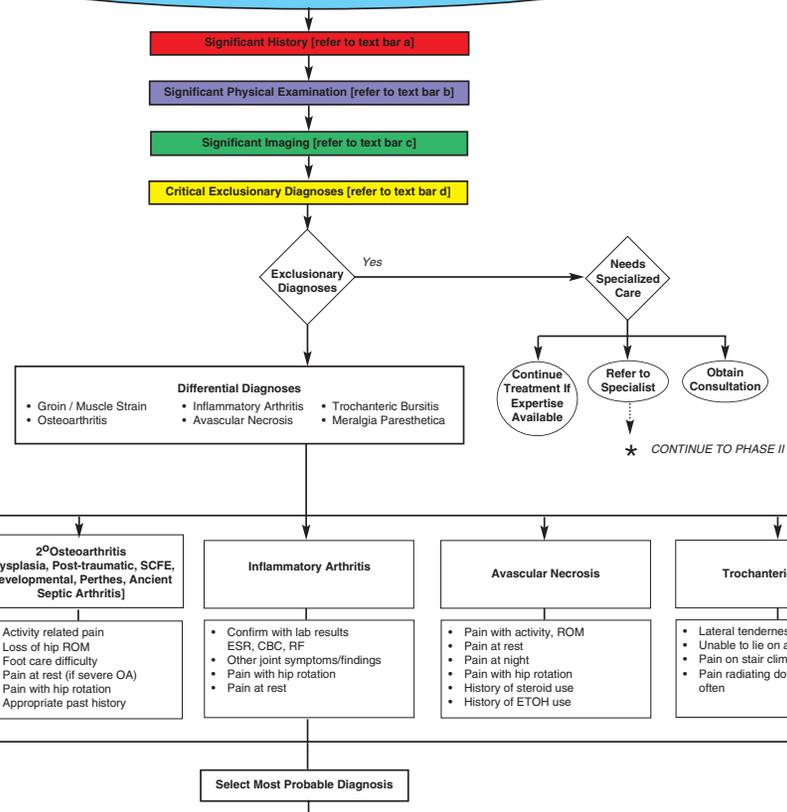


**Subacute Hip Pain - Adults > 50 yrs. \* [Non-traumatic] — Phase I**

**\* Definition of Subacute Hip Pain - Adults > 50 yrs.**

- 1 - 3 months duration
- Mild - moderate pain  
≤ 6 on 1- 10 analog scale
- Groin, anterior ilioinguinal area
- Proximal thigh
- Trochanteric
- No radiation
- Activity related pain
- Gradual onset
- Excluded
  - no rest or night pain
  - no trauma/injury
  - sudden onset
  - severe pain



**c Significant Imaging**

[In early stages, a normal x-ray may still be consistent with differential diagnoses]

**Exclude:**

- Symmetrical, erosive arthritis
- Fx
- Osteopenia
- Metastatic - lytic or blastic lesions
- Protrusion
- Sacroiliac joint disease

**d Critical Exclusionary Diagnoses**

- Neurogenic claudication
- Spinal stenosis
- Root claudication
- Herniated disc
- Vascular claudication
- Metastatic disease
- Fracture
- Stress fracture
- Pagets
- Developmental Abnormalities

Differential Diagnosis	Groin / Muscle Strain	1 <sup>o</sup> Osteoarthritis	2 <sup>o</sup> Osteoarthritis [Dysplasia, Post-traumatic, SCFE, Developmental, Perthes, Ancient Septic Arthritis]	Inflammatory Arthritis	Avascular Necrosis	Trochanteric Bursitis	Meralgia Paresthetica
Findings CONSISTENT with Diagnosis	<ul style="list-style-type: none"> <li>• X-ray negative</li> <li>• Activity related pain</li> <li>• Pain w/stretch of affected muscle</li> <li>• Pain w/resisted contraction of affected muscle</li> </ul>	<ul style="list-style-type: none"> <li>• Activity related pain</li> <li>• Loss of hip ROM</li> <li>• Foot care difficulty</li> <li>• Pain at rest (if severe OA)</li> <li>• Pain with hip rotation</li> </ul>	<ul style="list-style-type: none"> <li>• Activity related pain</li> <li>• Loss of hip ROM</li> <li>• Foot care difficulty</li> <li>• Pain at rest (if severe OA)</li> <li>• Pain with hip rotation</li> <li>• Appropriate past history</li> </ul>	<ul style="list-style-type: none"> <li>• Confirm with lab results ESR, CBC, RF</li> <li>• Other joint symptoms/findings</li> <li>• Pain with hip rotation</li> <li>• Pain at rest</li> </ul>	<ul style="list-style-type: none"> <li>• Pain with activity, ROM</li> <li>• Pain at rest</li> <li>• Pain at night</li> <li>• Pain with hip rotation</li> <li>• History of steroid use</li> <li>• History of ETOH use</li> </ul>	<ul style="list-style-type: none"> <li>• Lateral tenderness over trochanter</li> <li>• Unable to lie on affected side</li> <li>• Pain on stair climbing</li> <li>• Pain radiating down lateral thigh often</li> </ul>	<ul style="list-style-type: none"> <li>• ASIS tender</li> <li>• Pressure reproduces symptoms</li> <li>• Sensory changes anterolateral thigh</li> </ul>

