Sussex MSK Partnership East

Hip Pain (Non-Traumatic)

NHS

History, Examination, Assessment

Suspected sinister pathology to be investigated in primary care
Refer via 2WW cancer pathway where appropriate
Inflammatory Arthritis needs urgent Rheumatology referral
Septic Arthritis, suspected fracture or dislocation needs referral to emergency acute orthopaedics via A&E

Clinical Presentation

Lateral Hip Pain

Hip Pain (Groin Pain)
Femoral Acetabular Impingement (FAI)/Early Osteoarthritis spectrum/ Soft tissue injury, Strains (Gilmore's groin), Osteitis Pubis

Established/Diagnosed Osteoarthritis
Also follow the Rheumatology pathway for Osteoarthritis (localised and generalised)

Posterior Hip Pain (Buttock Pain)

Primary Care Management

Lateral Hip Pain

Diagnostics:

- None - unless suspecting fracture

Management:

- Pain relief
  in line with agreed formularies / guidance - follow the analgesic ladder
- Patient education
- Exercise sheets
- if positive
  Trendelenburg sign and unable to abduct and suspected muscle tear, refer to Integrated MSK Service.
- Trochantericinjection (no more than 2) - if GP competent and happy to inject. Refer to SMSKPE if not.

Hip Pain (Groin Pain)

Diagnostics:

- Consider pelvic X-ray

Management:

- Patient education
- ADL modifications
- Pain relief in line with agreed formularies / guidance
- Advise patient to buy heel wedges or insole

Consider integrated service if:

- pain is persistent / severe, or is more than 6 weeks since presentation and thepain is progressively worsening
- chronic / recurrent groin strains over a 3-month period and are not improving with physiotherapy

Established/Diagnosed Osteoarthritis

Diagnostics:

- X-Ray AP Pelvis within 18 months

Management: Consider CEC Policy

- Self-management advice including advice on aerobic and specific strengthening exercise: (can signpost to www.sussexmskpartnershipeast.co.uk Click 'patient' then 'Hip' link).
- Analgesia optimisation – following ladder
- Patient OA education
- Consider Physiotherapy
- Smoking Cessation/ Weight loss advice if indicated (Smoker/ BMI>35)

Consider referring to:

- One You East Sussex
- ESCAPE pain
- Exercise in the community services
- Exercise on prescription services

Posterior Hip Pain (Buttock Pain)

Follow the Spine pathway for Mechanical Back Pain (Acute or Persistent).

Thresholds for referral to SMSKPE

Lateral Hip Pain

Refer to physiotherapy if:

- > 6 weeks
- ADLs affected
- Severe pain

Refer to Advanced Practitioner if:

- Previous physio has been tried and failed

Unless severe hip pain and patient is over 60 years old with severe stiff & painful hip, refer as urgent to Integrated MSK Service (Extended Scope Practitioner) for an appointment within 6 weeks.

Hip Pain (Groin Pain)

Refer to physiotherapy if:

- Symptoms persist for more than 6 weeks
- Suspected sports injury / groin strain

Refer to Advanced Practitioner if:

- Previous failed physiotherapy
- Chronic / recurrent groin strains

Refer to general surgery:

- Suspected hernia

Established/Diagnosed Osteoarthritis

6 weeks of management in primary care

Refer to Physiotherapy if:

- Ongoing pain
- Symptoms affecting ADLs or occupation
- Diagnostic uncertainty

Refer to Advanced Practitioner if:

- No response to physiotherapy– CEC Physio checklist must be completed.

Refer urgent to Orthopaedic Consultant (urgent appointment) if:

- Patient is complex with a lot of comorbidities / second opinions / avascular necrosis /Young pt (under 50) / subchondral fractures

  Note: low volume complex conditions require MDT review e.g. Pagets

Posterior Hip Pain (Buttock Pain)

Follow the Spine pathway for Mechanical Back Pain (Acute or Persistent).