Birmingham and Solihull Integrated Care System
Caring about healthier lives

Date published	November 2024
Version	1.8
Review date	Every 12 months

Hip Pain Pathway (Age 16+)

Exclude Red Flags requiring Emergency treatment

- History of recent significant trauma/Suspected fracture, or dislocation– Send to ED
- Acute severe hip pain, acute change in true leg length, sudden inability to weight bare – Send to ED
- Clinical suspicion of Infection – Complete News 2 and Send to ED

Exclude Amber Flags requiring urgent treatment

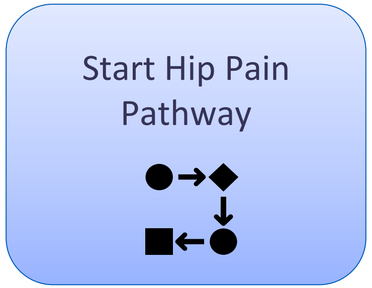
- NEW Atypical mass or Swelling – NICE Guidance - Symptoms suggestive of bone and soft tissue sarcoma Check criteria and Refer for 2WW to Sarcoma Clinic
- Suspected Inflammatory Disease – Differentiate between Crystal and Non-Crystal Arthropathy - Refer Non-Crystal Arthropathy to Rheumatology
- Rapid Deterioration of symptoms following Surgery – Ensure no systemic infection – Urgently refer to Secondary care back to the operating surgeon
- Deteriorating bone pain around the hip with known Prostate, Breast, Lung, Renal or Thyroid Cancer or suspected myeloma - Screen for metastases and request AP Pelvis Xray and bloods
- Suspected stress fracture or proximal hamstring rupture - Urgent Referral to Sports Exercise Medicine Clinic QEH or Sports Injury Clinic ROH
- Femoral head AVN: unexplained, increasing hip pain with risk factors of alcoholism, chemotherapy, steroid use - Order an AP Pelvis X-ray and Bloods
- Primary bone tumour: unexplained increasing bone pain, worse with weight-bearing, presence of a lump/ swelling - Order an AP Pelvis X-ray and Bloods

Exclude Non MSK causes

Pain is not made worse by movement, activity or position.

May be associated with other symptoms:

- Hernia pain - presence of lump with cough/sneeze
- Testicular pain
- Obstetric related pain
- Gynaecological/menstrual related pain
- Perineum pain
- Abdominal pain referral
- Urological referral i.e. renal colic



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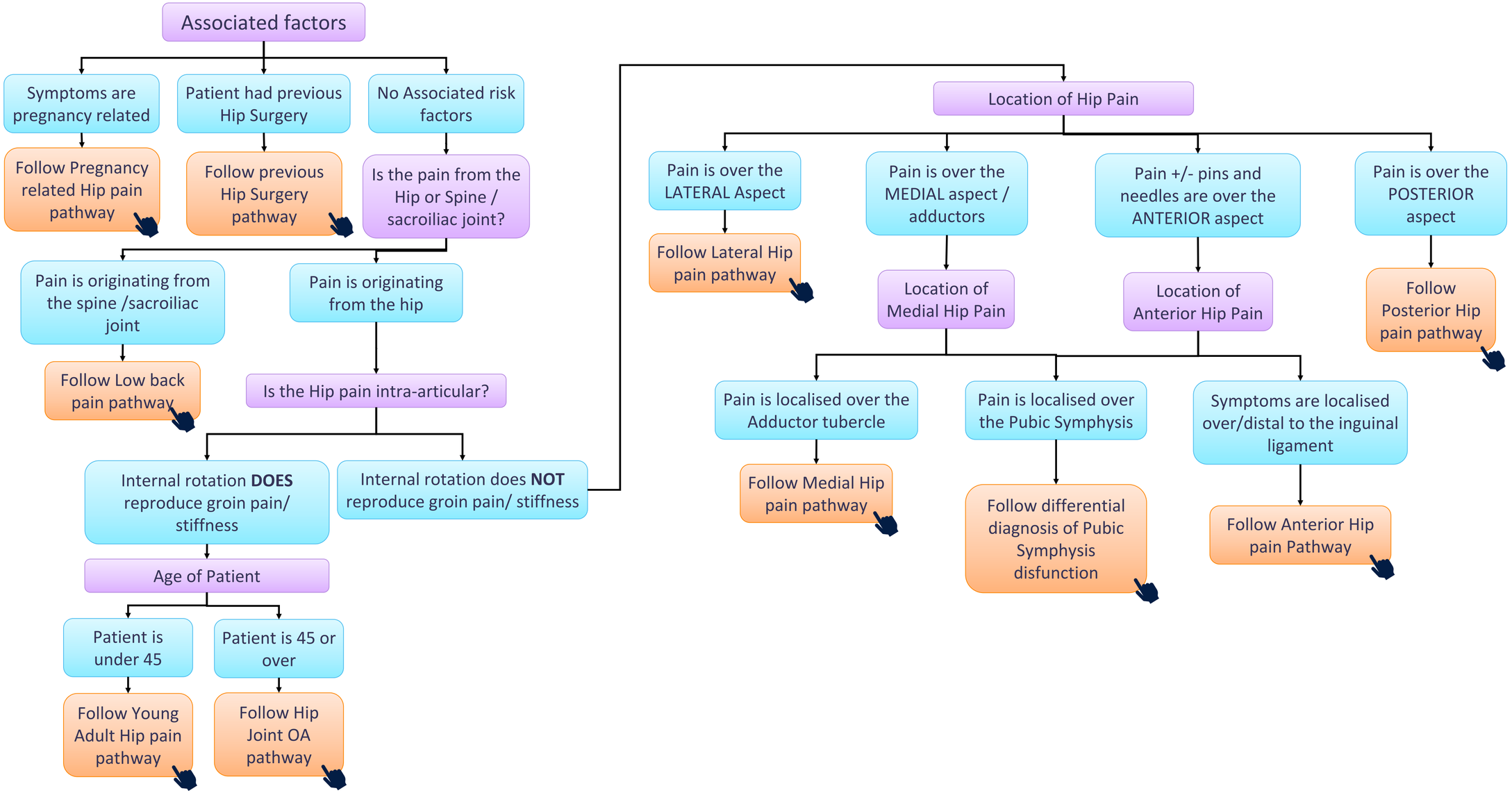
Hip Xray pathway