**a Significant History**

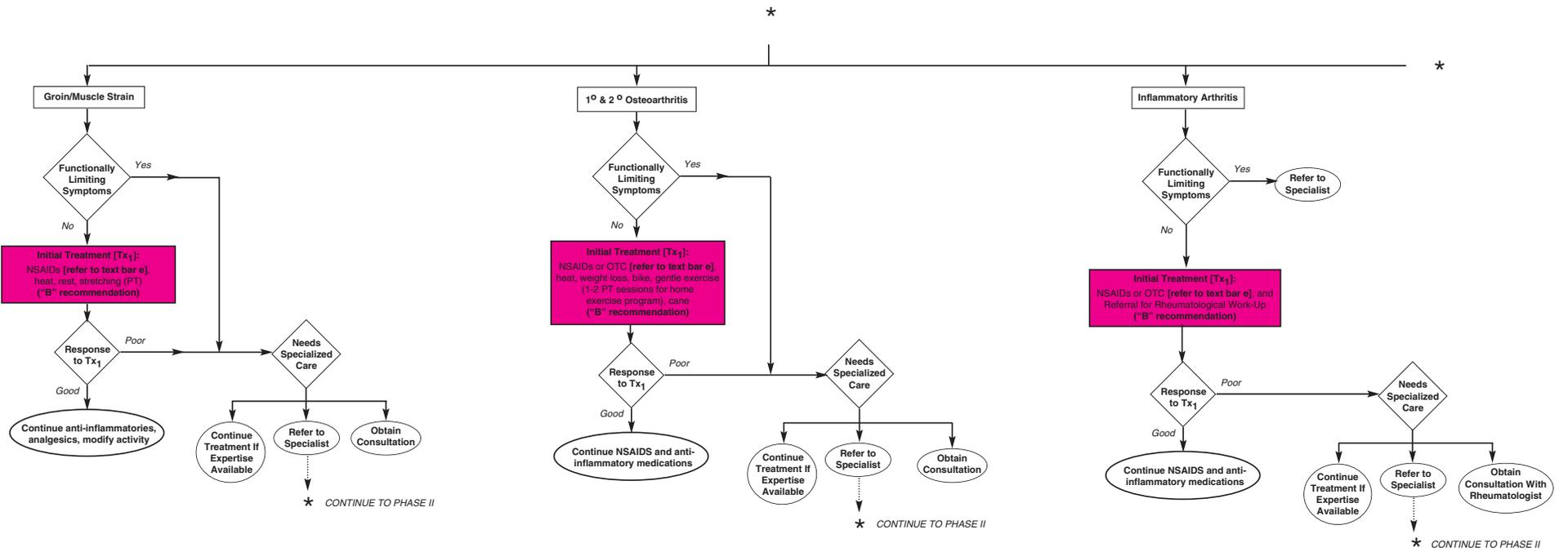
- Age
- Sex
- Location of pain (buttock, trochanter, groin, thigh)
- Mode of onset of pain (acute, sub-acute, chronic)
- Duration of pain
- Systemic symptoms
- Other joints with synovitis
- Previous hip surgery
- Previous malignancy
- Severity of pain, pain at rest or at night
- Steroid use
- Activity related pain
- Other medical conditions

