

Diagnosis and Management of Hip Osteoarthritis

Hip Osteoarthritis	Guideline-Supported Management for Hip OA	
	Core	Optional
<p>1. Hip Osteoarthritis</p> <ul style="list-style-type: none"> • Location: Anterior, lateral, or posterior hip pain • Signs/Symptoms: Pain, aching, and/or stiffness, bilateral or unilateral, during weight-bearing activities. Loss of range of motion. Morning stiffness that lasts less than 1 hour. May include weakness around the hip joint and/or pain that refers into the buttock, thigh, or calf. • Physical Exam: Pain reproduced by physical tests; reduced hip range of motion in internal rotation and flexion compared to nonpainful side; no neurological deficits. 	<ul style="list-style-type: none"> • Education and reassurance • Exercise • Weight loss/management, if indicated. • Address yellow flags 	<ul style="list-style-type: none"> • Manual therapy (manipulation, mobilization, soft tissue techniques) • Oral or topical medications • Corticosteroid injections • Cognitive Behavioural Therapy • Mobility assistive devices (e.g., walkers, canes)
<p><i>*Criteria for discharge:</i> achieved goals, worsening symptoms, failed treatment (e.g., no improvement after 6-8 weeks)</p>		
<p>Red Flags: Immediate Referral to Emergency Care</p>		
<p>1. Cauda Equina Syndrome: Saddle anesthesia, bladder/bowel dysfunction, bilateral radicular signs.</p> <p>2. Hip Infection: Red, hot, swollen joint. History of immunosuppression, recent infection or surgery, Tuberculosis (TB), unexplained fever/chills, IV drug use, poor living conditions.</p> <p>3. Traumatic Hip Fracture: Severe trauma, redness, bruising, swelling, inability to weight bear.</p>		
<p>Referral to Medical Provider</p>		
<p>1. Non-traumatic Fracture: Sudden onset, localized severe pain, osteoporosis, corticosteroid use, female sex, older age (>60), history of osteoporotic fracture or cancer.</p> <p>2. Hip Malignancy: Progressive pain, history of cancer, systemic symptoms (fatigue, weight loss, fever), night pain.</p> <p>3. Inflammatory Arthritides: Morning stiffness >1 hour, constitutional symptoms (e.g., fatigue, weight loss, fever), symmetrical joint pain, joint swelling and deformity.</p> <p>4. Referred Pain: (from abdominal/pelvic visceral conditions): Abdominal or pelvic tenderness.</p> <p>5. Avascular Necrosis (e.g., Chandler’s disease): progressive worsening of hip pain and loss of range of motion. History of corticosteroid use, alcoholism, trauma, hemoglobinopathies.</p> <p>6. Hernia (e.g., femoral or inguinal hernia): Groin pain, swelling or bulge that appears with coughing/straining and goes away with lying down. Immediate medical referral required if hernia is firm or tender and/or sudden severe pain.</p>		
<p>Orange Flags (Psychiatric Disorders): Major depression, personality disorders, PTSD, substance addiction and abuse.</p> <p>Action: Refer to appropriate provider/psychiatric specialist.</p>	<p>Yellow Flags (Psychosocial Factors): Fear of movement, poor recovery expectations, depression, anxiety, work-related or family issues, litigation or compensation claims, maladaptive coping mechanisms.</p> <p>Action: Address these as part of conservative care, co-manage, or refer to an appropriate provider.</p>	