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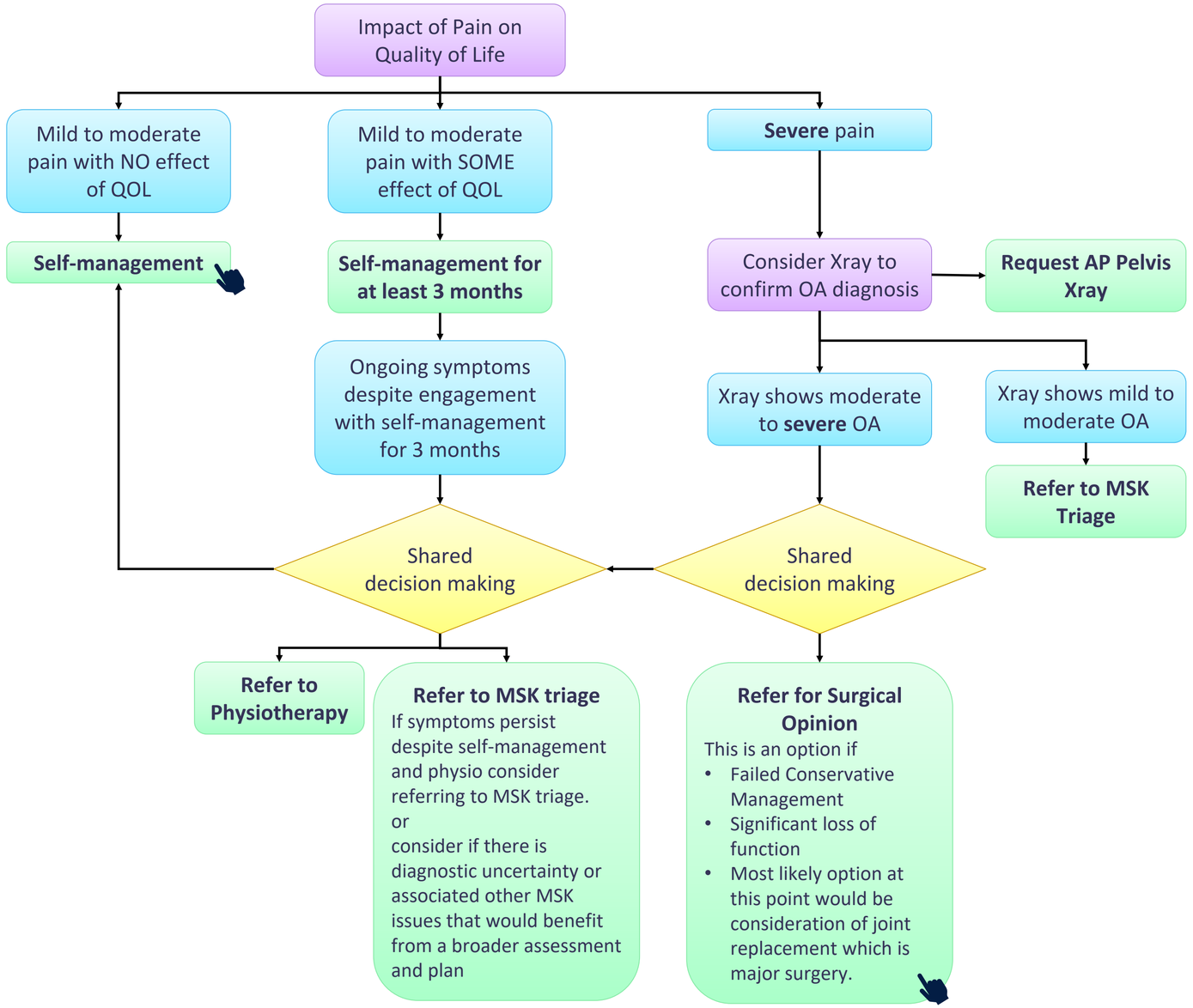
Hip Joint Osteoarthritis Pathway

The most likely cause of a restriction in hip movement is age related wear of the joint. The clinical term for this is Hip Joint Osteoarthritis and symptoms commonly include:

- Pain that is insidious in onset, variable or intermittent over time ('good days, bad days')
- Pain in the groin, C-sign and sometimes referred down the thigh

- Difficulty tying shoelaces / cut toenails, getting in /out car
- Activity-related joint pain
- No morning joint-related stiffness or morning stiffness that lasts no longer than 30 minutes.



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Self-Management for Hip Joint Osteoarthritis

Consider weak opioids (+/- paracetamol) only if an NSAID is contraindicated not tolerated or has been ineffective - NICE guidance
Imaging is not indicated at this point, because this clinical management is decided on severity of symptoms and impact on function.
Prescribe getUbetter if available in practice and patient is digitally enabled

DO NOT offer;

- acupuncture
- glucosamine or chondroitin

Messaging for Patients

- Keeping active and doing regular quadriceps strengthening and gentle aerobics exercises are the best ways to help improve your hip pain.
- Protecting your hip and avoiding movement can make you worse
- Pacing of activities and modifying lifestyle are keyways to manage pain.
- A mobility aid in the opposite hand may be useful.
- Request review appointment if you wish to review your management plan OR If symptoms deteriorate significantly
- If returning for another appointment, consider reading the leaflet "Making a decision about hip osteoarthritis"

Additional Information

- Versus Arthritis – Osteoarthritis of the hip
- Versus Arthritis – Exercises for the hip

Return to Hip OA Pathway

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Surgical Management of Hip Joint Osteoarthritis

Benefits and risks;

- 95% of patients feel their hip pain is much better or better after a Total Hip Replacement
- 2% feel their pain is the same
- 3% feel they are worse. The reasons for being worse include DVT, PE, infection, neurovascular injury, dislocation, leg length discrepancy, revision surgery.
- 7% of patients have to have their hips redone within 15 years

NICE guidance states that patient specific factors (including age, sex, smoking, obesity and comorbidities) should not be a barrier to referral for joint surgery.
It is important to discuss with the patient the risk/ benefit of surgery in the context of their comorbidities so they can make an informed decision.
When making a referral for surgical opinion the patient needs an up-to-date assessment of the following to ensure the criteria below are met:
Please note that Patients with BMI > 36 should have had weight management advice and support prior to referral.
Patients with BMI > 36 kg/m2 and Type 2 Diabetes require weight management support and referral to the Obesity service if six months of conservative weight loss measures have failed as per Obesity Guideline

The patient should be informed that they are being referred to see a surgeon and this pathway should support this route for patients who would consider surgery if offered.
It is important that a patient maintains joint mobility, strength and mobility as much as possible whilst waiting for a surgical appointment.

Messaging for Patients

- You are being referred for consideration of Total Hip Replacement Surgery.
- Please stay active and continue with exercises as able to maintain as much fitness, strength and flexibility as possible.
- Continue:

✓ Exercise, e.g. quadriceps strengthening exercises, and general aerobic fitness
✓ Weight loss where appropriate
✓ Activity modification and pacing
✓ Mobility aids may be beneficial in OPPOSITE hand

Additional Information

- Versus Arthritis – Osteoarthritis of the hip
- Versus Arthritis – Exercises for the hip
- Versus Arthritis – Hip Replacement Surgery