**b Significant Physical Examination**

- Gait - antalgic, trendelenburg
- Hip - ROM, resisted hip flexion, tenderness (trochanter and groin), piriformis fossa tender (skin and strength)
- Neurologic
- Vascular
- Straight leg raise

*This orthopaedic clinical guideline should not be construed as including all proper methods of care or excluding other acceptable methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding any specific procedure or treatment must be made by the physician in light of all circumstances presented by the patient and the needs and resources particular to the locality or institution.*

American Academy of Orthopaedic Surgeons  
Department of Research and Scientific Affairs  
Hip Pain [Non-traumatic] — Phase I  
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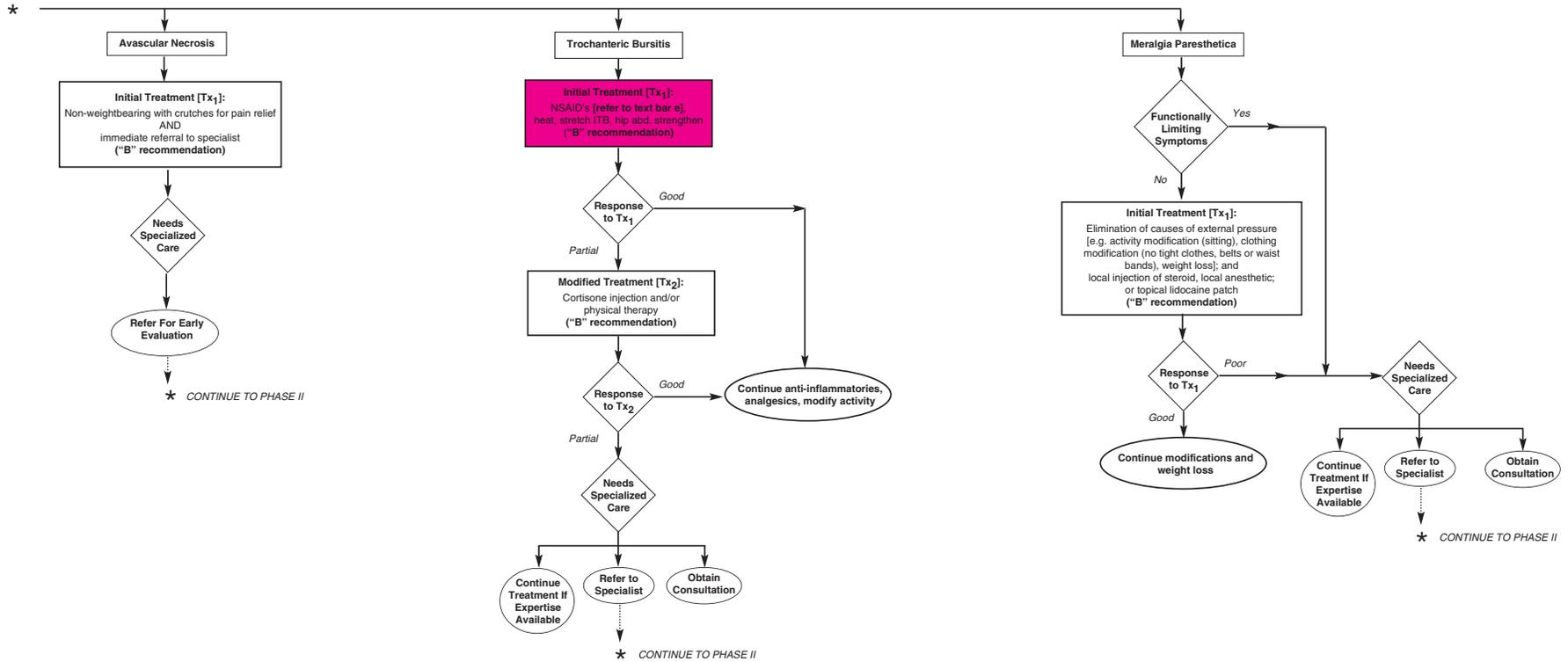


**NSAIDs**

NSAIDs are relatively contraindicated in patients with renal insufficiency or pregnancy. Administer cautiously in individuals with hypertension or gastrointestinal intolerance. Side effects and toxicity should be monitored during administration.

There is no evidence that administration of NSAIDs are more efficacious than simple analgesics or acetaminophen in relieving symptoms in non-inflammatory conditions.

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