

# Management of Osteoarthritis of the Hip

## Appropriate Use Criteria

*Adopted by:*

The American Academy of Orthopaedic Surgeons Board of Directors  
December 8, 2017

**Disclaimer**

Volunteer physicians from multiple medical specialties created and categorized these Appropriate Use Criteria. These Appropriate Use Criteria are not intended to be comprehensive or a fixed protocol, as some patients may require more or less treatment or different means of diagnosis. These Appropriate Use Criteria represent patients and situations that clinicians treating or diagnosing musculoskeletal conditions are most likely to encounter. The clinician's independent medical judgment, given the individual patient's clinical circumstances, should always determine patient care and treatment.

**Disclosure Requirement**

In accordance with American Academy of Orthopaedic Surgeons policy, all individuals whose names appear as authors or contributors to this document filed a disclosure statement as part of the submission process. All authors provided full disclosure of potential conflicts of interest prior to participation in the development of these Appropriate Use Criteria. Disclosure information for all panel members can be found in Appendix B.

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**FDA Clearance**

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For a more user-friendly version of this AUC, or to view additional AUCs, please visit the AAOS AUC web-based app at:

**[www.OrthoGuidelines.org/auc](http://www.OrthoGuidelines.org/auc)**

To view the clinical practice guideline for this topic, please visit  
[www.orthoguidelines.org/oahipguideline](http://www.orthoguidelines.org/oahipguideline)

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# I. INTRODUCTION

## OVERVIEW

The American Academy of Orthopaedic Surgeons (AAOS) has developed this Appropriate Use Criteria (AUC) to determine appropriateness of various health care services for the Management of Osteoarthritis of the Hip. The scope of these appropriate use criteria includes nonpharmacologic and pharmacologic interventions for symptomatic osteoarthritis of the Hip as well as operative procedures. It does not provide recommendations for patients diagnosed with rheumatoid arthritis, osteoarthritis of other joints, or other inflammatory arthropathies.

An “appropriate” healthcare service is one for which the expected health benefits exceed the expected negative consequences by a sufficiently wide margin.<sup>2</sup> Evidence-based information, in conjunction with the clinical expertise of physicians from multiple medical specialties, was used to develop the criteria in order to improve patient care and obtain the best outcomes while considering the subtleties and distinctions necessary in making clinical decisions. To provide the evidence foundation for this AUC, the AAOS Evidence-Based Medicine Unit provided the writing panel and voting panel with the 2017 AAOS Clinical Practice Guideline on the Management of Osteoarthritis of the Hip, which can be accessed via the following link: [www.orthoguidelines.org/oahipguideline](http://www.orthoguidelines.org/oahipguideline).

The purpose of this AUC is to help determine the appropriateness of clinical practice guideline recommendations for the heterogeneous patient population routinely seen in practice. The best available scientific evidence is synthesized with collective expert opinion on topics where gold standard randomized clinical trials are not available or are inadequately detailed for identifying distinct patient types. When there is evidence corroborated by consensus that expected benefits substantially outweigh potential risks, exclusive of cost, a procedure is determined to be appropriate. The AAOS uses the RAND/UCLA Appropriateness Method (RAM).<sup>2</sup> Our process includes these steps: reviewing the results of the evidence analysis, compiling a list of clinical vignettes, and having an expert panel comprised of representatives from multiple medical specialties to determine the appropriateness of each of the clinical indications for treatment as “Appropriate,” “May be Appropriate,” or “Rarely Appropriate.” To access an intuitive and more user-friendly version of the appropriate use criteria for this topic online, please visit our AUC web-based application at [www.orthoguidelines.org/auc](http://www.orthoguidelines.org/auc) or download the OrthoGuidelines app from Google Play or Apple Store.

These criteria should not be construed as including all indications or excluding indications reasonably directed to obtaining the same results. The criteria intend to address the most common clinical scenarios facing all appropriately trained surgeons and all qualified physicians managing patients under consideration for surgically treating osteoarthritis of the Hip. The ultimate judgment regarding any specific criteria should address all circumstances presented by the patient and the needs and resources particular to the locality or institution. It is also important to state that these criteria were developed as guidelines and are not meant to supersede clinician expertise and experience or patient preference.

## INTERPRETING THE APPROPRIATENESS RATINGS

To prevent misuse of these criteria, it is extremely important that the user of this document understands how to interpret the appropriateness ratings. The appropriateness rating scale ranges from one to nine and there are three main range categories that determine how the median rating is defined (i.e. 1-3 = “Rarely Appropriate”, 4-6 = “May Be Appropriate”, and 7-9 = “Appropriate”). Before these appropriate use criteria are consulted, the user should read through and understand all contents of this document.

## ASSUMPTIONS OF THE WRITING PANEL/VOTING PANEL

**Before these appropriate use criteria are consulted, it is assumed that:**

1. Arthroplasty as a treatment option means total hip arthroplasty, occasionally resurfacing, rarely hemiarthroplasty or hip resection arthroplasty (girdlestone procedure).
2. Hip preservation as a treatment means periacetabular or femoral osteotomy for hip dysplasia or deformity and arthroscopic or open surgery for femoroacetabular impingement and/or labral tears.
3. Modifiable risk factors may include, but are not limited to: patient obesity, mental health disorders, tobacco use, or uncontrolled diabetes.
4. Surgical treatment should only be considered following dissatisfaction with appropriate nonoperative treatments.

## BURDEN OF DISEASE

The burden of osteoarthritis (OA) of the hip is largely attributable to the effects of disability, comorbid disease, and the expense of treatment. OA is the most frequent cause of disability among adults in the United States (US), and the burden is increasing both as the prevalence of OA increases and also as patient expectations for treatment rise. Twenty seven million adults (more than 10 percent) of the US adult population had clinical osteoarthritis (OA) in 2005, and in 2009 OA was the fourth most common cause of hospitalization (Murphy & Helmick, 2012).

OA is the leading indication for joint replacement surgery; 905,000 knee and hip replacements were performed in 2009 at a cost of 42.3 billion dollars (Murphy & Helmick, 2012). Estimated trends in hip replacement procedures from 1992 to 2010 or 2011 show a steady increase in all types of replacements, with total hip replacements more than doubling by 2010/2011 (USBJI, 2014).

Costs to be considered include:

1. Direct Medical Cost
2. Long-term Medical Cost
3. Home Modification Costs
4. Nursing Home Costs

## ETIOLOGY

Patients who require surgical treatment for osteoarthritis of the hip have developed the condition naturally over time due to a variety of risk factors or in an accelerated fashion due to prior trauma about the hip. Osteoarthritis is the imbalance of breakdown and repair of tissues within a



synovial joint. The etiology of osteoarthritis is varied and includes genetic factors, trauma, femoral and acetabular morphology, overuse, and infection.

## INCIDENCE AND PREVALENCE

Twenty seven million adults (more than 10 percent) of the US adult population had clinical osteoarthritis (OA) in 2005, and in 2009 OA was the fourth most common cause of hospitalization (Murphy & Helmick, 2012).

With rising life expectancy, it is estimated that the prevalence of hip osteoarthritis will continue to increase. The number of people older than age 65 years is expected to increase from 37.1 million to 77.2 million by the year 2040.

## RISK FACTORS

Factors that increase the risk for developing osteoarthritis of the hip such that surgical treatment is required include joint degeneration over time due to hereditary vulnerability, femoral and acetabular bone morphology, large body mass, certain occupations, and past trauma affecting the joint or subchondral bone adjacent to the joint. For information regarding the evidence base behind various risk factors, please refer to the recommendations within this document regarding risk stratification.

## EMOTIONAL AND PHYSICAL IMPACT

Older adults with self-reported osteoarthritis of the hip visit their physicians more frequently and experience greater functional limitations than others in the same age group. Pre-operatively patients who have moderate to severe osteoarthritis of the hip requiring surgery experience:

1. Inability to return to prior living circumstances
2. Need for increased level of care and supervision
3. Decreased quality of life
4. Decreased level of mobility and ambulation

## POTENTIAL BENEFITS, HARMS, AND CONTRAINDICATIONS

The benefits of surgical treatment of osteoarthritis of the hip include relief of pain and improved function. Most invasive operative treatments, primarily arthroplasty, are associated with known risks.

Early postoperative complications include periprosthetic infection, venous thromboembolic disease, dislocation, fracture, and pain. Late postoperative complications include infection, aseptic component loosening, and pain. All can lead to a need for revision arthroplasty.

Contraindications are relative and require an in depth discussion with the patient and physician (surgeon, anesthesiologist) about their individual risk factors. Additional factors, such as the individual's co-morbidities, and/or specific patient characteristics may affect the physician's choice of treatment. Clinician input based on experience increases the probability of identifying patients who will benefit from specific treatment options. The individual patient and/or their

decision surrogate dynamic will also influence treatment decisions, therefore, discussion of available treatments and procedures applicable to the individual patient rely on mutual communication between the patient and/or decision surrogate and physician, weighing the potential risks and benefits for that patient. Once the patient and/or their decision surrogate have been informed of available therapies and have discussed these options with the patient's physician, an informed and shared decision can be made.

## II. METHODS

This AUC for the Management of Osteoarthritis of the Hip, hereafter referred to as OA HIP AUC, is based on a review of the available literature and a list of clinical scenarios (i.e. criteria) constructed and voted on by experts in orthopaedic surgery and other relevant medical fields. This section describes the methods adapted from the RAND/UCLA Appropriateness Method (RAM)<sup>2</sup>. This section also includes the activities and compositions of the various panels that developed, defined, reviewed, and voted on the criteria.

Two panels participated in the development of the OA HIP AUC (see list on page ii). Members of the writing panel developed a list of 270 patient scenarios, for which nine treatments were evaluated for appropriateness. The voting panel participated in two rounds of voting. During the first round of voting, the voting panel was given approximately two months to independently rate the appropriateness of each the provided treatments for each of the relevant patient scenarios as 'Appropriate', 'May Be Appropriate', or 'Rarely Appropriate' via an electronic ballot. After the first round of appropriateness ratings were submitted, AAOS staff calculated the median ratings for each patient scenario and specific treatment. An in-person voting panel meeting was held in Rosemont, IL on Saturday, September 16<sup>th</sup> of 2017. During this meeting voting panel members addressed the scenarios/treatments which resulted in disagreement (definition of disagreement can be found in Table 3). The voting panel members discussed the list of assumptions, patient indications, and treatments to identify areas that needed to be clarified/edited. After the discussion and subsequent changes, the group was asked to rerate their first-round ratings during the voting panel meeting, only if they were persuaded to do so by the discussion and available evidence. The voting panel determined appropriateness by rating treatments for the various patient scenarios (i.e. criteria) as 'Appropriate', 'May Be Appropriate', or 'Rarely Appropriate'. There was no attempt to obtain consensus about appropriateness.