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Return to Hip OA Pathway


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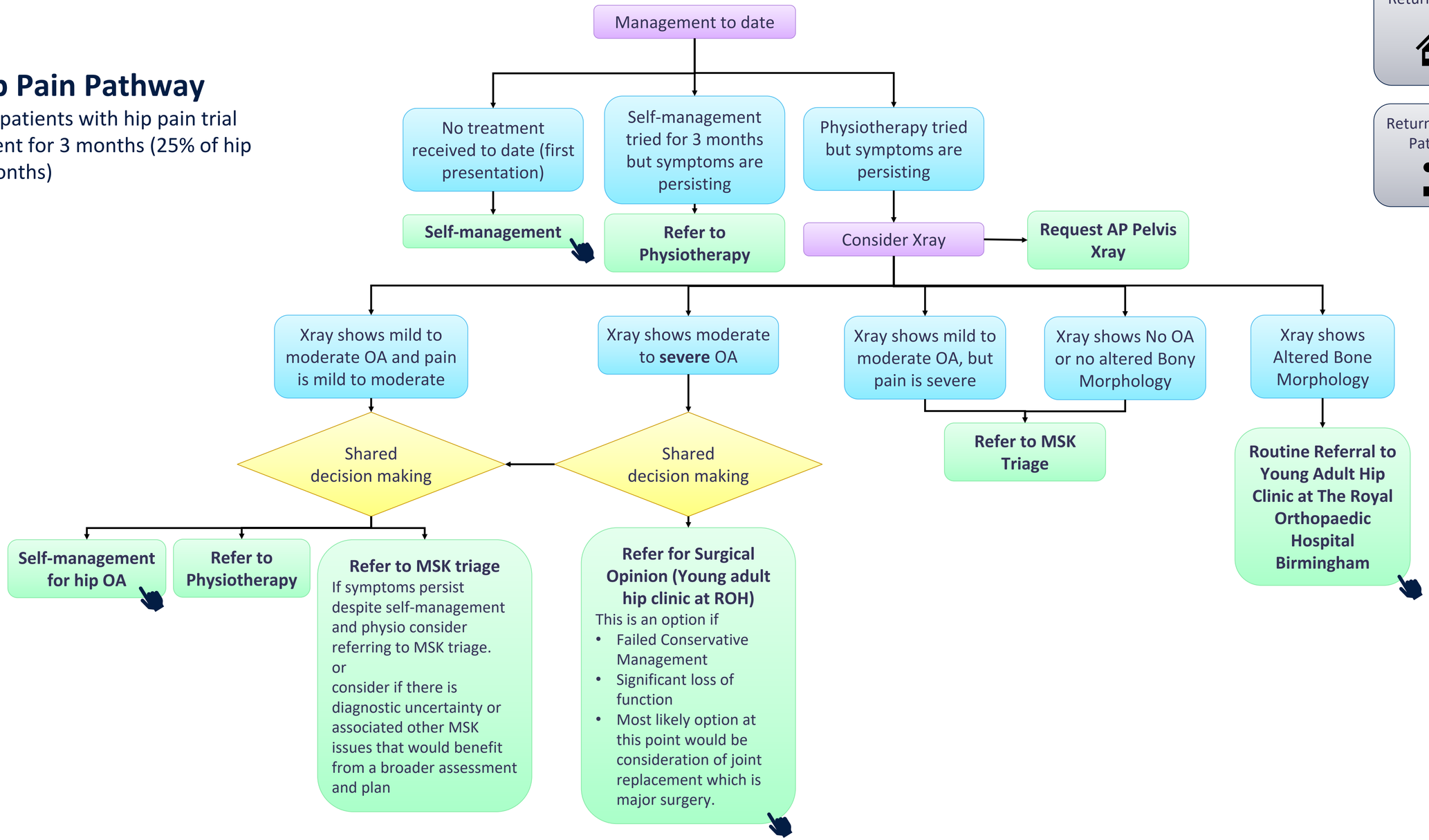
Young Adult Hip Pain Pathway

It is recommended that patients with hip pain trial conservative management for 3 months (25% of hip pain will resolve by 3 months)



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Self-Management for Young Adult hip pain

Provide guidance on weight management, smoking, alcohol consumption and use of appropriate footwear
Consider weak opioids (+/- paracetamol) only if an NSAID is contraindicated, not tolerated or has been ineffective (available OTC)
Explain that imaging is **NOT** routinely needed for hip pain without red flags.
Conservative management is recommended in the first 3 months.
Prescribe getUbetter if available in practice and patient is digitally enabled

Messaging for Patients

- 1/4 of hip pain complaints will settle within the first 3 months, 1/3 by 12 months.
- Keeping active and doing regular gentle exercises are the best ways to help improve your hip pain.
- Continue working if possible If your work significantly flares your pain - consider using a fit note or work advisory note if work are modifications needed
- Book a review with GP/Clinician if symptoms not are improving in 6 weeks or if symptoms deteriorate significantly

Additional Information

- Versus Arthritis – Hip Pain
- Versus Arthritis – Exercises for the hip

Return to YAH Pathway

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Surgical Management of Hip Joint Osteoarthritis (Young Adult <45)

Refer for consideration of THR or BHR including PMH and risk factors

Benefits and risks;

- 95% of patients feel their hip pain is much better or better after a Total Hip Replacement
- 2% feel their pain is the same
- 3% feel they are worse. The reasons for being worse include DVT, PE, infection, neurovascular injury, dislocation, leg length discrepancy, revision surgery.
- 7% of patients have to have their hips redone within 15 years

NICE guidance states that patient specific factors (including age, sex, smoking, obesity and comorbidities) should not be a barrier to referral for joint surgery.
It is important to discuss with the patient the risk/ benefit of surgery in the context of their comorbidities so they can make an informed decision.
When making a referral for surgical opinion the patient needs an up-to-date assessment of the following to ensure the criteria below are met:
Please note that Patients with BMI > 36 should have had weight management advice and support prior to referral.
Patients with BMI > 36 and Type 2 Diabetes require weight management support and referral to the Obesity service if six months of conservative weight loss measures have failed as per Obesity Guideline
Refer for consideration of THR or BHR including PMH and risk factors
The patient should be informed that they are being referred to see a surgeon and this pathway should support this route for patients who would consider surgery if offered.
It is important that a patient maintains joint mobility, strength and mobility as much as possible whilst waiting for a surgical appointment.

Messaging for Patients

- A referral to the Young Adult Hip Service, ROH would be to consider a major hip surgery such as a Total Hip Replacement.
- Please stay active and continue with exercises as able to maintain as much fitness, strength and flexibility as possible.
- Continue:

✓ Exercise, e.g. quadriceps strengthening exercises, and general aerobic fitness
✓ Weight loss where appropriate
✓ Activity modification and pacing
✓ Mobility aids may be beneficial in OPPOSITE hand

Additional Information

- Versus Arthritis – Osteoarthritis of the hip
- Versus Arthritis – Exercises for the hip
- Versus Arthritis – Hip Replacement Surgery

Return to YAH Pathway

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Lateral Hip Pain Pathway

The most common cause of lateral hip pain is Greater Trochanteric Pain Syndrome (GTPS)

Most common features:

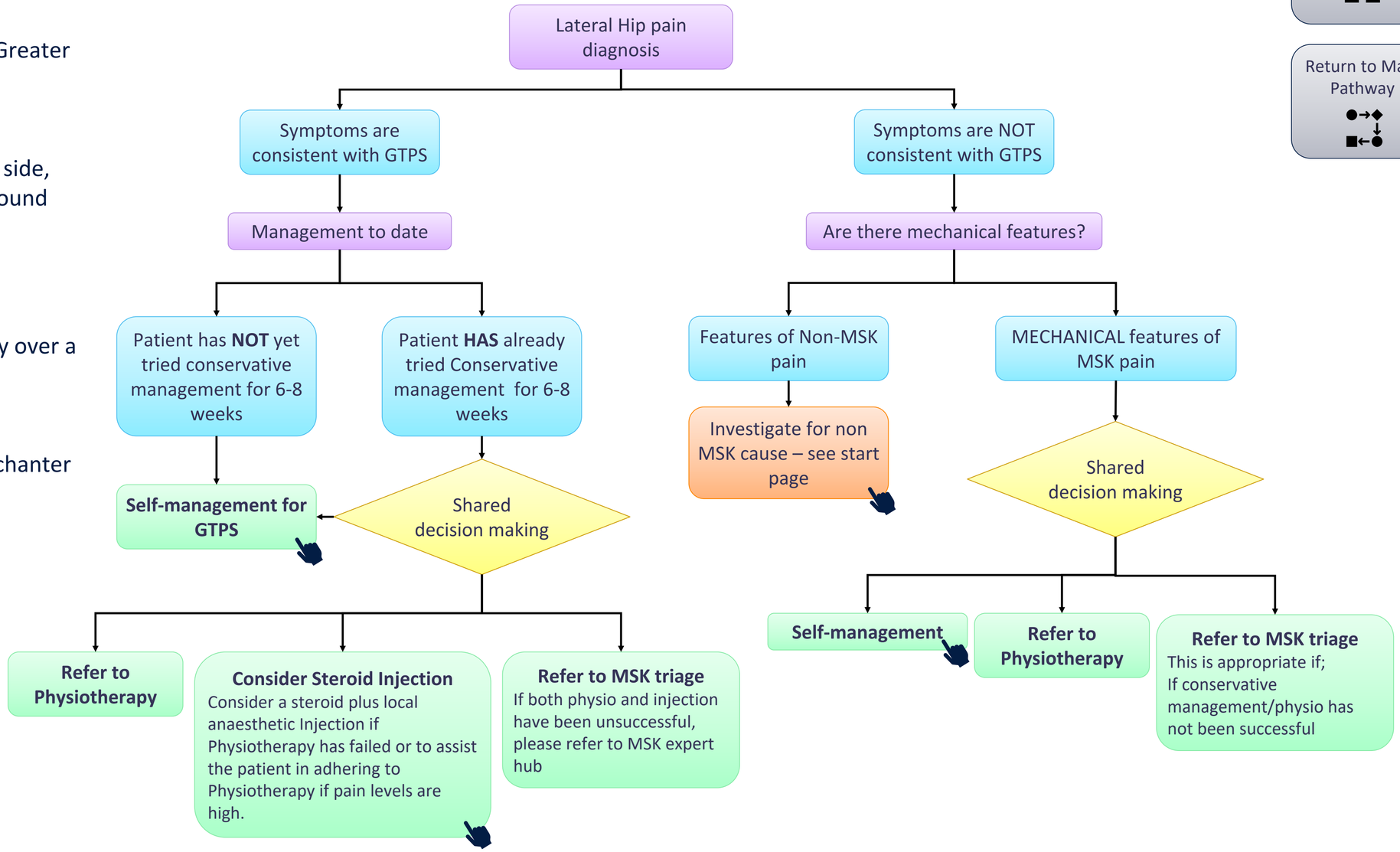
- pain is exacerbated by lying on the affected side, prolonged standing, tenderness to touch around greater trochanter

Risk factors:

- more common with increased BMI, perimenopausal women, a change in activity over a period of months (increase or decrease)

Positive examination findings include:

- point tenderness to palpate the greater trochanter in standing or lying
- single leg stand for 30 secs



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Self-Management for both GTPS and lateral hip pain (non GTPS)

Advice re simple analgesics (available OTC)
Advice to avoid aggravating activities i.e. sitting with legs crossed, lying on affected hip
Prescribe getUbetter if available in practice and patient is digitally enabled

Messaging for Patients

- The pain is usually caused by overload of the tendons over the outside of your hip
- Weakness, being overweight or prolonged positions can make this worse and addressing these factors are likely to improve it.
- You should try to gently exercise. Low impact exercises are advisable including swimming, Pilates, yoga and gym-based strengthening.
- Book a review with GP/Clinician if symptoms not are improving in 6 weeks

Additional Information

- ROH – Gluteal Tendinopathy – (applicable for generalised lateral hip pain)

Return to Lateral Pathway

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Steroid injection for GTPS

Formulary Link

Please consider at this point whether the patient would benefit from a more detailed MSK assessment or whether you feel comfortable proceeding with a steroid injection in primary care.

Side effects include:

- infection (rare if sterile technique used)
- post-injection flare of pain
- hyperglycaemia in people with diabetes

Monitor post injection for any immediate adverse response
Safety net regarding accessing ED care if developing signs of infection and/or allergic response
If considering repeated injection, a referral for MSK specialist assessment may be appropriate

Messaging for Patients

- Injections can help alleviate pain. It may allow you to exercise more easily and complete Physiotherapy
- Relative rest should be advised for 10 days post-injection.
- Avoid excessive exercises and heavy lifting.
- The injection may last anywhere between 0-6 months
- Book a review following injection if symptoms do not settle or has an adverse reaction to injection
- Please read the Steroid Information Sheet
- You will be re-examined by the injecting clinician at your next appointment to confirm that this is the best treatment option for you

Additional Information

- VERSUS ARTHRITIS - Steroid injections
- NHS – 10 ways to reduce pain

Return to Lateral Pathway

Return to start

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Medial Hip Pain Pathway

The most common cause of medial hip pain is an adductor related groin pain.

Most common features:

