenderness on palpation  NIL investigation	N /A
<b>Adductor Tendonitis / Muscular groin pain</b>	History of over stretch / injury. Pain felt in groin and medial thigh. Worse on activities, better on rest.	Expert advice & Physiotherapy  Steroid injection	N / A	N /A	N /A

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<b>Avascular Neurosis of the hip</b>	Occurs in 3 <sup>rd</sup> to 5 <sup>th</sup> decade, often bilateral and more common in men. Gradual onset of pain, progressive restriction of joint movement	<u>Risk factor</u>  Idiopathic but may be related to gouty arthritis, chronic alcoholism, 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
<b>Meralgia Paresthetica</b>	Paresthesia along course of lateral cutaneous nerve of the thigh. Common in joggers, gymnasts, obese patients or patients with tight clothing.	Advice re weight loss and clothing, injection			For consideration of surgical release
<b>Loose body</b>	Twinges in groin, intermittent pain/ locking. Reduced ROM in non capsular pattern.	Physiotherapy		MRI	