AAOS Appropriate Use Criteria Section, the AAOS Council on Research and Quality, and the AAOS Board of Directors sequentially approved the OA HIP AUC. AAOS submits this AUC to the National Guidelines Clearinghouse and, in accordance with the National Guidelines Clearinghouse criteria, will update or retire this AUC within five years of the publication date.

### DEVELOPING CRITERIA

Panel members of the OA HIP AUC, who are orthopaedic specialists in treating Hip-related injuries/diseases, developed clinical scenarios using the following guiding principles:

- Patient scenarios must include a broad spectrum of patients that may be eligible for treatment of osteoarthritis of the hip [*comprehensive*]
- Patient indications must classify patients into a unique scenario [*mutually exclusive*]

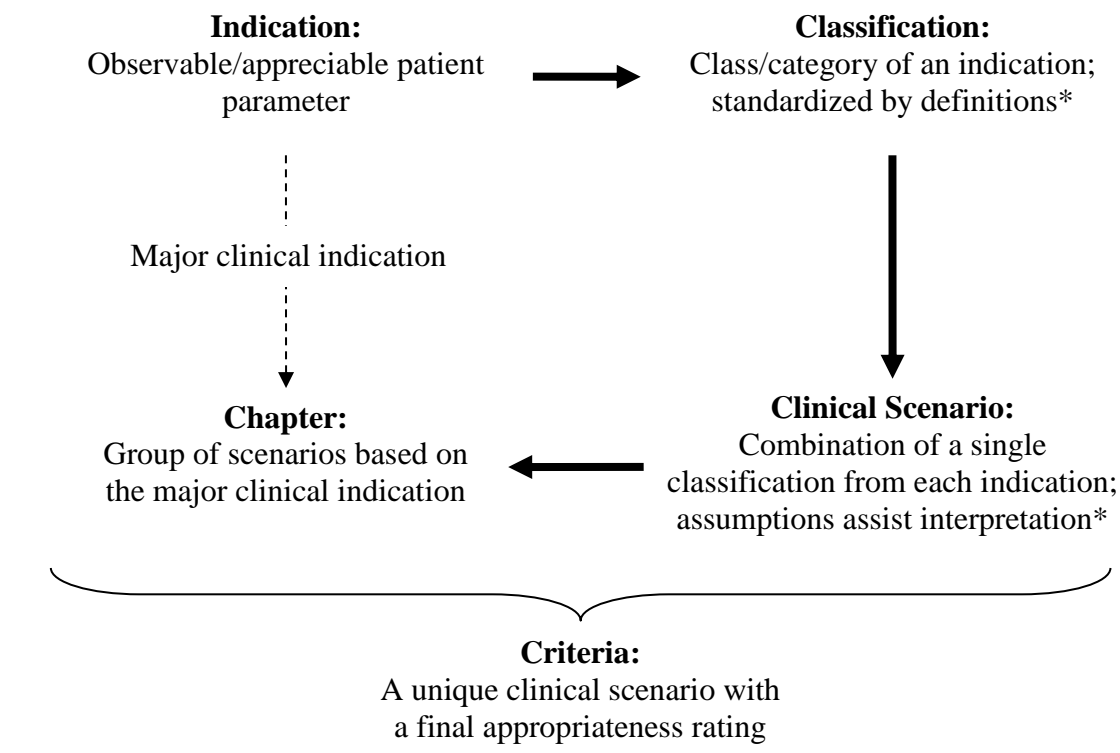
- Patient indications must consistently classify similar patients into the same scenario [*reliable, valid indicators*]

The writing panel developed the scenarios by categorizing patients in terms of indications evident during the clinical decision-making process (Figure 1). These scenarios relied upon definitions and general assumptions, mutually agreed upon by the writing panel during the development of the scenarios. These definitions and assumptions were necessary to provide consistency in the interpretation of the clinical scenarios among experts voting on the scenarios and readers using the final criteria.

## FORMULATING INDICATIONS AND SCENARIOS

The AUC writing panel began the development of the scenarios by identifying clinical indications typical of patients commonly presenting with osteoarthritis of the Hip in clinical practice. Indications are most often parameters observable by the clinician, including symptoms or results of diagnostic tests. Additionally, “human factor” (e.g. activity level) or demographic variables can be considered.

**Figure 1. Developing Criteria**



Indications identified in clinical trials (derived from patient selection criteria) included in AAOS Clinical Practice Guidelines ([www.orthoguidelines.org/OA\\_Hipguideline](http://www.orthoguidelines.org/OA_Hipguideline)) served as a starting point for the writing panel and ensured that these Appropriate Use Criteria referred to the evidence base for the Management of Osteoarthritis of the Hip CPG. The writing panel

considered this initial list and other indications based on their clinical expertise and selected the most clinically relevant indications ([Table 4](#)). The writing panel then defined distinct classes for each indication to stratify/categorize the indication ([Table 4](#)).

The writing panel organized these indications into a matrix of clinical scenarios that addressed all combinations of the classifications. The writing panel was given the opportunity to remove any scenarios that rarely occur in clinical practice, but agreed that all scenarios were clinically relevant. The major clinical decision-making indications chosen by the writing panel divided the matrix of clinical scenarios into chapters, as follows: function-limiting pain, range of motion extension/flexion, functional instability, pattern of arthritic involvement (medial tibiofemoral, lateral tibiofemoral or patellofemoral), imaging (joint space in most involved compartment), limb alignment, mechanical symptoms (compatible with meniscal tear or loose body), and age.

## **CREATING DEFINITIONS AND ASSUMPTIONS**

The OA HIP AUC writing panel constructed concise and explicit definitions for the indications and classifications. This standardization helped ensure the way that the writing panel defined the patient indications was consistent among those reading the clinical scenario matrix or the final criteria. Definitions drew explicit boundaries when possible and were based on standard medical practice or existing literature.

Additionally, the writing panel formulated a list of general assumptions in order to provide more consistent interpretations of a scenario (see [Assumptions of the Writing Panel](#)). These assumptions differed from definitions in that they identified circumstances that exist outside of the control of the clinical decision-making process.

Assumptions also addressed the use of existing published literature regarding the effectiveness of treatment and/or the procedural skill level of physicians. Additionally, assumptions highlighted intrinsic methods described in this document such as the role of cost considerations in rating appropriateness or the validity of the definition of appropriateness. The main goal of assumptions was to focus scenarios so that they apply to the average patient presenting to an average physician at an average facility.<sup>1</sup>

The definitions and assumptions should provide all readers with a common starting point in interpreting the clinical scenarios. This list of definitions and assumptions accompanied the matrix of clinical scenarios in all stages of the development of this AUC and appears in the Assumptions of the Writing Panel section of this document.

## **VOTING PANEL MODIFICATIONS TO WRITING PANEL MATERIALS**

At the start of the in-person voting panel meeting, the voting panel was reminded that they can amend the original writing panel materials if the amendments resulted in more clinically relevant and practical criteria. To amend the original materials, the voting panel members were instructed that a member must make a motion to amend and another member must “second” that motion, after which a vote is conducted. If a majority of voting panel members voted “yes” to amend the original materials, the amendments were accepted.

## LITERATURE REVIEW

The 2017 Clinical Practice Guideline on the Management of Osteoarthritis of the Hip was used as the evidence base for this AUC ([www.orthoguidelines.org/oahipguideline](http://www.orthoguidelines.org/oahipguideline)). This guideline helped to inform the decisions of the writing panel and voting panel where available and necessary.

Direct links to the evidence for the treatments discussed in this AUC can be found below:

- Risk Factor Assessment and Optimization
  - [Risk Assessment Tools](#)
  - [Mental Health Disorder](#)
  - [Obesity Short and Long Term \(Limited Strength\)](#)
  - [Age-Adverse events in THA patients \(Limited Strength\)](#)
  - [Age-Adverse events in THA patients \(Limited Strength\)](#)
  - [Age-Adverse events in THA patients \(Moderate Strength\)](#)
  - [Tobacco Use](#)
- Activity Modification
  - [Obesity Short and Long Term \(Moderate Strength\)](#)
  - [Obesity Short and Long Term \(Limited Strength\)](#)
  - [Risk Assessment Tools \(Moderate Strength\)](#)
  - [Tobacco Use \(Limited Strength\)](#)
- Assistive Devices
  - [Hip Pain and Mobility Deficits – Hip Osteoarthritis](#)<sup>4</sup>
- Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol
  - [Non-narcotic management](#)
- Intraarticular Steroids
  - [Intraarticular corticosteroids: supported](#)
- Physical Therapy (as conservative treatment)
  - [Physical Therapy as a Conservative Treatment](#)
- Arthroplasty
  - [Anesthetic Types](#)
  - [Approach Exposure](#)
  - [Postoperative Physical Therapy](#)
  - [Preoperative Physical Therapy](#)
- Hip preservation surgery
  - [Risk Assessment Tools](#)
- Arthrodesis
  - [Risk Assessment Tools](#)

## **DETERMINING APPROPRIATENESS VOTING PANEL**

A multidisciplinary panel of clinicians was assembled to determine the appropriateness of treatments for the OA HIP AUC. A non-voting moderator, who is an orthopaedic surgeon, but is not a specialist in the treatment of osteoarthritis of the Hip, moderated the voting panel. The moderator was familiar with the methods and procedures of AAOS Appropriate Use Criteria and led the panel (as a non-voter) in discussions. Additionally, no member of the voting panel was involved in the development (writing panel) of the scenarios.

The voting panel used a modified Delphi procedure to determine appropriateness ratings. The voting panel participated in three rounds of voting while considering evidence-based information provided in the literature review. While cost is often a relevant consideration, panelists focused their appropriateness ratings on the effectiveness of treatments for osteoarthritis of the Hip.

