

# Bucks MSK

## Hip pathway GP management

### Hip Osteoarthritis

#### Assessment

- Exclude lumbar spine pathology or severe trauma
- Groin pain most common, can also present with anterior thigh, knee and lateral thigh pain.
- Pain usually on weight bearing activities: standing, walking, and twisting in standing.
- Difficulty in ADL's: getting up from chair, putting shoes and socks on
- Reduced range of movement of hip: especially medial/lateral rotation
- Morning stiffness > 30 minutes

#### Early management

*(must be attempted prior to any referral to iMSK)*

- Analgesic ladder/NSAIDS as appropriate
- Advice to stay active, continue normal activities, low impact exercises (see patient information leaflet) .
- Provide patient information leaflet: Bucks MSK and/or Arthritis Research UK, Live Well Stay Well, Active Bucks and NHS choices
- Weight Management advice if appropriate
- Provision of walking aids to offload hip
- If severe pain and functional loss consider early referral to MSK and direct access hip X-ray.

#### Referral to Bucks MSK:

- On-going pain and dysfunction; failure to respond after attempting early management > 12 weeks
- Refer: GP referral, via e-RS

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## Hip pathway GP management

### Trochanteric Bursitis

#### Assessment

- Lateral hip pain, pain on walking, standing, walking upstairs and crossing legs. Unable to lie on affected side or uncomfortable to do so.
- Pain on direct palpation of the bursa, +/- pain at gluteal insertion (often gluteus medius).
- Chronicity common with this condition

#### Early management

*(must be attempted prior to any referral to iMSK)*

- Analgesic ladder/NSAIDS as appropriate
- Provide patient information leaflet: Bucks MSK and/or Arthritis Research UK and NHS choices website
- Advise gentle gluteal stretches, activity modification and walking aids if appropriate to offload hip.
- Strongly advise weight management if appropriate
- Consider steroid injection in trochanteric bursa after 6 weeks. Review in 3 weeks

#### Referral to Bucks MSK:

- On-going pain and dysfunction; failure to respond after attempting early management > 6 weeks (9 if injection has been offered)
- Refer: GP referral, via e-RS

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## Soft tissue Hip Pain Causes: Painful Snapping Hip:

### Assessment

- Either pain at anterior groin or lateral hip with snapping/clicking sensation. Snapping thought to be due to movement of muscle or tendon over a bony structure.
- Iliopsoas (anterior) or tensor fascia latae (lateral).
- Patients often able to reproduce the snap or symptoms themselves with movement
- Can occur in younger population/those participating in sports/running.

### Early management

*(must be attempted prior to any referral to iMSK)*

- Analgesic ladder/ NSAIDS as appropriate
- Advise sporting activity modification/rest
- There is no essential early management

### Referral to Bucks MSK:

- On-going pain and dysfunction; failure to respond after attempting early management > 6 weeks
- Refer: GP referral, via e-RS

# Bucks MSK

## Hip pathway GP management

### Hip Impingement

#### Assessment

- Common in younger population, sporting background/overuse
- Groin pain: movement related
- Patient reports catching sensation/pain in groin
- Impingement tests positive: hip flex, internal rotation with increasing degrees of adduction reproduce symptoms

#### Early management

*(must be attempted prior to any referral to iMSK)*

- Analgesic ladder/NSAIDS as appropriate
- Relative rest, avoidance of sporting activities that aggravate the pain (6 weeks ideally)
- Provide patient information leaflet: Bucks MSK and/or Arthritis Research UK and NHS choices website

#### Referral to Bucks MSK:

- On-going pain and dysfunction; failure to respond to early management intervention
- Referral within 2 weeks if post injury and failing to improve, > 6 weeks after attempting early management
- Refer: GP referral, via e-RS