Rotherham Hip Care Pathway

Patient Presents with Hip Symptoms

This is **NOT** an exhaustive list of symptoms and conditions

Secondary

Urgent Secondary Care Pathway

(Refer the following)

History of or suspected malignancy investigate and refer as appropriate.

Consider red flags of unexplained weight loss, night pain and high inflammatory markers.

Suspected fracture, dislocation or infection, refer to A&E.

Please note:
If the injury is over 6 weeks old then refer through Choose and Book

Suspected inflammatory conditions investigate and refer to Rheumatology.

History of previous THR, severe Osteoporosis, suspected AVN, rotational mal-alignment, Perthes, SUCFE: Refer directly to Orthopaedic Surgeon

Primary Care (page 1 of 2)

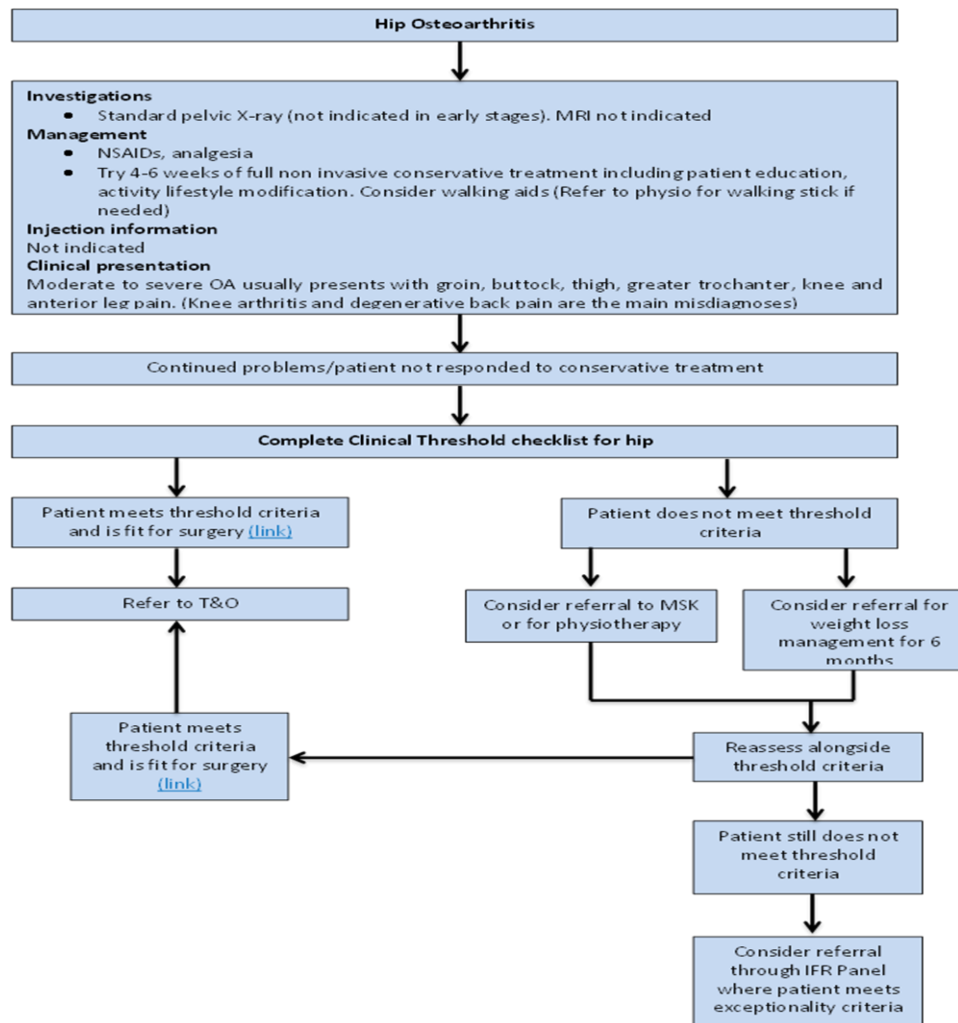
Acute Hip Injury

Investigations
X-rays may be indicated to exclude fracture – request 'Standard pelvis'
Management
Analgesia and NSAIDs, consider walking aids
Injection
NOT indicated

Referral
If no improvement after 2 weeks of conservative management, please give as much clinical info as possible and refer to MSK CATS (Here it will be screened and signposted appropriately)

Also refer to the urgent secondary care pathway to ensure other conditions are picked up and referred to consultant clinic.