## **RATING APPROPRIATENESS**

When rating the appropriateness of a scenario, the voting panel considered the following definition:

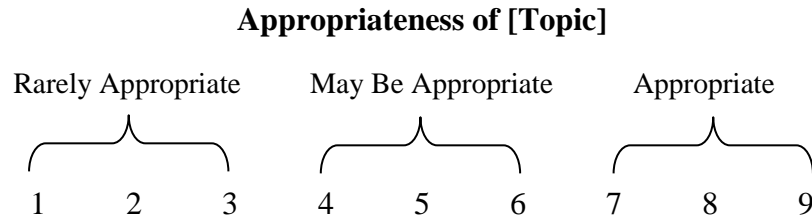
“An appropriate treatment for osteoarthritis of the Hip is one for which the treatment **is** generally acceptable, **is** a reasonable approach for the indication, and **is** likely to improve the patient’s health outcomes or survival.”

They then rated each scenario using their best clinical judgment, taking into consideration the available evidence, for an average patient presenting to an average physician at an average facility as follows:

**Table 1 Interpreting the 9-Point Appropriateness Scale**

<b>Rating</b>	<b>Explanation</b>
7-9	<b>Appropriate:</b> Appropriate for the indication provided, meaning treatment <b>is</b> generally acceptable and <b>is</b> a reasonable approach for the indication and <b>is</b> likely to improve the patient's health outcomes or survival.
4-6	<b>May Be Appropriate:</b> Uncertain for the indication provided, meaning treatment <b>may</b> be acceptable and <b>may</b> be a reasonable approach for the indication, but with uncertainty implying that more research and/or patient information is needed to further classify the indication.
1-3	<b>Rarely Appropriate:</b> <b>Rarely</b> an appropriate option for management of patients in this population due to the lack of a clear benefit/risk advantage; <b>rarely</b> an effective option for individual care plans; exceptions should have documentation of the clinical reasons for proceeding with this care option (i.e. procedure is not generally acceptable and is not generally reasonable for the indication).

Each panelist uses the scale below to record their response for each scenario:



## ROUND ONE VOTING

The first round of voting occurred after completion of the independent review of the scenarios by the review panel and approval of the final indications, scenarios, and assumptions by the writing panel. The voting panel rated the scenarios electronically using a personalized ballot created by AAOS staff using the AAOS AUC Electronic Ballot Tool. There was no interaction between panel members while completing the first round of voting. Panelists considered the following materials:

- The instructions for rating appropriateness
- The completed literature review, that is appropriately referenced when evidence is available for a scenario
- The list of indications, definitions, and assumptions, to ensure consistency in the interpretation of the clinical scenarios



## ROUNDS TWO AND THREE VOTING

The second round of voting occurred during the in-person voting panel meeting on August 5<sup>th</sup>, 2016. Before the in-person meeting started, each panelist received a personalized document that included their first-round ratings along with summarized results of the first-round ratings that resulted in disagreement. These results indicated the frequency of ratings for a scenario for all panelists. The document contained no identifying information for other panelists' ratings. The moderator also used a document that summarized the results of the panelists' first round voting. These personalized documents served as the basis for discussions of scenarios which resulted in disagreement.

During the discussion, the voting panel members were allowed to add or edit the assumptions list, patient indications, and/or treatments if clarification was needed. They were also asked to record a new rating for any scenarios/treatments, only if they were persuaded to do so by the discussion and/or the evidence. There was no attempt to obtain consensus among the panel members.

Upon completion of the second round of voting, AAOS staff and moderators used the AAOS AUC Electronic Ballot Tool to again identify any statistical disagreements. After discussing these again, and at the request of the voting panel, the ballots were opened for a third round of voting. No voter was forced to participate in this round of voting and there was no attempt to obtain consensus among the panel members. After the final ratings were submitted, AAOS staff used the AAOS AUC Electronic Ballot Tool to export the median values and level of agreement for all voting items.

## FINAL RATINGS

Using the median value of the third-round ratings, AAOS staff determined the final levels of appropriateness. Disagreement among raters can affect the final rating. Agreement and disagreement were determined using the BIOMED definitions of Agreement and Disagreement, as reported in the RAND/UCLA Appropriate Method User's Manual <sup>2</sup>, for a panel of 11-13 voting members (see Table 2 below). The 11-13 panel member disagreement cutoff was used for this voting panel. For this panel size, disagreement is defined as when  $\geq 4$  members' appropriateness ratings fell within the appropriate (7-9) and rarely appropriate (1-3) ranges for any scenario (i.e.  $\geq 4$  members' ratings fell between 1-3 and  $\geq 4$  members' ratings fell between 7-9 on any given scenario and its treatment). If there is still disagreement in the voting panel ratings after the last round of voting, that voting item is labeled as "5" regardless of median score. Agreement is defined as  $\leq 3$  panelists rated outside of the 3-point range containing the median.



**Table 2 Defining Agreement and Disagreement for Appropriateness Ratings**

Panel Size	<u>Disagreement</u>	<u>Agreement</u>
	Number of panelists rating in each extreme (1-3 and 7-9)	Number of panelists rating outside the 3-point region containing the median (1-3, 4-6, 7-9)
8,9,10	$\geq 3$	$\leq 2$
<b>11,12,13</b>	$\geq 4$	$\leq 3$
14,15,16	$\geq 5$	$\leq 4$

*Adapted from RAM<sup>1</sup>*

The classifications in the table below determined final levels of appropriateness.

**Table 3 Interpreting Final Ratings of Criteria**

Level of Appropriateness	Description
Appropriate	<ul style="list-style-type: none"> <li>Median panel rating between 7-9 and no disagreement</li> </ul>
May Be Appropriate	<ul style="list-style-type: none"> <li>Median panel rating between 4-6 or</li> <li>Median panel rating 1-9 with disagreement</li> </ul>
Rarely Appropriate	<ul style="list-style-type: none"> <li>Median panel rating between 1-3 and no disagreement</li> </ul>

## REVISION PLANS

These criteria represent a cross-sectional view of current use of treatments for osteoarthritis of the Hip and may become outdated as new evidence becomes available or clinical decision-making indicators are improved. In accordance with the standards of the National Guideline Clearinghouse, AAOS will update or withdraw these criteria in five years. AAOS will issue updates in accordance with new evidence, changing practice, rapidly emerging treatment options, and new technology.

## DISSEMINATING APPROPRIATE USE CRITERIA



All AAOS AUCs can be accessed via a user-friendly app that is available via the OrthoGuidelines website ([www.orthoguidelines.org/auc](http://www.orthoguidelines.org/auc)) or as a native app via the Apple and Google Play stores.

Publication of the Appropriate Use Criteria (AUC) document is on the AAOS website at [<http://www.aaos.org/auc>]. This document provides interested readers with full documentation about the development of Appropriate Use Criteria and further details of the criteria ratings.

AUCs are first announced by an Academy press release and then published on the AAOS website. AUC summaries are published in the *AAOS Now* and the Journal of the American Academy of Orthopaedic Surgeons (JAAOS). In addition, the Academy's Annual Meeting showcases the AUCs on Academy Row and at Scientific Exhibits.

The dissemination efforts of AUC include web-based mobile applications, webinars, and online modules for the Orthopaedic Knowledge Online website, radio media tours, and media briefings. In addition, AUCs are also promoted in relevant Continuing Medical Education (CME) courses and distributed at the AAOS Resource Center.

Other dissemination efforts outside of the AAOS include submitting AUCs to the National Guideline Clearinghouse and to other medical specialty societies' meetings.

### III. PATIENT INDICATIONS AND TREATMENTS

#### INDICATIONS

**Table 4 Patient Indications and Classifications**

<b>Indication</b>	<b>Classification(s)</b>
<b>Age</b>	<ul style="list-style-type: none"><li>• Young (Approximately &lt;40)</li><li>• Middle-Aged (Approximately 40-65)</li><li>• Elderly (Approximately &gt;65)</li></ul>
<b>Function-Limiting Pain</b>	<ul style="list-style-type: none"><li>• Function-Limiting Pain at Moderate to Long Distances</li><li>• Function-Limiting Pain at Short Distances</li><li>• Pain at Rest or Night</li></ul>
<b>Radiographic Evaluation</b>	<ul style="list-style-type: none"><li>• Minimal OA</li><li>• Minimal OA with acetabular dysplasia</li><li>• Minimal OA with FAI</li><li>• Moderate OA</li><li>• Severe OA</li></ul>
<b>Range of Motion Limitation</b>	<ul style="list-style-type: none"><li>• Minimal</li><li>• Moderate</li><li>• Severe</li></ul>
<b>Risk of Patient for Negative Outcome</b>	<ul style="list-style-type: none"><li>• Modifiable risk factors present</li><li>• No modifiable risk factors present</li></ul>

## **TREATMENTS**





### **Treatments Addressed Within This AUC**


1. Risk Factor Assessment and Optimization
2. Activity Modification
3. Assistive Devices
4. Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol
5. Intraarticular Steroids
6. Physical Therapy (as conservative treatment)
7. Arthroplasty
8. Hip preservation surgery
9. Arthrodesis


## IV. RESULTS OF APPROPRIATENESS RATINGS

For a user-friendly version of these appropriate use criteria, please access our AUC web-based application at [www.orthoguidelines.org/auc](http://www.orthoguidelines.org/auc). The OrthoGuidelines native app can also be downloaded via the Apple or Google Play stores.