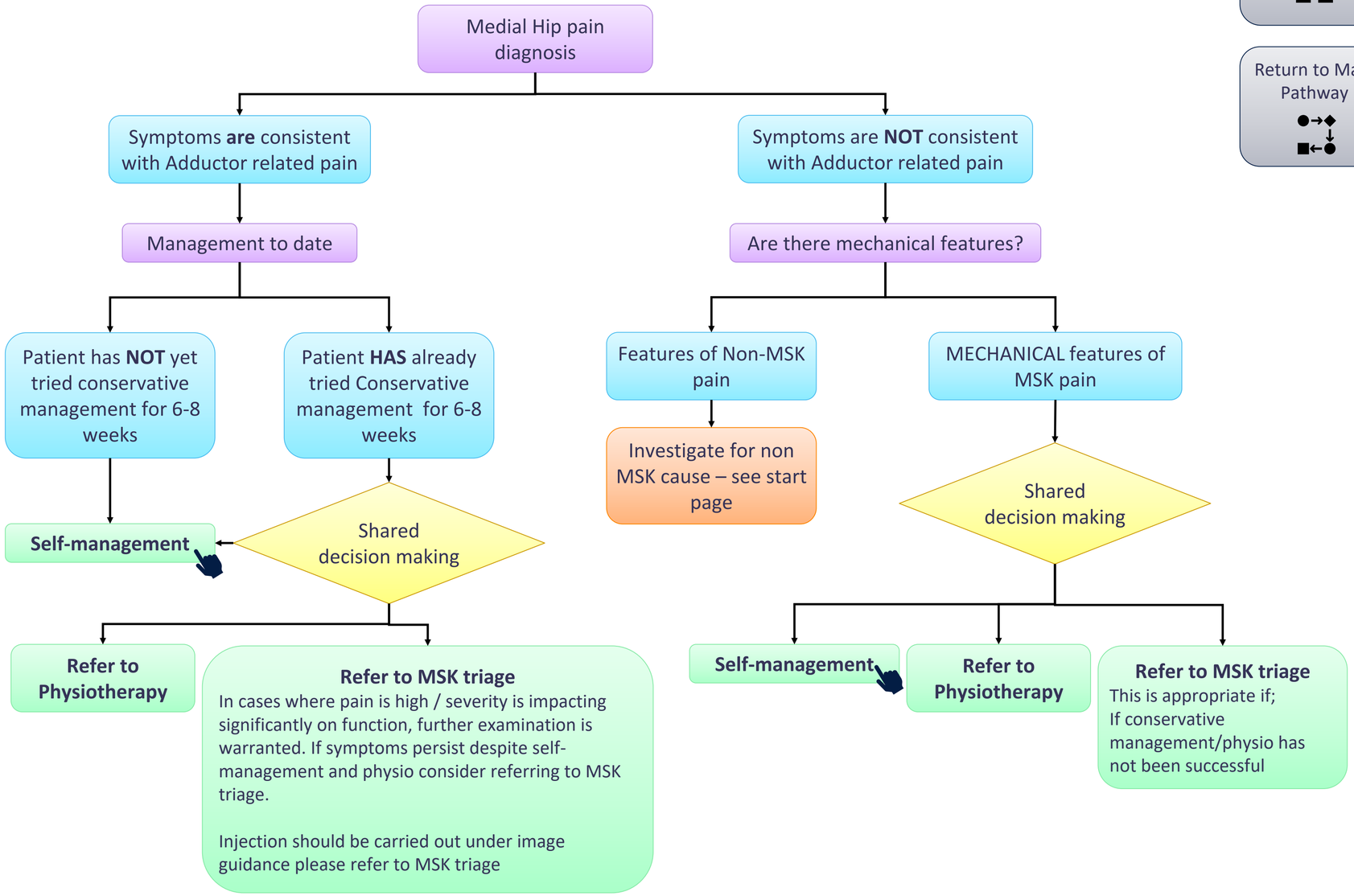
- pain is exacerbated by kicking or sideways movements

Risk factors:

- young males,
- activity related groin pain,
- history of repetitive adduction movements
- history of injury causing adductor pain

Examination Findings:

- pain on palpation of the proximal adductor insertion at the pubic rami or the muscle belly
- possible signs of bruising
- adductor weakness and pain on resisted testing (patient to lie on side with painful leg underneath, good leg bent at knee in front, ask patient to lift affected leg up and resist the movement.



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Self-Management for Medial hip pain – Adductor related

Advise on simple analgesics (available OTC)
If acute soft tissue injury advise rest, ICE, Compression, elevation.
Prescribe getUbetter if available in practice and patient is digitally enabled

Messaging for Patients

- The pain is usually caused by overload or injury of the adductor muscle or tendon on the inside of your hip
- Repetitive kicking type movements can make this worse, avoiding aggravating activities is likely to improve it
- Most cases will settle within 6 weeks
- Book a review with GP/Clinician if symptoms not are improving in 6 weeks

Additional Information

- Versus Arthritis - Exercises for the hips
- Berkshire Healthcare – Groin Strain

Return to Medial Pathway

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Differential diagnosis of Pubic Symphysis Dysfunction

Perinatal Pubic Symphysis pain	Sports and activity related pain	Non-sports related pubic pain
PGP (Pelvic Girdle pain) is common, affecting 1 in 5 pregnant women. Pain will be aggravated by walking, climbing stairs, and turning over in bed. This can develop antenatally or postnatally.	High physically demanding jobs Osteitis Pubis/Gilmores Groin differential diagnosis would need to be done by a specialist.	Middle to older age Unexplained onset/ pain
Patient to self-refer to Perinatal Pelvic Health Services	**Refer to Sports Exercise Medicine Clinic QEH or Sports Injury Clinic ROH - Osteitis pubis/ Gilmores Groin**	**Refer to MSK triage for non-sports related pubic pain**

Additional information

Additional information

Additional information

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Patient to self-refer to Perinatal Pelvic Health Services

Patients have access to this service from onset of pregnancy till 1yr postnatal. This is for all bladder/bowel related symptoms, prolapse and or pelvic girdle/back pain and Diastasis Recti.
This service is only available if your patient has a BSol midwife

Messaging for Patients

- Pain in the region called the pubic symphysis is not uncommon due to the change in forces through the tummy muscles at a point where the ligaments relax ready for labour
- A referral to a team specialising pain in this area will provide the right advice in terms of management
- We ask you to self-refer to this service. You may already have accessed MyPathway but if not, the link is included below. There is a questionnaire to complete, and this will then trigger support as needed (in the form of advice only, group education and advice session, telephone or face to face appointment)
- In the meantime, it is worth trying a pillow between your knees at night and keeping your knees together when you turn over

1. Register with MyPathway using this link:
Maternity Pelvic Health Support

2. Complete antennal/postnatal risk and symptom questionnaire

3. You will then be provided with either advice & guidance, telephone call or a face-to-face appointment

This web page also has lots of other useful information

Return to Diagnosis

Return to start

Return to Main Pathway

Refer to Sports Exercise Medicine Clinic QEH or Sports Injury Clinic ROH - Osteitis pubis/ Gilmores Groin

The sports medicine/ sports injury service will request imaging if felt necessary

Continue to support with analgesia (available OTC) as appropriate/ fit note as required etc

Messaging for Patients

- You are being referred to a Sports Injury clinic to see a Specialist. The Specialist will provide further assessment, organise further imaging if appropriate and develop a management plan.
- You should stay active as symptoms allow.
- Book a review with your practice if symptoms significantly deteriorate whilst awaiting Orthopaedic Triage

Return to Diagnosis

Return to start

Return to Main Pathway

Refer to MSK triage for non-sports related pubic pain

The triage service would request any imaging if felt necessary

Continue to support with analgesia (available OTC) as appropriate / fit note if required etc

Messaging for Patients

- A further assessment is likely to be helpful to confirm the best plan going forwards
- Please continue with the exercises and advice given to date to try and keep the hip as mobile and strong as possible
- Book a review with your practice if symptoms significantly deteriorate whilst awaiting Orthopaedic Triage

