MedPOINT MANAGEMENT	**Clinical Protocol:** Hip Pain and Osteoarthritis-Referral Management	
	ORIGINAL EFFECTIVE DATE: 05/22/2019	**REVIEWED/REVISED DATE(S):** 06/18/2019 08/13/2021
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PROTOCOL OVERVIEW

This Clinical Protocol advises on guidelines, indications and referral management for Hip Pain and Osteoarthritis.

INDICATIONS

- Physical Therapy Referral for evaluation or management of pain unresponsive to conservative measures such as rest and analgesics, loss of joint mobility with functional limitation, gait training with assistive devices, rehabilitation after hip replacement. In addition, evaluation for loss of joint mobility and pain is indicated
- Emergent evaluation or management of dislocation, fracture, osteonecrosis, or infected hip joint (with Infectious Disease referral) and orthopedic surgery referral/
- Orthopedic Surgery Referral for evaluation or management of:
    - Hip pathology in a child as indicated by:
        - Asymmetry of thigh crease or abnormal hip joint on imaging,
        - Hip dislocation
        - Leg length discrepancy
        - Limited hip abduction or click on exam
        - Delayed walking, new limp or refusal to bear weight
    - Osteonecrosis or infected hip joint
    - Dislocation of prosthetic hip
    - Arthrocentesis needed
    - Failure of non-operative treatment including analgesics, anti-inflammatory medications, weight loss, adequate trial of physical therapy, use of assistive devices.
    - Femoroacetabular impingement or labial tear
    - Prosthetic hip replacement or revision of previous hip replacement needed, as indicated by pain not controlled by conservative measures, decreasing range of motion, and increasing functional limitation.
- Rheumatology Referral for evaluation or management of atypical presentation of osteoarthritis, ankylosing spondylitis or need for arthrocentesis.
- Pain Management referral for non-surgical and also pre and post-surgical patients

RECOMMENDED RECORDS

- Evaluation of a condition to determine surgical remedy e.g., osteoarthritis of hip for possible replacement, for possible orthoscopic procedure
- Evaluation of and treatment plan advertisement of an orthopedic condition that has not been amenable to or is showing progressive disability despite usual conservative management
- Evaluation of suspected aseptic neurosis, locked knee, unstable joint, acute or sub- acute effusions
- Gait assessment and neurovascular assessment
- Rule out intraabdominal causes

- Rule out trauma
- Rule out rheumatological and neurological disease including spinal disease including radiculopathy
- Provider (PCP) to submit clinical notes, to include history of concern and P.E. findings,signs and symptoms expressed by member and treatment regimen tried
- Current x-ray reports. Member should be instructed to pick up films and take to consult appointment, once request has been authorized, these include plain radiographs and bone scan/MRI
- Current labs pertinent to concern, as appropriate
- Any specialty procedure/study report that may have been done in or outside the group/IPA specific to the concern, e.g., MRI, previous operative notes

Pain history — A pain history should be obtained, including:

- Onset (eg, sudden, gradual, traumatic or nontraumatic)
- Provocative and palliating factors (eg, increased pain with weight-bearing)
- Quality
- Radiation (eg, to or from the low back)
- Site (eg, lateral, anterior, or posterior hip)
- Symptoms associated with pain (eg, paresthesia, mechanical symptoms such as catching, systemic symptoms such as fever)
- Time course (overall duration, length of episodes)
- Complete blood count and differential
- C-reactive protein or erythrocyte sedimentation rate
- Rheumatoid factor
- HLA-B27
- Antinuclear antibodies

CITATIONS

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2. Thorborg K, Rathleff MS, Petersen P, et al. Prevalence and severity of hip and groin pain in sub-elite male football: a cross-sectional cohort study of 695 players. Scand J Med Sci Sports 2017; 27:107.
3. Langhout R, Weir A, Litjes W, et al. Hip and groin injury is the most common non-time-loss injury in female amateur football. Knee Surg Sports Traumatol Arthrosc 2019; 27:3133.
4. Christmas C, Crespo CJ, Franckowiak SC, et al. How common is hip pain among older adults? Results from the Third National Health and Nutrition Examination Survey. J Fam Pract 2002; 51:345.