### Web-Based AUC Application Screenshot

Indication Profile	Procedure Recommendations
<b>Age</b>  <input type="radio"/> Young (Approximately < 40) <input checked="" type="radio"/> Middle-Aged (Approximately 40-65) <input type="radio"/> Elderly (Approximately > 65)	<input checked="" type="checkbox"/> Risk Factor Assessment and Optimization <span>+</span> 9
<b>Function Limiting Pain</b> <input type="radio"/> Function-Limiting Pain at Moderate to Long Distances <input checked="" type="radio"/> Function-Limiting Pain at Short Distances <input type="radio"/> Pain at Rest or Night	<input checked="" type="checkbox"/> Activity Modification <span>+</span> 9
<b>Radiographic Evaluation</b> <input type="radio"/> Minimal OA <input type="radio"/> Minimal OA with acetabular dysplasia <input checked="" type="radio"/> Minimal OA with FAI <input type="radio"/> Moderate OA <input type="radio"/> Severe OA	<input checked="" type="checkbox"/> Assistive Devices <span>+</span> 9
<b>Range of Motion Limitation</b> <input type="radio"/> Minimal Range of Motion Limitation <input checked="" type="radio"/> Moderate Range of Motion Limitation <input type="radio"/> Severe Range of Motion Limitation	<input checked="" type="checkbox"/> Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol <span>+</span> 9
<b>Risk of Patient for Negative Outcome</b> <input type="radio"/> Modifiable risk factors present <input checked="" type="radio"/> No modifiable risk factors present	<input checked="" type="checkbox"/> Intraarticular Steroids <span>+</span> 7
	<input checked="" type="checkbox"/> Physical Therapy (as conservative treatment) <span>+</span> 9
	 Hip preservation surgery 6
	 Arthroplasty 3
	 Arthrodesis <span>+</span> 1



E-mail Results    Print    

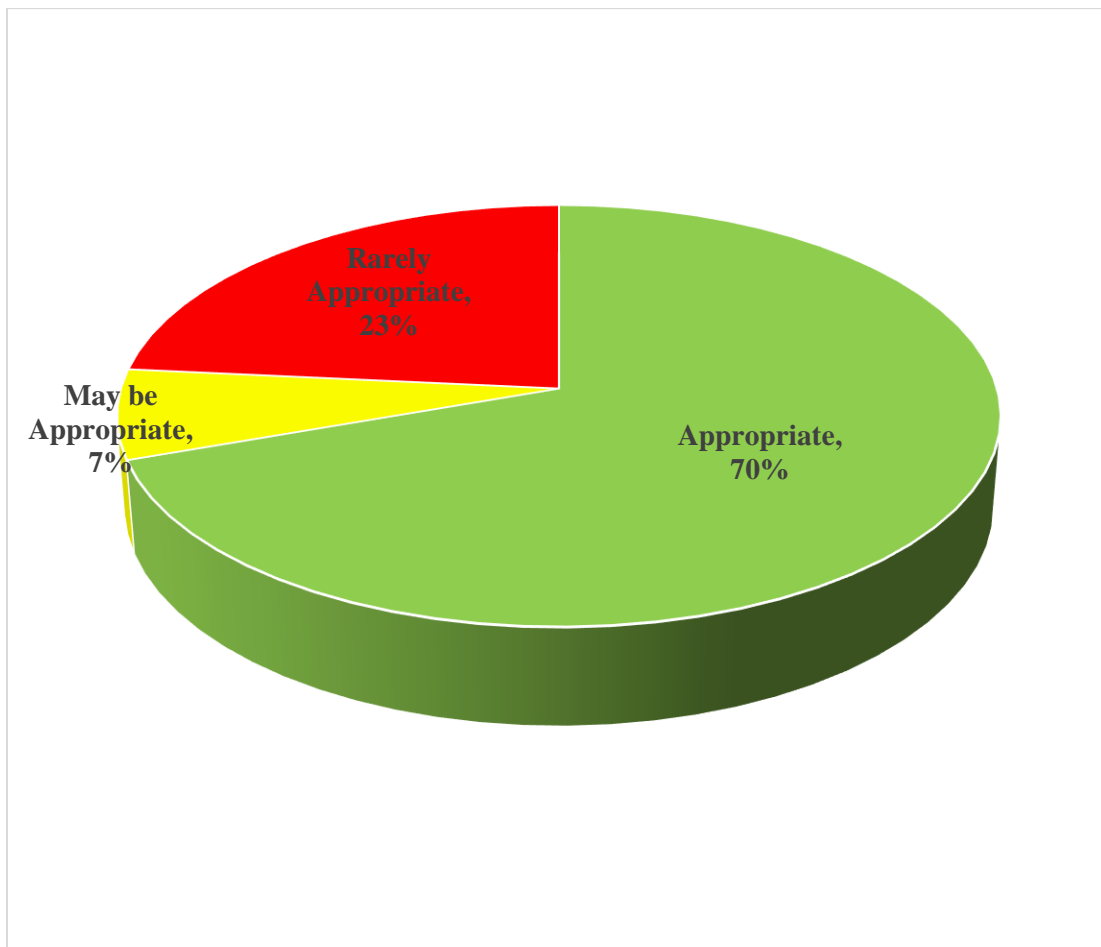
[Click Here to Access the AUC App!](#)

## **Results**

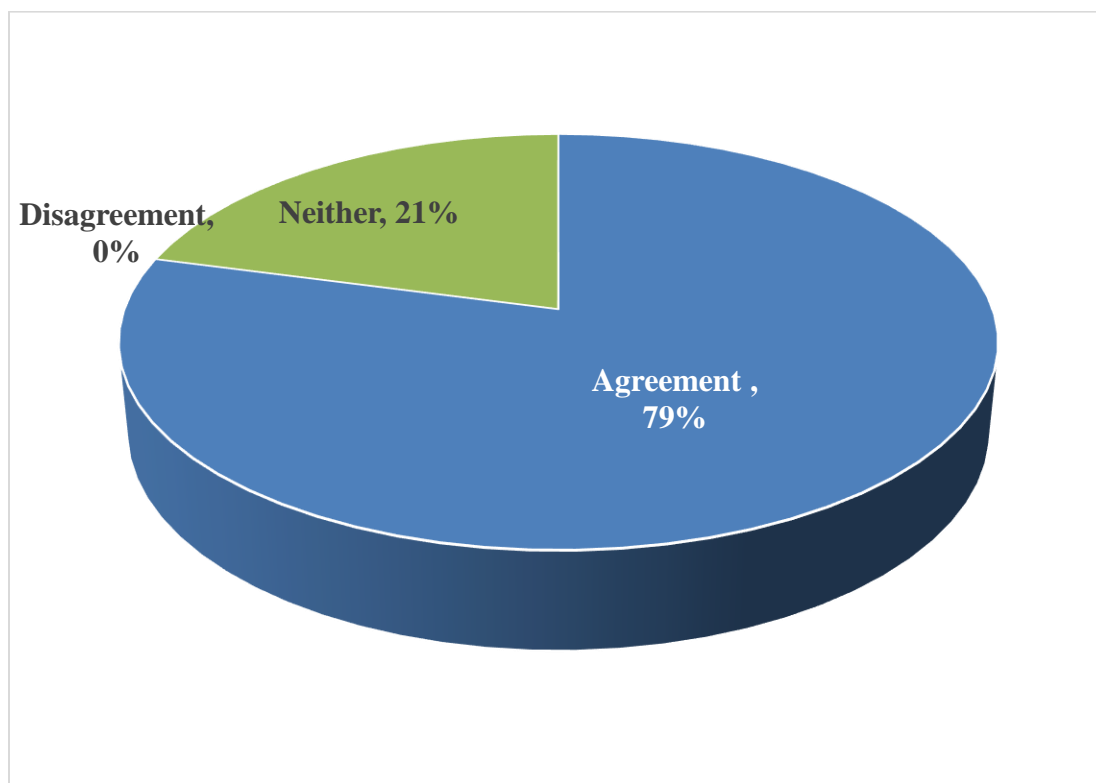
The following Appropriate Use Criteria tables contain the final appropriateness ratings assigned by the members of the voting panel. Patient characteristics are found under the column titled “Scenario”. The Appropriate Use Criteria for each patient scenario can be found within each of the treatment rows. These criteria are formatted by appropriateness, median rating, and + or - indicating agreement or disagreement amongst the voting panel, respectively.

Out of 2430 total voting items (i.e. 270 patient scenarios x 9 treatments), 1692 (70%) voting items were rated as “Appropriate”, 167 (7%) voting items were rated as “May Be Appropriate”, and 571 (23%) voting items were rated as “Rarely Appropriate” (Figure 1). Additionally, the voting panel members were in statistical agreement on 1923 (79%) voting items and were in statistical disagreement on 507 voting items (Figure 2).

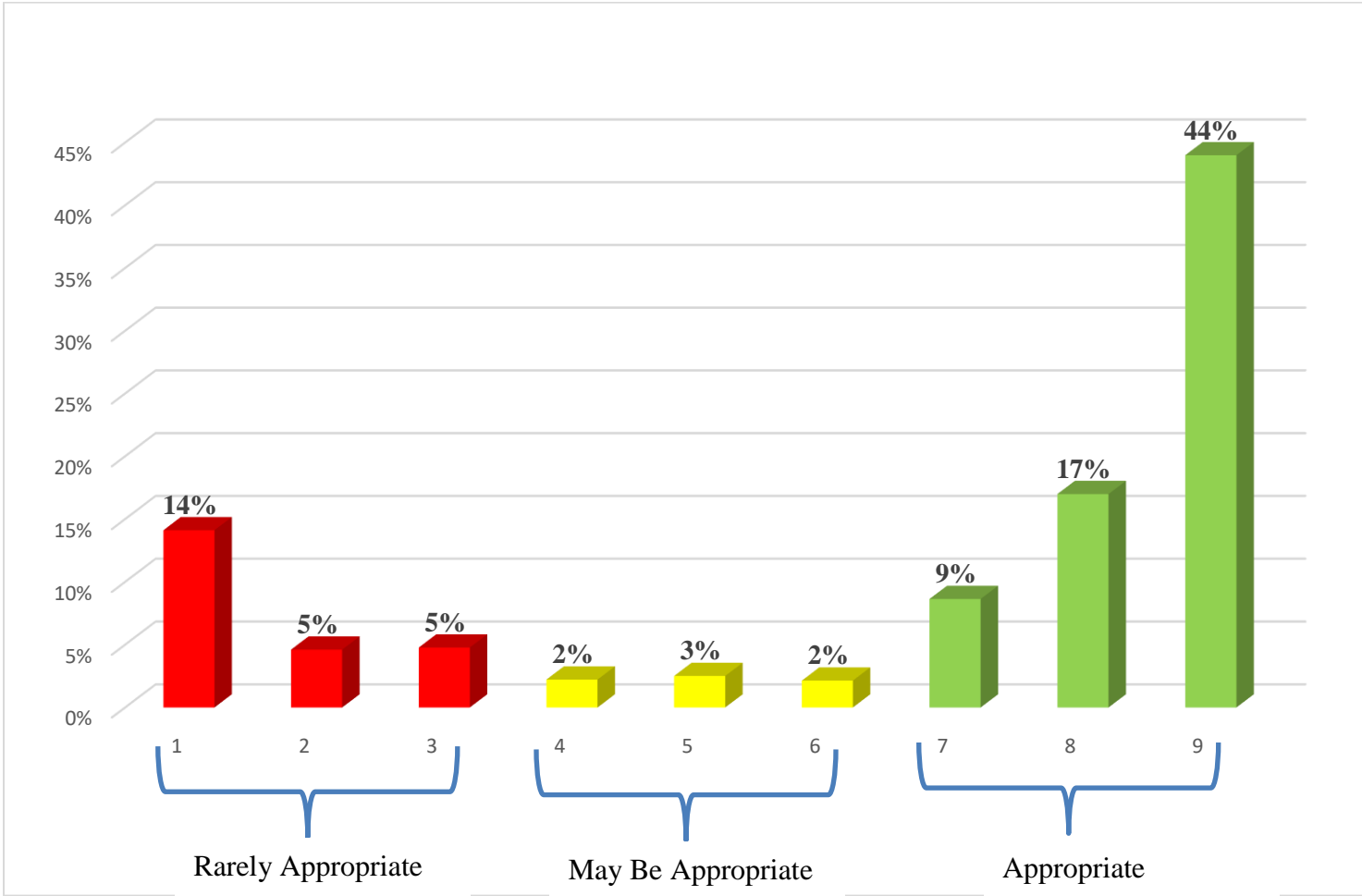
**Figure 1. Breakdown of Appropriateness Ratings**