Return to Diagnosis

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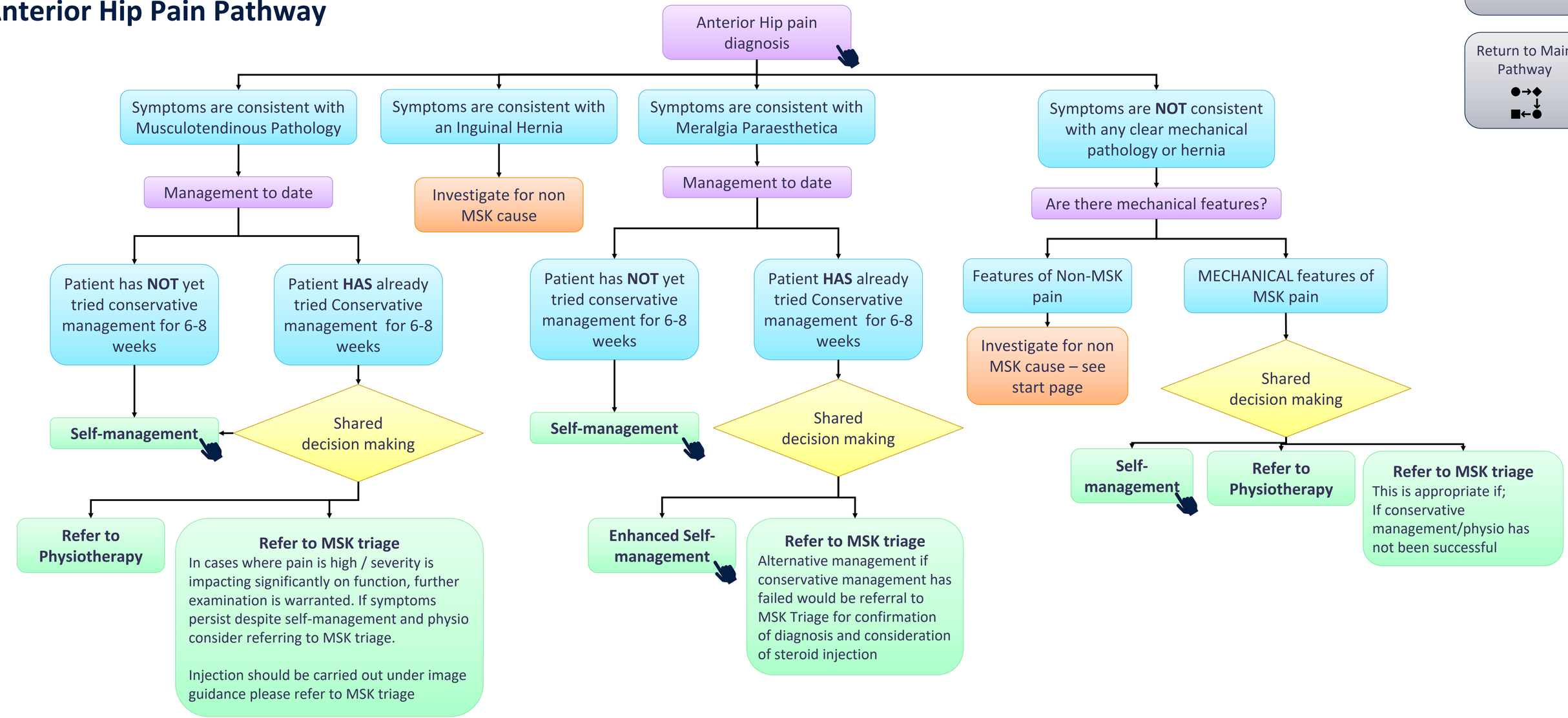
Anterior Hip Pain Pathway



Return to start

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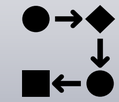
Differential diagnosis of Anterior Hip Pain

Musculotendinous Pathology	Inguinal Hernia	Meralgia Paraesthetica
Pain is exacerbated by activities involving hip flexion (bringing the leg towards your chest), high kicking and can be sore getting up from sitting	Pain is exacerbated by cough, sneeze, lifting	Pain is commonly exacerbated by compression, for example prolonged sitting, may be associated with tingling. No weakness (no motor supply of nerve) Unexplained onset/ pain
Risk Factors: repetitive sports/ injury		Risk Factors: Obesity, previous groin surgery
Examination • pain on resisted hip flexion in sitting with knee bent (test for iliopsoas) and with knee straight (rectus femoris) • tenderness on palpation of iliopsoas/ rectus femoris in lying	Examination • Patient should be standing, groin visible • Presence of a lump / pain will commonly be revealed in the groin with positive cough reflex. • (hernia does not need to be palpable to proceed with this working diagnosis)	Examination • Sensation may be reduced, normal or hypersensitive around the front and lateral thigh • May have a positive tinels sign on tapping over the lateral part of the inguinal ligament • diagnosis is more likely to be made by distribution of symptoms

Go to Anterior Hip Pain Pathway



Return to start

Return to Main Pathway

Self-management for Anterior Hip Pain

Advise on simple analgesics (available OTC)
If acute soft tissue injury, advice on rest, ice, compression, elevation
Prescribe getUbetter if available in practice and patient is digitally enabled

Messaging for Patients

- The pain is usually caused by overload or injury of the muscles or tendons over the front of your hip
- Repetitive hip flexion movements (lifting the hip) can make it worse, avoiding aggravating activities is likely to improve it
- Most cases will settle within 6 weeks
- You can continue to gently exercise but should avoid exercises that aggravate the pain
- Book a review with GP/Clinician if symptoms not are improving in 6-8 weeks or if symptoms deteriorate significantly

Additional information

- Versus Arthritis – Exercises for the Hips

Return to Anterior Pathway

Return to start

Return to Main Pathway

Self-management for Meralgia Paraesthetica

Support with short course of NSAIDs if able to tolerate
Simple analgesia
Consider with patient any possible aggravating external factors e.g. belt use, work position
Prescribe getUbetter if available in practice and patient is digitally enabled

Messaging for Patients

- Meralgia paraesthetica is a condition where the nerve at the front of the hip can get irritated and cause tingling, burning or numbness sensation in this area and into the thigh
- It may be due to tightness in the soft tissues at the front of the hip or due to compression or repetitive movements
- Usually improves with removal of compression, simple medication
- Avoiding aggravating positions is advised in the first instance
- Stretching the hip may also help relieve the irritation
- Book a review with GP/Clinician if symptoms not are improving in 6-8 weeks or if symptoms deteriorate significantly

Additional information

- Patient info – Meralgia paraesthetica

Return to Anterior Pathway

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Enhanced Self-management for Meralgia Paraesthetica

There is some evidence to support a trial of TCAs

Resources;

- Formulary Link
- BNF – Neuropathic Pain
- NICE CKS – Tricyclic antidepressants

Messaging for Patients

- It is important to try all options yourself before the more invasive management of injections
- Continue to try and optimise nerve recovery with weight loss and avoiding compression
- Consider medication to reduce nerve related pain depending if you can tolerate
- Meralgia paraesthetica is a condition where the nerve at the front of the hip can get irritated and cause tingling, burning or numbness sensation in this area and into the thigh
- It may be due to tightness in the soft tissues at the front of the hip or due to compression or repetitive movements
- Usually improves with removal of compression, simple medication
- Avoiding aggravating positions is advised in the first instance
- Stretching the hip may also help relieve the irritation

