# HIP PAIN REFERRAL GUIDELINE

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## **HIGH RISK**

# SUGGESTED EMERGENT CONSULTATION

#### **SYMPTOMS AND LABS**

Severe pain

Causes severe limp or inability to weight bear

Severe clicking, popping, catching or locking

Any history of radicular symptoms, loss of bowel/bladder control or severe abdominal pain

## **MODERATE RISK**

SUGGESTED CONSULTATION OR CO-MANAGEMENT

#### SYMPTOMS AND LABS

Moderate pain

Causing mild limp

Moderate clicking, popping, catching or locking

Increased groin, lateral or buttock pain

Pain with activities of daily living including sitting, standing or driving

## **LOW RISK**

SUGGESTED ROUTINE CARE

#### **SYMPTOMS AND LABS**

Mild pain

Able to walk without limp

Increased pain with running, squatting or twisting activity

Minimal clicking, popping, catching or locking

# SUGGESTED PREVISIT WORKUP

Schedule urgent appointment with sports medicine

Seek appropriate evaluation if concern for spinal or abdominal concerns

# SUGGESTED WORKUP

Consider radiographs

Schedule routine appointment with sports medicine

## SUGGESTED MANAGEMENT

Ibuprofen and/or acetaminophen as needed

Ice, heat or other modalities to address pain

Therapeutic exercise

Activity modification, decrease deep squatting, twisting or impact activities

#### CLINICAL PEARLS

- Hip pain can be caused by a number of different pain generators both intra and extra articular
- Groin pain is usually indicative of an intra-articular hip pathology
- Lateral pain is usually indicative of an extra-articular hip pathology
- Low back pain or radicular symptoms can often coincide with hip pain or pathology
- Hip pain that does not resolve with rest or activity modification should be evaluated by a physician

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