**Figure 2. Breakdown of Agreement amongst Voting Panel**

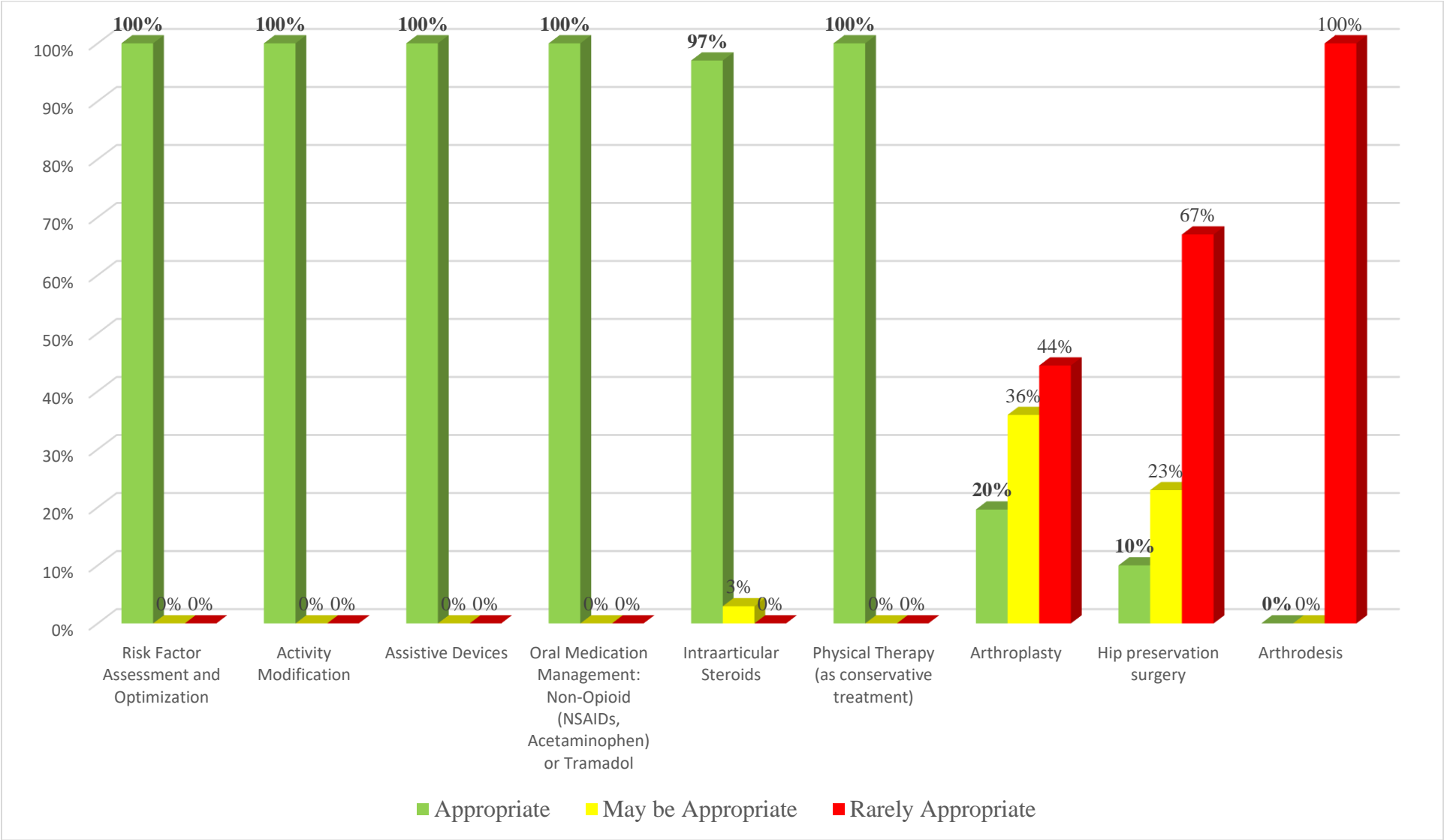


**Figure 3. Distribution of Appropriateness Ratings on 9-Point Rating Scale**





**Figure 4. Within Treatment Appropriateness Ratings**



## APPROPRIATE USE CRITERIA FOR THE MANAGEMENT OF OSTEOARTHRITIS OF THE HIP

### Interpreting the AUC tables:

- A plus symbol (+) indicates agreement between voting panel members and a minus symbol (-) indicates disagreement between voting panel members

Scenario 1:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Moderate to Long Distances, Minimal OA, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	7	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	8	+
	Intraarticular Steroids	May Be Appropriate	5	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	1	+
	Hip preservation surgery	Rarely Appropriate	3	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 2:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Moderate to Long Distances, Minimal OA, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	8	
	Activity Modification	Appropriate	8	+
	Assistive Devices	Appropriate	7	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	8	+
	Intraarticular Steroids	May Be Appropriate	6	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	1	+
	Hip preservation surgery	Rarely Appropriate	3	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 3:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Moderate to Long Distances, Minimal OA, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	7	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	1	+
	Hip preservation surgery	May Be Appropriate	4	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 4:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Moderate to Long Distances, Minimal OA, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	8	+
	Activity Modification	Appropriate	8	+
	Assistive Devices	Appropriate	7	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	May Be Appropriate	6	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	1	+
	Hip preservation surgery	May Be Appropriate	4	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 5:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Moderate to Long Distances, Minimal OA, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	7	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	8	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	May Be Appropriate	5	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 6:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Moderate to Long Distances, Minimal OA, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	8	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	7	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	1	+
	Hip preservation surgery	May Be Appropriate	5	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 7:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with acetabular dysplasia, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	7	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	May Be Appropriate	5	
	Physical Therapy (as conservative treatment)	Appropriate	8	
	Arthroplasty	Rarely Appropriate	1	+
	Hip preservation surgery	Appropriate	7	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 8:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with acetabular dysplasia, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	8	+
	Activity Modification	Appropriate	8	+
	Assistive Devices	Appropriate	7	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	8	+
	Intraarticular Steroids	May Be Appropriate	6	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	1	+
	Hip preservation surgery	Appropriate	8	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 9:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with acetabular dysplasia, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	7	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	8	+
	Intraarticular Steroids	May Be Appropriate	6	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	Appropriate	7	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 10:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with acetabular dysplasia, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	8	+
	Activity Modification	Appropriate	8	+
	Assistive Devices	Appropriate	7	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	8	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	1	+
	Hip preservation surgery	Appropriate	7	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 11:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with acetabular dysplasia, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	7	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	May Be Appropriate	6	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 12:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with acetabular dysplasia, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	8	+
	Activity Modification	Appropriate	8	+
	Assistive Devices	Appropriate	7	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	8	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	Appropriate	7	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 13:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with FAI, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	8	+
	Intraarticular Steroids	May Be Appropriate	5	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	1	+
	Hip preservation surgery	May Be Appropriate	6	
	Arthrodesis	Rarely Appropriate	1	+



Scenario 14:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with FAI, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	8	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	7	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	8	+
	Intraarticular Steroids	May Be Appropriate	6	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	Appropriate	7	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 15:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with FAI, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	8	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	Appropriate	7	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 16:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with FAI, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	8	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	7	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	8	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	Appropriate	7	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 17:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with FAI, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	8	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	Appropriate	7	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 18:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with FAI, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	8	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	7	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	8	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	Appropriate	7	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 19:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Moderate to Long Distances, Moderate OA, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	7	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	Rarely Appropriate	3	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 20:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Moderate to Long Distances, Moderate OA, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	Rarely Appropriate	3	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 21:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Moderate to Long Distances, Moderate OA, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	Rarely Appropriate	3	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 22:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Moderate to Long Distances, Moderate OA, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	Rarely Appropriate	3	
	Arthrodesis	Rarely Appropriate	2	+
Scenario 23:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Moderate to Long Distances, Moderate OA, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	Rarely Appropriate	3	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 24:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Moderate to Long Distances, Moderate OA, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	Rarely Appropriate	3	
	Arthrodesis	Rarely Appropriate	2	+
Scenario 25:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Moderate to Long Distances, Severe OA, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	3	+
	Hip preservation surgery	Rarely Appropriate	2	+
	Arthrodesis	Rarely Appropriate	2	+

