

# Clinical Practice Guideline Overview

## Management of Osteoarthritis of the Hip

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This clinical practice guideline includes non-surgical and surgical treatment of arthroplasty of symptomatic osteoarthritis of the hip in adults.



### Literature Review

5,699  
abstracts reviewed



766  
articles recalled  
for full text review



179  
abstracts reviewed  
after full text review



### Strong and Moderate Guideline Recommendations\*



**Strong evidence** suggests that tranexamic acid (TXA) should be considered for patients with symptomatic osteoarthritis of the hip who are undergoing total hip arthroplasty (THA) to reduce blood loss and the need for blood transfusions.



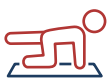
**Moderate evidence** supports that there are specific risks and benefits to each surgical approach and that there is not a preferred surgical approach for patients with symptomatic osteoarthritis of the hip undergoing total hip arthroplasty.



**Strong evidence** When not contraindicated, oral nonsteroidal anti-inflammatories (NSAIDs) should be used to reduce pain and improve function in the treatment of symptomatic hip osteoarthritis.



**Moderate evidence** supports either formal physical therapy or unsupervised home exercise after total hip arthroplasty for symptomatic osteoarthritis of the hip.



**Moderate evidence** Physical therapy could be considered as a treatment for patients with mild to moderate symptomatic osteoarthritis of the hip to improve function and reduce pain.



**Moderate evidence** Intraarticular corticosteroids could be considered to improve function and reduce pain in the short-term for patients with symptomatic osteoarthritis of the hip.



**Moderate evidence** suggests in older adult patients undergoing total hip arthroplasty for symptomatic osteoarthritis, cemented femoral stems could be considered as they are associated with a lower risk of periprosthetic fracture.

**Strong Evidence**  
Intraarticular hyaluronic acid should not be considered for treatment of symptomatic osteoarthritis of the knee as it does not improve function or reduce pain better than placebo.



### Future Research

Consideration for future research is provided for each recommendation within this document are based on the work group's clinical experience and perceived need for better guiding data.

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\* Please visit [OrthoGuidelines.org](https://www.OrthoGuidelines.org) to view the limited and consensus options for this guideline.