Additional information

- Patient info – Meralgia paraesthetica

Return to Anterior Pathway

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Posterior Hip Pain Pathway

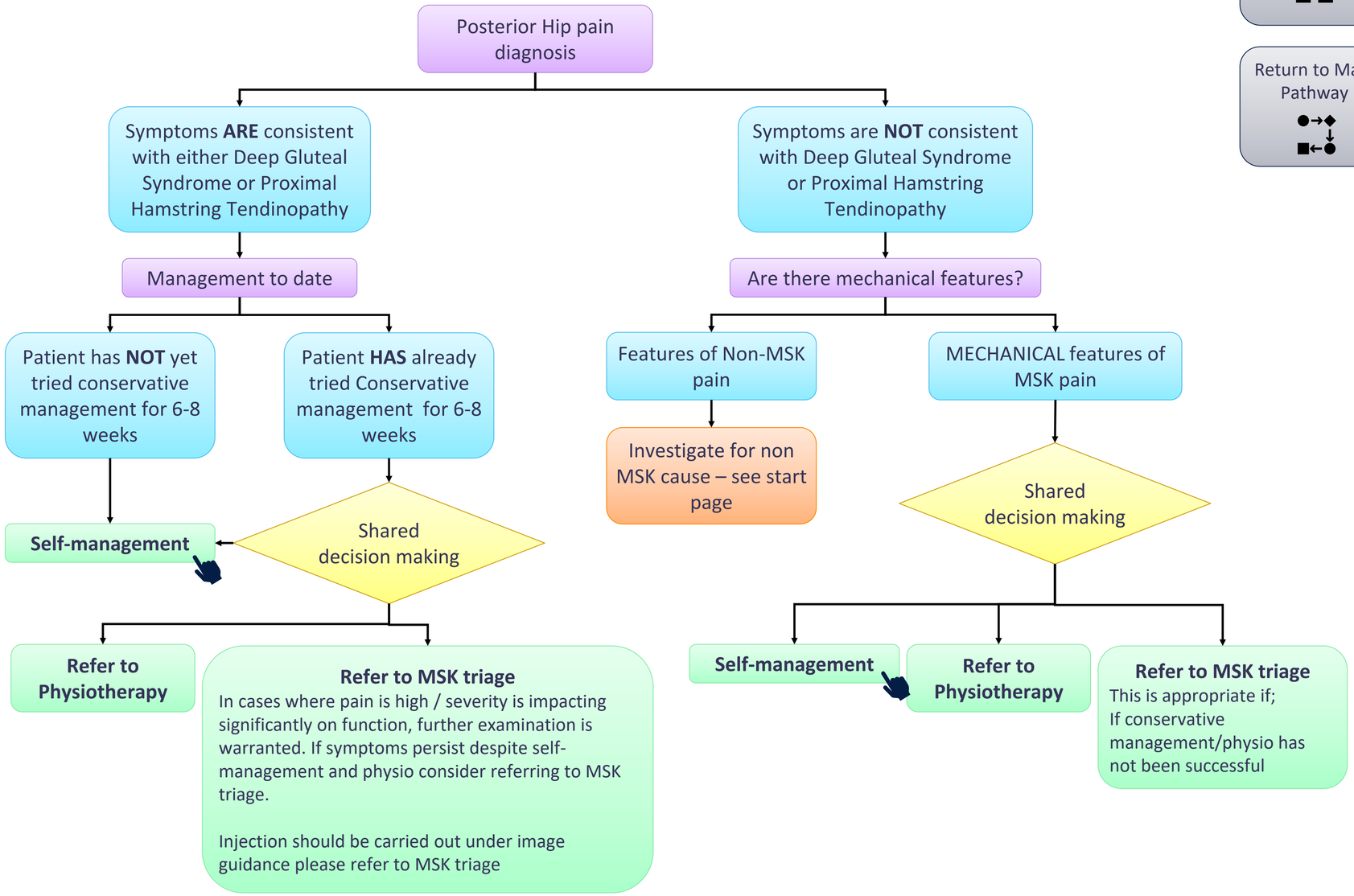
The most common cause of posterior hip pain is deep gluteal syndrome or proximal hamstring tendinopathy. Both will be managed in the same way.
(The lumbar spine is a common referrer but should have been already screened)

Deep Gluteal Syndrome
Most common features:
- Pain over gluteal region
- Pain on gluteal palpation

Risk factors:
- Prolonged sitting
- Weakness or tightness of the gluteal muscles
- Poor posture
- Poor core stability
- History of trauma or injury
- Lumbar spine source

Proximal Hamstring Tendinopathy
Most common features:
- Pain over the ischial tuberosity
- Pain on palpation of proximal hamstring
- Pain on resisted hamstring testing

Risk factors:
- Age - The risk increases with age.
- Gender - more common in males than females.
- Overuse
- Poor flexibility
- Weakness
- Poor posture



Return to start

Return to Main Pathway

Self-management for Posterior Hip Pain

Advise on simple analgesics (available OTC)
If acute soft tissue injury, advice on rest, ice, compression, elevation
Prescribe getUbetter if available in practice and patient is digitally enabled

Messaging for Patients

- The pain is usually caused by overload or injury to the muscles at the back of your hip
- Sitting and repetitive activities such as climbing the stairs are likely to aggravate it, avoiding these aggravating positions and activities is likely to improve it
- Most cases will settle within 6 weeks
- You can continue to gently exercise but should avoid activities that aggravate the pain
- Book a review with GP/Clinician if symptoms not are improving in 6-8 weeks or if symptoms deteriorate significantly