Scenario 26:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Moderate to Long Distances, Severe OA, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	6	
	Hip preservation surgery	Rarely Appropriate	2	+
	Arthrodesis	Rarely Appropriate	2	+
Scenario 27:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Moderate to Long Distances, Severe OA, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	6	
	Hip preservation surgery	Rarely Appropriate	2	+
	Arthrodesis	Rarely Appropriate	2	+

Scenario 28:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Moderate to Long Distances, Severe OA, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	6	
	Hip preservation surgery	Rarely Appropriate	2	+
	Arthrodesis	Rarely Appropriate	2	+
Scenario 29:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Moderate to Long Distances, Severe OA, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	6	
	Hip preservation surgery	Rarely Appropriate	2	+
	Arthrodesis	Rarely Appropriate	2	+



Scenario 30:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Moderate to Long Distances, Severe OA, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	6	
	Hip preservation surgery	Rarely Appropriate	3	+
	Arthrodesis	Rarely Appropriate	2	
Scenario 31:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Short Distances, Minimal OA, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	7	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	May Be Appropriate	5	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 32:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Short Distances, Minimal OA, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	8	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	7	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	8	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	May Be Appropriate	5	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 33:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Short Distances, Minimal OA, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	8	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	May Be Appropriate	5	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 34:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Short Distances, Minimal OA, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	8	+
	Activity Modification	Appropriate	8	+
	Assistive Devices	Appropriate	7	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	May Be Appropriate	6	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 35:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Short Distances, Minimal OA, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	8	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	May Be Appropriate	4	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 36:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Short Distances, Minimal OA, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	8	+
	Activity Modification	Appropriate	8	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	+
	Hip preservation surgery	May Be Appropriate	5	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 37:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Short Distances, Minimal OA with acetabular dysplasia, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	8	+
	Assistive Devices	Appropriate	8	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	1	+
	Hip preservation surgery	Appropriate	7	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 38:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Short Distances, Minimal OA with acetabular dysplasia, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	8	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	Appropriate	7	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 39:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Short Distances, Minimal OA with acetabular dysplasia, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	8	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	Appropriate	7	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 40:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Short Distances, Minimal OA with acetabular dysplasia, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	8	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	Appropriate	7	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 41:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Short Distances, Minimal OA with acetabular dysplasia, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	
	Physical Therapy (as conservative treatment)	Appropriate	9	
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	May Be Appropriate	6	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 42:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Short Distances, Minimal OA with acetabular dysplasia, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	8	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	Appropriate	7	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 43:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Short Distances, Minimal OA with FAI, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	May Be Appropriate	6	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 44:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Short Distances, Minimal OA with FAI, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	8	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	Appropriate	7	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 45:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Short Distances, Minimal OA with FAI, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	Appropriate	7	
	Arthrodesis	Rarely Appropriate	1	+



Scenario 46:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Short Distances, Minimal OA with FAI, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	8	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	Appropriate	7	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 47:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Short Distances, Minimal OA with FAI, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	Appropriate	7	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 48:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Short Distances, Minimal OA with FAI, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	8	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	Appropriate	7	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 49:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Short Distances, Moderate OA, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	Rarely Appropriate	3	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 50:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Short Distances, Moderate OA, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	Rarely Appropriate	3	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 51:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Short Distances, Moderate OA, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	Rarely Appropriate	2	+
	Arthrodesis	Rarely Appropriate	2	+

Scenario 52:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Short Distances, Moderate OA, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	Rarely Appropriate	2	+
	Arthrodesis	Rarely Appropriate	2	+
Scenario 53:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Short Distances, Moderate OA, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	Rarely Appropriate	2	+
	Arthrodesis	Rarely Appropriate	2	+

Scenario 54:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Short Distances, Moderate OA, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	Rarely Appropriate	2	+
	Arthrodesis	Rarely Appropriate	2	+
Scenario 55:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Short Distances, Severe OA, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	May Be Appropriate	6	
	Hip preservation surgery	Rarely Appropriate	2	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 56:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Short Distances, Severe OA, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	7	
	Hip preservation surgery	Rarely Appropriate	2	+
	Arthrodesis	Rarely Appropriate	2	+
Scenario 57:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Short Distances, Severe OA, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	6	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	2	+

Scenario 58:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Short Distances, Severe OA, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Appropriate	7	+
	Hip preservation surgery	Rarely Appropriate	2	+
	Arthrodesis	Rarely Appropriate	2	+
Scenario 59:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Short Distances, Severe OA, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	6	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	2	+

Scenario 60:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Function-Limiting Pain at Short Distances, Severe OA, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Appropriate	7	
	Hip preservation surgery	Rarely Appropriate	2	+
	Arthrodesis	Rarely Appropriate	2	+
Scenario 61:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Pain at Rest or Night, Minimal OA, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	7	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	1	+
	Hip preservation surgery	Rarely Appropriate	3	
	Arthrodesis	Rarely Appropriate	1	+



Scenario 62:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Pain at Rest or Night, Minimal OA, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	8	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	7	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	1	+
	Hip preservation surgery	Rarely Appropriate	3	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 63:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Pain at Rest or Night, Minimal OA, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	May Be Appropriate	4	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 64:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Pain at Rest or Night, Minimal OA, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	8	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	7	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	May Be Appropriate	5	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 65:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Pain at Rest or Night, Minimal OA, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	May Be Appropriate	4	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 66:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Pain at Rest or Night, Minimal OA, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	8	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	7	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	+
	Hip preservation surgery	May Be Appropriate	4	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 67:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Pain at Rest or Night, Minimal OA with acetabular dysplasia, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	1	+
	Hip preservation surgery	May Be Appropriate	6	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 68:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Pain at Rest or Night, Minimal OA with acetabular dysplasia, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	Appropriate	7	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 69:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Pain at Rest or Night, Minimal OA with acetabular dysplasia, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	May Be Appropriate	6	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 70:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Pain at Rest or Night, Minimal OA with acetabular dysplasia, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	1	+
	Hip preservation surgery	Appropriate	7	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 71:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Pain at Rest or Night, Minimal OA with acetabular dysplasia, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	May Be Appropriate	6	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 72:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Pain at Rest or Night, Minimal OA with acetabular dysplasia, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	8	
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	Appropriate	7	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 73:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Pain at Rest or Night, Minimal OA with FAI, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	1	+
	Hip preservation surgery	Appropriate	7	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 74:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Pain at Rest or Night, Minimal OA with FAI, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	8	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	1	+
	Hip preservation surgery	Appropriate	7	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 75:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Pain at Rest or Night, Minimal OA with FAI, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	1	+
	Hip preservation surgery	May Be Appropriate	6	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 76:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Pain at Rest or Night, Minimal OA with FAI, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	8	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	1	+
	Hip preservation surgery	Appropriate	7	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 77:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Pain at Rest or Night, Minimal OA with FAI, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	May Be Appropriate	5	
	Arthrodesis	Rarely Appropriate	1	+



Scenario 78:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Pain at Rest or Night, Minimal OA with FAI, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	Appropriate	7	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 79:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Pain at Rest or Night, Moderate OA, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	Rarely Appropriate	3	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 80:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Pain at Rest or Night, Moderate OA, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	Rarely Appropriate	2	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 81:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Pain at Rest or Night, Moderate OA, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	Rarely Appropriate	3	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 82:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Pain at Rest or Night, Moderate OA, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	Rarely Appropriate	2	
	Arthrodesis	Rarely Appropriate	2	+
Scenario 83:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Pain at Rest or Night, Moderate OA, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	Rarely Appropriate	3	
	Arthrodesis	Rarely Appropriate	2	+

Scenario 84:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Pain at Rest or Night, Moderate OA, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	May Be Appropriate	6	+
	Hip preservation surgery	Rarely Appropriate	2	
	Arthrodesis	Rarely Appropriate	2	+
Scenario 85:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Pain at Rest or Night, Severe OA, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	May Be Appropriate	6	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	2	

Scenario 86:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Pain at Rest or Night, Severe OA, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	7	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	
Scenario 87:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Pain at Rest or Night, Severe OA, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	May Be Appropriate	6	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	2	

Scenario 88:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Pain at Rest or Night, Severe OA, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Appropriate	7	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	2	
Scenario 89:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Pain at Rest or Night, Severe OA, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	6	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	2	

Scenario 90:	Treatment	Appropriateness	Median Rating	Agreement
Young (Approximately < 40), Pain at Rest or Night, Severe OA, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	9	+
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Appropriate	7	+
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	2	
Scenario 91:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	+
	Hip preservation surgery	Rarely Appropriate	2	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 92:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	+
	Hip preservation surgery	Rarely Appropriate	2	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 93:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	+
	Hip preservation surgery	Rarely Appropriate	2	
	Arthrodesis	Rarely Appropriate	1	+



Scenario 94:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	+
	Hip preservation surgery	Rarely Appropriate	2	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 95:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	Rarely Appropriate	2	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 96:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	Rarely Appropriate	2	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 97:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with acetabular dysplasia, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	3	+
	Hip preservation surgery	May Be Appropriate	4	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 98:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with acetabular dysplasia, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	3	+
	Hip preservation surgery	May Be Appropriate	4	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 99:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with acetabular dysplasia, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	May Be Appropriate	4	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 100:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with acetabular dysplasia, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	3	+
	Hip preservation surgery	May Be Appropriate	4	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 101:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with acetabular dysplasia, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	May Be Appropriate	4	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 102:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with acetabular dysplasia, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	May Be Appropriate	4	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 103:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with FAI, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	3	+
	Hip preservation surgery	May Be Appropriate	5	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 104:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with FAI, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	+
	Hip preservation surgery	May Be Appropriate	4	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 105:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with FAI, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	3	+
	Hip preservation surgery	May Be Appropriate	5	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 106:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with FAI, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	+
	Hip preservation surgery	May Be Appropriate	4	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 107:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with FAI, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	+
	Hip preservation surgery	May Be Appropriate	4	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 108:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with FAI, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	+
	Hip preservation surgery	May Be Appropriate	4	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 109:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Moderate to Long Distances, Moderate OA, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	Rarely Appropriate	2	+
	Arthrodesis	Rarely Appropriate	1	+



