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

Patient Presentation

Primary Care

Yes

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

No

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)

Failure of conservative management

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.

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