Evaluation of Hip Pain or Hip Injury

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Final 10 June 2019

Physical Exam: Include range of motion and strength testing –both sides for comparison

FADIR with hip flexed at 90^0 with IR, FABER hip flexed 90^0 ER. Note terminal motion pain and degrees of motion. Stinchfield test, tenderness over greater trochanter, straight leg (Lasegue) sign, motor (5/5) quad, hamstring, foot dorsiflexion and plantar flexion and sensory changes

NL hip ROM: flexed (Nl 120-135), IR (NL 30^0-40^0), ER (NL 40^0-60^0). Stinchfield (lying on back elevate leg with knee extended –resist hip flexion. Pos- pain in groin.

X-ray: AP WB pelvis w/marker ball(adequate for screening OA before referral), avoid frog leg if suspected fracture use cross table lateral. If no obvious fracture suspect bone fragility fx keep NWB; MRI more sensitive and specific call ortho.

Non-injury hip pain: Lumbar radiculopathy/spinal stenosis 50% of time with hip pain complaint. **Trochanteric** bursitis (pain lying on side, tender over troch. pain with resisted abduction). **Infection:** pain through ROM (CBC, ESR CRP, aspiration; call ortho). **THA:** Osteolysis, loose prosthesis metal ions call ortho. **Iliopsoas tendonitis-**pain: stairs, getting out of chair, positive Stinchfield test

Sports Injuries and Sports head Injuries use the SMART phone call or text 877-4754 for immediate referral to our Primary Care Sports Medicine Doctors

Injury: Age >60, medical or medication induced osteoporosis/osteopenia -fragility fractures must be ruled out. Active adult hip clicking and catching **labral tear**- refer to ortho. **Native Hip dislocation**=emergency- call Ortho.

Non-op: Trochanteric bursitis- Steroid injection diagnostic and therapeutic along with PT. **Iliopsoas tendonitis** difficult Tx and Dx- refer to Ortho. **Lumbar spine radiculopathy/ stenosis** refer to Dr Urquia or Kim Perkins,PA-C

Operative: Septic joint (Emergent), **loose prosthesis** (referral to operative surgeon if available**). Advanced OA** Dr. Ramirez, Golden, Wexler, or Rodger. **Note**- PA/NP may begin work-up in prep for surgery.

Fracture suspected keep NWB, call on-call Ortho. **Labral tears** refer for work-up with PA/NP Dr. MacKechnie is doing hip scopes on under 40 with no OA.

Fragility fractures/Osteo porosis refer to Ashley Macdearmid, PA-C or Jenee Wechsler, NP

Mechanical back pain and SI joint pain: Non-operative. Radiculopathy with no motor weakness. Elderly spinal stenosis. SI joint pain (difficult Dx) rule out lumbar spine source then SI joint injection for diagnostic and therapeutic modality.

Tailbone/coccyx fractures: Never operated on even if angulated. Tx with donut cushion. Red flag symptoms of a tumor (Chordoma-rare) CT maybe indicated. Pain can be referred from lumbar source and should also have PCP/GYN exam to R/O other path.

Patient eligibility for arthroplasty: TJA radiographic evidence of advanced arthritis (Hip >2mm of joint space narrowing, unrelenting pain despite use of NSAIDs, steroid injections and no evidence of infection).

Delayed eligibility: Diabetes-A1C >7.5, BMI >40, CHF NYHA class 4 (EF<20%), angina within last 3 weeks, MI within last 6 months, Child Pugh class C, OSA score ≥3 sleep study prior to surgery.

Non-arthroplasty: No significant joint space narrowing, eval for labral tear, AVN, chondral flap tear (chondromalacia), Gout, Pseudogout, RA, Psoriatic arthritis, PVNS and synovial chondromatosis, synovial tumors (rare) and Lyme Dz. Ortho will Tx with intraarticular corticosteroids, arthroscopy, Physical Therapy and weight loss program.

Hip arthroscopy criteria: BMI <35, joint space narrowing <2mm, <40y/o. Intraarticular injection positive response and MRI arthrogram positive for labral tear (ortho will order).