Scenario 110:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Moderate to Long Distances, Moderate OA, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	Rarely Appropriate	2	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 111:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Moderate to Long Distances, Moderate OA, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	Rarely Appropriate	2	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 112:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Moderate to Long Distances, Moderate OA, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	May Be Appropriate	6	
	Hip preservation surgery	Rarely Appropriate	2	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 113:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Moderate to Long Distances, Moderate OA, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	Rarely Appropriate	2	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 114:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Moderate to Long Distances, Moderate OA, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	6	
	Hip preservation surgery	Rarely Appropriate	2	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 115:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Moderate to Long Distances, Severe OA, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	May Be Appropriate	6	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 116:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Moderate to Long Distances, Severe OA, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	7	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 117:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Moderate to Long Distances, Severe OA, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	7	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 118:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Moderate to Long Distances, Severe OA, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	7	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 119:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Moderate to Long Distances, Severe OA, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	
	Arthroplasty	Appropriate	7	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 120:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Moderate to Long Distances, Severe OA, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	8	
	Arthroplasty	Appropriate	7	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 121:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Short Distances, Minimal OA, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	+
	Hip preservation surgery	Rarely Appropriate	3	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 122:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Short Distances, Minimal OA, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	Rarely Appropriate	3	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 123:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Short Distances, Minimal OA, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	+
	Hip preservation surgery	Rarely Appropriate	3	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 124:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Short Distances, Minimal OA, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	+
	Hip preservation surgery	Rarely Appropriate	3	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 125:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Short Distances, Minimal OA, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	Rarely Appropriate	3	
	Arthrodesis	Rarely Appropriate	1	+



Scenario 126:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Short Distances, Minimal OA, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	Rarely Appropriate	3	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 127:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Short Distances, Minimal OA with acetabular dysplasia, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	May Be Appropriate	5	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 128:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Short Distances, Minimal OA with acetabular dysplasia, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	May Be Appropriate	5	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 129:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Short Distances, Minimal OA with acetabular dysplasia, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	May Be Appropriate	5	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 130:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Short Distances, Minimal OA with acetabular dysplasia, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	May Be Appropriate	5	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 131:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Short Distances, Minimal OA with acetabular dysplasia, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	May Be Appropriate	5	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 132:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Short Distances, Minimal OA with acetabular dysplasia, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	May Be Appropriate	5	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 133:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Short Distances, Minimal OA with FAI, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	May Be Appropriate	5	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 134:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Short Distances, Minimal OA with FAI, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	May Be Appropriate	6	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 135:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Short Distances, Minimal OA with FAI, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	May Be Appropriate	5	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 136:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Short Distances, Minimal OA with FAI, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	May Be Appropriate	6	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 137:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Short Distances, Minimal OA with FAI, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	May Be Appropriate	5	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 138:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Short Distances, Minimal OA with FAI, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	May Be Appropriate	5	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 139:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Short Distances, Moderate OA, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	May Be Appropriate	6	
	Hip preservation surgery	Rarely Appropriate	2	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 140:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Short Distances, Moderate OA, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	6	
	Hip preservation surgery	Rarely Appropriate	3	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 141:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Short Distances, Moderate OA, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	6	
	Hip preservation surgery	Rarely Appropriate	2	+
	Arthrodesis	Rarely Appropriate	1	+



Scenario 142:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Short Distances, Moderate OA, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	6	
	Hip preservation surgery	Rarely Appropriate	2	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 143:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Short Distances, Moderate OA, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	6	
	Hip preservation surgery	Rarely Appropriate	2	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 144:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Short Distances, Moderate OA, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	
	Arthroplasty	May Be Appropriate	6	
	Hip preservation surgery	Rarely Appropriate	2	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 145:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Short Distances, Severe OA, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	7	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 146:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Short Distances, Severe OA, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	8	+
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 147:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Short Distances, Severe OA, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	7	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 148:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Short Distances, Severe OA, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	8	+
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 149:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Short Distances, Severe OA, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	7	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 150:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Function-Limiting Pain at Short Distances, Severe OA, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	8	
	Arthroplasty	Appropriate	8	+
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 151:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Pain at Rest or Night, Minimal OA, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	2	+
	Hip preservation surgery	Rarely Appropriate	2	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 152:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Pain at Rest or Night, Minimal OA, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	+
	Hip preservation surgery	Rarely Appropriate	2	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 153:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Pain at Rest or Night, Minimal OA, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	+
	Hip preservation surgery	Rarely Appropriate	2	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 154:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Pain at Rest or Night, Minimal OA, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	Rarely Appropriate	2	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 155:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Pain at Rest or Night, Minimal OA, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	Rarely Appropriate	2	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 156:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Pain at Rest or Night, Minimal OA, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	Rarely Appropriate	2	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 157:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Pain at Rest or Night, Minimal OA with acetabular dysplasia, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	May Be Appropriate	6	
	Arthrodesis	Rarely Appropriate	1	+



Scenario 158:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Pain at Rest or Night, Minimal OA with acetabular dysplasia, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	May Be Appropriate	6	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 159:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Pain at Rest or Night, Minimal OA with acetabular dysplasia, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	May Be Appropriate	6	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 160:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Pain at Rest or Night, Minimal OA with acetabular dysplasia, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	May Be Appropriate	6	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 161:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Pain at Rest or Night, Minimal OA with acetabular dysplasia, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	9	
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	May Be Appropriate	5	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 162:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Pain at Rest or Night, Minimal OA with acetabular dysplasia, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	9	
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	May Be Appropriate	5	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 163:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Pain at Rest or Night, Minimal OA with FAI, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	May Be Appropriate	6	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 164:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Pain at Rest or Night, Minimal OA with FAI, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	May Be Appropriate	6	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 165:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Pain at Rest or Night, Minimal OA with FAI, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	+
	Hip preservation surgery	May Be Appropriate	5	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 166:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Pain at Rest or Night, Minimal OA with FAI, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	May Be Appropriate	6	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 167:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Pain at Rest or Night, Minimal OA with FAI, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	9	
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	May Be Appropriate	5	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 168:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Pain at Rest or Night, Minimal OA with FAI, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	8	
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	May Be Appropriate	5	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 169:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Pain at Rest or Night, Moderate OA, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	Rarely Appropriate	2	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 170:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Pain at Rest or Night, Moderate OA, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	6	
	Hip preservation surgery	Rarely Appropriate	2	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 171:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Pain at Rest or Night, Moderate OA, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	6	
	Hip preservation surgery	Rarely Appropriate	2	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 172:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Pain at Rest or Night, Moderate OA, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	7	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 173:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Pain at Rest or Night, Moderate OA, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	6	
	Hip preservation surgery	Rarely Appropriate	2	+
	Arthrodesis	Rarely Appropriate	1	+



Scenario 174:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Pain at Rest or Night, Moderate OA, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	
	Arthroplasty	Appropriate	7	
	Hip preservation surgery	Rarely Appropriate	2	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 175:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Pain at Rest or Night, Severe OA, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	7	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 176:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Pain at Rest or Night, Severe OA, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	8	+
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 177:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Pain at Rest or Night, Severe OA, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	8	+
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 178:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Pain at Rest or Night, Severe OA, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	8	+
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 179:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Pain at Rest or Night, Severe OA, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	8	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 180:	Treatment	Appropriateness	Median Rating	Agreement
Middle-Aged (Approximately 40-65), Pain at Rest or Night, Severe OA, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Appropriate	8	+
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 181:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	8	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 182:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	7	
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 183:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 184:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 185:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 186:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 187:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with acetabular dysplasia, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	Rarely Appropriate	3	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 188:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with acetabular dysplasia, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	Rarely Appropriate	3	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 189:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with acetabular dysplasia, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	Rarely Appropriate	3	+
	Arthrodesis	Rarely Appropriate	1	+



Scenario 190:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with acetabular dysplasia, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	Rarely Appropriate	3	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 191:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with acetabular dysplasia, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	Rarely Appropriate	3	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 192:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with acetabular dysplasia, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	Rarely Appropriate	3	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 193:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with FAI, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	Rarely Appropriate	2	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 194:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with FAI, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	Rarely Appropriate	3	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 195:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with FAI, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	Rarely Appropriate	3	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 196:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with FAI, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	Rarely Appropriate	2	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 197:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with FAI, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	Rarely Appropriate	2	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 198:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Moderate to Long Distances, Minimal OA with FAI, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	Rarely Appropriate	2	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 199:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Moderate to Long Distances, Moderate OA, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	Rarely Appropriate	2	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 200:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Moderate to Long Distances, Moderate OA, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 201:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Moderate to Long Distances, Moderate OA, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 202:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Moderate to Long Distances, Moderate OA, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 203:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Moderate to Long Distances, Moderate OA, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 204:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Moderate to Long Distances, Moderate OA, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	May Be Appropriate	6	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 205:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Moderate to Long Distances, Severe OA, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Appropriate	7	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+



Scenario 206:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Moderate to Long Distances, Severe OA, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	7	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 207:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Moderate to Long Distances, Severe OA, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Appropriate	7	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 208:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Moderate to Long Distances, Severe OA, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Appropriate	7	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 209:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Moderate to Long Distances, Severe OA, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Appropriate	7	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 210:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Moderate to Long Distances, Severe OA, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	8	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	7	+
	Arthroplasty	Appropriate	7	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 211:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Short Distances, Minimal OA, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 212:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Short Distances, Minimal OA, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 213:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Short Distances, Minimal OA, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 214:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Short Distances, Minimal OA, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 215:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Short Distances, Minimal OA, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 216:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Short Distances, Minimal OA, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 217:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Short Distances, Minimal OA with acetabular dysplasia, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	Rarely Appropriate	3	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 218:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Short Distances, Minimal OA with acetabular dysplasia, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	Rarely Appropriate	3	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 219:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Short Distances, Minimal OA with acetabular dysplasia, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	Rarely Appropriate	3	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 220:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Short Distances, Minimal OA with acetabular dysplasia, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	Rarely Appropriate	3	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 221:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Short Distances, Minimal OA with acetabular dysplasia, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	Rarely Appropriate	2	+
	Arthrodesis	Rarely Appropriate	1	+