Additional information

- Versus Arthritis – Exercises for the Hips

Return to Posterior Pathway

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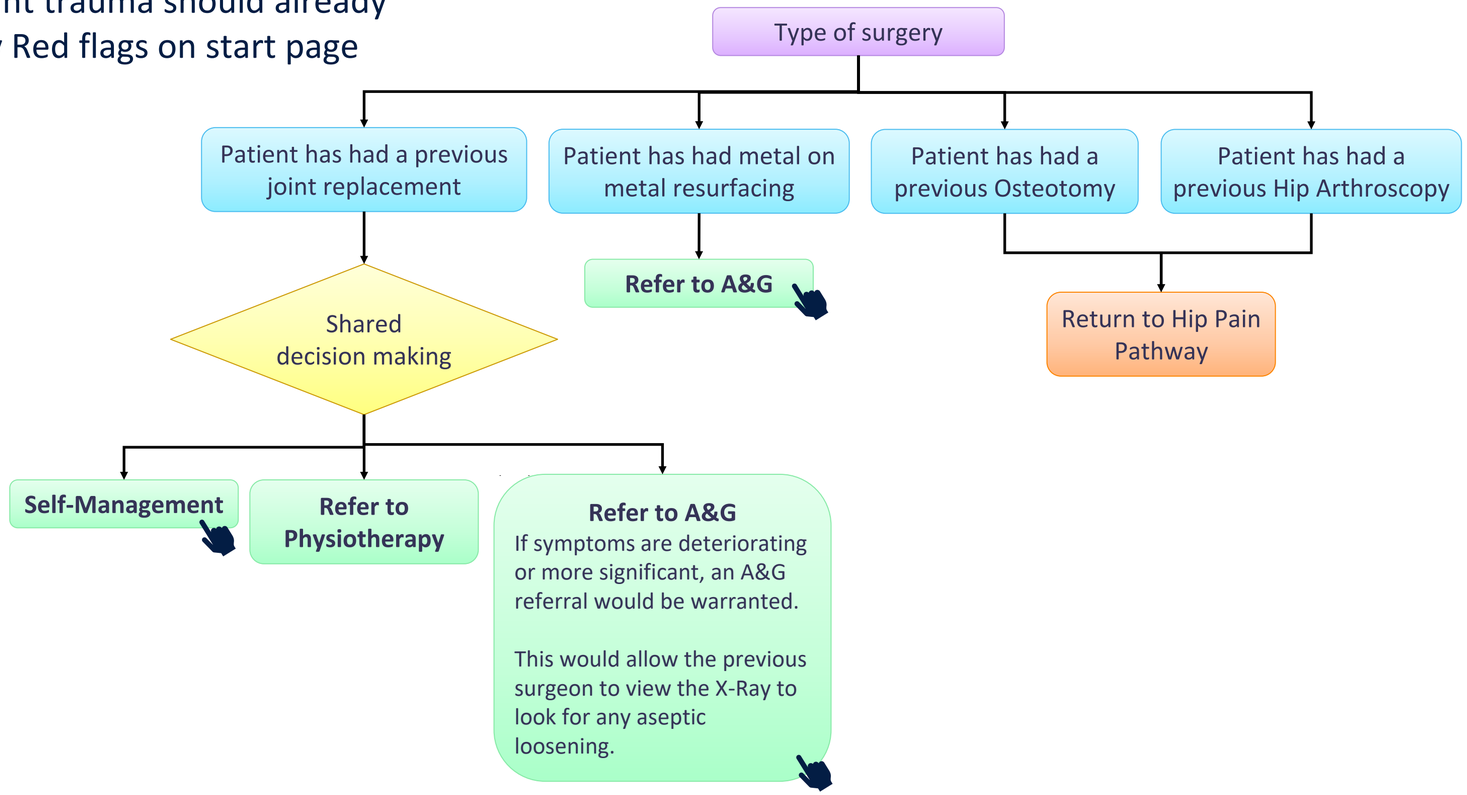
Previous Hip Surgery Pathway

Clear signs of infection or significant trauma should already have been excluded in Emergency Red flags on start page



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Self-management for Previous Arthroplasty

Consider weak opioids (+/- paracetamol) only if an NSAID is contraindicated, not tolerated or has been ineffective (available OTC)
Imaging is not indicated at this point, because this clinical management is decided on severity of symptoms and impact on function.
Prescribe getUbetter if available in practice and patient is digitally enabled

Messaging for Patients

- Keeping active and doing regular quadriceps strengthening and gentle aerobics exercises are the best ways to help improve your hip pain.
- Protecting your hip and avoiding movement can make you worse
- Pacing of activities and modifying lifestyle are keyways to manage pain.
- A mobility aid in the opposite hand may be useful.
- Request review appointment if you wish to review your management plan or If symptoms deteriorate significantly

Additional information

- The following links for osteoarthritis are still relevant for patients following arthroplasty - Versus Arthritis - Hip Osteoarthritis
- Versus Arthritis – Exercises for the Hips

Return to Prev Surg Pathway

Return to start

Return to Main Pathway

A&G Referral for previous surgery

Request A&G from original operating surgeon where possible.

Provide pain relief treatment where appropriate and await A&G response

Please add any relevant clinical information that may help with further management into the clerking form.

Messaging for Patients

- You are being referred to the local Orthopaedic Advice and Guidance service for further management options
- Depending on the response, you may be asked to attend a Hospital appointment for further assessment or advice may be given for this to managed locally
- Arrange follow-up if sudden deterioration or change in symptoms whilst waiting for appointment.

X-ray to be reviewed by A&G consultant.

Return to Prev Surg Pathway

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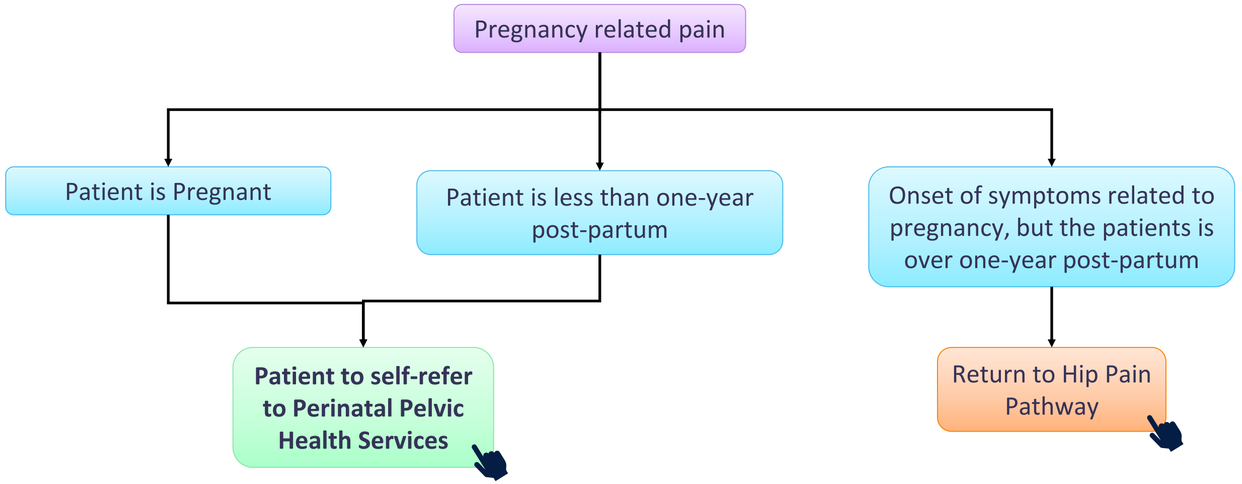
Pregnancy related Hip Pain Pathway

Whilst a patient is either pregnant or up to a year post-partum it might be helpful to consider a specialist perinatal pelvic health opinion so that all aspects are considered



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Returning Hip X-ray

If X-Ray shows OA **AND** Femoral head Avascular Necrosis please follow the relevant bone Femoral head Avascular Necrosis link.
If X-Ray shows OA **AND** Altered Bone Morphology, please follow the relevant bone OA - Hip Joint Arthritis link.
Examples of Altered Bone Morphology include;

- Dysplasia
- Perthes
- Slipped Upper Femoral Epiphysis
- Femoral Acetabular Impingement