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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These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.