Moderate to severe Hip joint OA



Trochanteric Bursitis

Investigations
X-ray not indicated
MRI not indicated

Management
Consider conservative management, analgesia and NSAIDs

Injection
Consider one injection

Clinical presentation
Patient presents with lateral hip pain, pain on direct palpation of the bursa, inability to sleep on affected side

Referral
If no improvement with 6 weeks of conservative management refer to MSK CATS, we may consider injection if needed

Hip Self Help/ patient information
www.nhs.uk

www.arthritisresearchuk.org

Rotherham Hip Care Pathway

Patient Presents with Hip Symptoms

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Primary Care (page 2 of 2)

'Clicking / Snapping' Hip (with or without groin pain)

Investigations
X-ray not indicated
MRI not indicated

Clinical presentation
Patient presents with snapping sensation or clicking over Greater Trochanter area

Possible diagnosis
The snapping could be TFL (ITB) snapping over Greater Trochanter
Patients will describe a sense that the hip is subluxing or dislocating. Seen in repetitive activities, especially sports or an active vocation. Get thickened ITB and it flips forward over the GT. In side lying passively flex and extend the hip palpating the GT. Apply pressure over GT – this will block the ITB
Could be the Iliopsoas tendon snapping.
Symptoms located deep anterior groin. Dance is a common cause. Snapping produced from flexion to extension. Apply pressure over anterior joint can relieve symptoms. Asymptomatic incidental observation in 5%-10% of the population.

Management
Re-assure patients. Both conditions management with "Active rest" Stay below threshold of symptoms and treat with conservative measures. May need physiotherapy referral for further muscle imbalance assessment
NB: Rule out labral tear – see next box

Injection
Not indicated

Referral
If no improvement with 6 weeks of conservative management

Groin pain - Patients often describe a 'Catchy' or 'Sharp pain'

Investigations
X-ray not indicated
MRI not indicated

Clinical presentation
Patient presents with catchy, clicky groin pain, restricted movement, (usually flexion and W/B rotation). Typically younger, athletic patients

Possible diagnosis
Labral tear
Symptoms are catchy groin pain, clicking or sharp pain in the hip, reduced ROM, usually flexion. A history of twisting, pivoting and/or falling. Can be degenerate or traumatic. Conserv management/refer as required.
Femoroacetabular impingement (FAI) or Hip impingement syndrome.

Management
Consider conservative management, analgesia and NSAIDs. Rest from sport

Injection
Not indicated

Referral
If definite injury – refer to consultant, if no particular event and no improvement with 6 weeks of conservative management refer to MSK CATS

Differential Diagnosis to consider

Adductor strains
Conservative management/refer to physio if needed
Neural entrapment
Femoral stress #
Overuse (10-25% of all stress fractures), excessive downhill running or jumping. Often seen in endurance athletes and can be in soldiers. Persistent pain in thigh/groin region. X-ray will reveal fracture and then refer
Referred pain from Lumbar Spine
See spinal pathway
Lumbar Radiculopathy:
Clinical presentation pain in the leg with or without low back pain. Patients can present with parasthesia, anaesthesia lateral thigh/leg pain
Restricted SLR/PNB.
Consider conservative management provide reassurance and postural advice including remaining active.
No MRI/X-rays indicated, refer to MSK services
(Refer to Spinal pathway for further guidance)

Spinal stenosis:
(Refer to spinal pathway for further guidance)
Exclusions: Inguinal hernia.