Scenario 222:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Short Distances, Minimal OA with acetabular dysplasia, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	Rarely Appropriate	2	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 223:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Short Distances, Minimal OA with FAI, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	Rarely Appropriate	2	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 224:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Short Distances, Minimal OA with FAI, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	Rarely Appropriate	3	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 225:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Short Distances, Minimal OA with FAI, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	Rarely Appropriate	3	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 226:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Short Distances, Minimal OA with FAI, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	Rarely Appropriate	3	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 227:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Short Distances, Minimal OA with FAI, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	Rarely Appropriate	3	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 228:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Short Distances, Minimal OA with FAI, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	Rarely Appropriate	3	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 229:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Short Distances, Moderate OA, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	6	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 230:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Short Distances, Moderate OA, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	7	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 231:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Short Distances, Moderate OA, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	6	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 232:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Short Distances, Moderate OA, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	7	+
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 233:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Short Distances, Moderate OA, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	7	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 234:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Short Distances, Moderate OA, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	8	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 235:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Short Distances, Severe OA, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	9	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	7	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 236:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Short Distances, Severe OA, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	8	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Appropriate	8	+
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 237:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Short Distances, Severe OA, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	7	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+



Scenario 238:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Short Distances, Severe OA, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	8	+
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 239:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Short Distances, Severe OA, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	7	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 240:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Function-Limiting Pain at Short Distances, Severe OA, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	
	Arthroplasty	Appropriate	8	+
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 241:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Pain at Rest or Night, Minimal OA, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 242:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Pain at Rest or Night, Minimal OA, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Rarely Appropriate	3	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 243:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Pain at Rest or Night, Minimal OA, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 244:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Pain at Rest or Night, Minimal OA, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 245:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Pain at Rest or Night, Minimal OA, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 246:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Pain at Rest or Night, Minimal OA, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 247:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Pain at Rest or Night, Minimal OA with acetabular dysplasia, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	Rarely Appropriate	3	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 248:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Pain at Rest or Night, Minimal OA with acetabular dysplasia, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	Rarely Appropriate	3	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 249:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Pain at Rest or Night, Minimal OA with acetabular dysplasia, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	7	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	Rarely Appropriate	3	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 250:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Pain at Rest or Night, Minimal OA with acetabular dysplasia, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	6	
	Hip preservation surgery	Rarely Appropriate	3	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 251:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Pain at Rest or Night, Minimal OA with acetabular dysplasia, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	Rarely Appropriate	3	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 252:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Pain at Rest or Night, Minimal OA with acetabular dysplasia, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	6	
	Hip preservation surgery	Rarely Appropriate	3	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 253:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Pain at Rest or Night, Minimal OA with FAI, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	Rarely Appropriate	3	
	Arthrodesis	Rarely Appropriate	1	+



Scenario 254:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Pain at Rest or Night, Minimal OA with FAI, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	May Be Appropriate	4	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 255:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Pain at Rest or Night, Minimal OA with FAI, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	May Be Appropriate	4	
	Hip preservation surgery	Rarely Appropriate	3	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 256:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Pain at Rest or Night, Minimal OA with FAI, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	8	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	Rarely Appropriate	3	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 257:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Pain at Rest or Night, Minimal OA with FAI, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	May Be Appropriate	4	
	Arthrodesis	Rarely Appropriate	1	+

Scenario 258:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Pain at Rest or Night, Minimal OA with FAI, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	May Be Appropriate	5	
	Hip preservation surgery	May Be Appropriate	4	
	Arthrodesis	Rarely Appropriate	1	+
Scenario 259:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Pain at Rest or Night, Moderate OA, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	9	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	7	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 260:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Pain at Rest or Night, Moderate OA, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	7	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 261:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Pain at Rest or Night, Moderate OA, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	9	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	7	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 262:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Pain at Rest or Night, Moderate OA, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	8	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	8	+
	Arthroplasty	Appropriate	8	+
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 263:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Pain at Rest or Night, Moderate OA, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	7	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 264:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Pain at Rest or Night, Moderate OA, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	
	Arthroplasty	Appropriate	8	+
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 265:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Pain at Rest or Night, Severe OA, Minimal Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	7	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 266:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Pain at Rest or Night, Severe OA, Minimal Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	8	+
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 267:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Pain at Rest or Night, Severe OA, Moderate Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	8	
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

Scenario 268:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Pain at Rest or Night, Severe OA, Moderate Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	8	+
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+
Scenario 269:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Pain at Rest or Night, Severe OA, Severe Range of Motion Limitation, Modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	8	+
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+



Scenario 270:	Treatment	Appropriateness	Median Rating	Agreement
Elderly (Approximately > 65), Pain at Rest or Night, Severe OA, Severe Range of Motion Limitation, No modifiable risk factors present	Risk Factor Assessment and Optimization	Appropriate	9	+
	Activity Modification	Appropriate	9	+
	Assistive Devices	Appropriate	9	+
	Oral Medication Management: Non-Opioid (NSAIDs, Acetaminophen) or Tramadol	Appropriate	9	+
	Intraarticular Steroids	Appropriate	8	+
	Physical Therapy (as conservative treatment)	Appropriate	9	+
	Arthroplasty	Appropriate	9	+
	Hip preservation surgery	Rarely Appropriate	1	+
	Arthrodesis	Rarely Appropriate	1	+

## **V. APPENDICES**

## **APPENDIX A. DOCUMENTATION OF APPROVAL**

### **AAOS BODIES THAT APPROVED THIS APPROPRIATE USE CRITERIA**

#### **Evidence-Based Quality and Value Committee: Approved on November 8, 2017**

The AAOS Committee on Evidence Based Quality and Value consists of 22 AAOS members. The overall purpose of this committee is to plan, organize, direct, and evaluate initiatives related to Clinical Practice Guidelines and Appropriate Use Criteria.

#### **Council on Research and Quality: Approved on November 11, 2017**

To enhance the mission of the AAOS, the Council on Research and Quality promotes the most ethically and scientifically sound basic, clinical, and translational research possible to ensure the future care for patients with musculoskeletal disorders. The Council also serves as the primary resource to educate its members, the public, and public policy makers regarding evidenced-based medical practice, orthopaedic devices and biologics regulatory pathways and standards development, patient safety, occupational health, technology assessment, and other related areas of importance.

#### **Board of Directors: Approved on December 8, 2017**

The 16 member AAOS Board of Directors manages the affairs of the AAOS, sets policy, and determines and continually reassesses the Strategic Plan.

## APPENDIX B. DISCLOSURE INFORMATION

### OA HIP AUC WRITING PANEL

**Thomas H Wuerz, MD** Submitted on: 11/16/2016

CONMED Linvatec: Paid consultant (\$0)

Stryker: Paid consultant (\$0)

**Michael H Huo, MD** Submitted on: 12/23/2016

American Association of Hip and Knee Surgeons: Board or committee member (\$0) Education Committee, Vice-Chair(Self)

Current Orthopedic Practice: Editorial or governing board (\$1,000) Editorial(Self)

DePuy, A Johnson & Johnson Company: Paid consultant (\$75,000) AO Foundation AORECON(Self)

Elsevier: Paid consultant (\$1,500) N/A(Self)

Stryker: Paid consultant (\$1,500) N/A(Self)

**Scott Campbell Faucett, MD** Submitted on: 10/06/2016

American Orthopaedic Society for Sports Medicine: Board or committee member (\$0)

Arthroscopy: Editorial or governing board (\$0)

Ceterix: Paid consultant (\$0)

International Society of Arthroscopy, Knee Surgery, and Orthopaedic Sports Medicine: Board or committee member (\$0)

Ossur: Paid presenter or speaker (\$0) Number of Presentations: 0

Smith & Nephew: Paid consultant (\$0)

Synthes: Research support (\$0)

**Rachel Y Goldstein, MD** (This individual reported nothing to disclose); Submitted on: 12/05/2016

**Nancy Lane, MD** Submitted on: 12/13/2016

Abbott: Research support (\$0) N/A(Self)

Amgen Co: Research support (\$0)

**Catherine Celeste Roberts, MD** Submitted on: 12/01/2016

American Board of Radiology: Board or committee member (\$0) Member, Online Longitudinal Assessment MSK Committee(Self)

American College of Radiology: Board or committee member (\$0) Musculoskeletal Panel Chair, Appropriateness Criteria(Self)

Elsevier: Publishing royalties, financial or material support (\$1,349) Book royalties(Self)

**Nancy Bloom, PT, DPT, MSOT** Submitted on: 01/06/2017

American Physical Therapy Association: Board or committee member (\$0) Orthopaedic Section (Self)

**Alexander P Sah, MD** Submitted on: 12/31/2016

Angiotech: Paid presenter or speaker (\$0) Number of Presentations: 0

Convatec: Paid presenter or speaker (\$0) Number of Presentations: 0

Mallinckrodt: Paid presenter or speaker (\$0) Number of Presentations: 0

Medtronic: Paid presenter or speaker (\$0) Number of Presentations: 0

Pacira: Paid presenter or speaker (\$0) Number of Presentations: 0

Zimmer: Research support (\$0)

**Ran Schwarzkopf, MD** Submitted on: 11/09/2016

AAOS: Board or committee member (\$0)

American Association of Hip and Knee Surgeons: Board or committee member (\$0)

Arthroplasty Today: Editorial or governing board (\$0)

Gauss surgical: Stock or stock Options Number of Shares: 0

Intelijoint: Paid consultant (\$0)

Intelijoint: Stock or stock Options Number of Shares: 0

Journal of Arthroplasty: Editorial or governing board (\$0)

Pristine: Stock or stock Options Number of Shares: 0

Smith & Nephew: Paid consultant (\$0)

**Michael Blankstein, MD, FRCSC** Submitted on: 11/26/201

7D Surgical: Stock or stock Options Number of Shares: 100,000 N/A(Self)

**Lee Eric Rubin, MD** Submitted on: 12/15/2016

3D Surgical, Inc.: Stock or stock Options Number of Shares: 1,500,000 Founder(Self)

AAOS: Board or committee member (\$0)

American Association of Hip and Knee Surgeons: Board or committee member (\$0)

Arthroplasty Today: Editorial or governing board (\$0)

DJ Orthopaedics: Paid consultant (\$0)

Johns Hopkins University Press: Publishing royalties, financial or material support (\$0) Royalty Agreement(Self)

Reconstructive Review: Editorial or governing board (\$0)

Rhode Island Orthopaedic Society, Executive Committee: Board or committee member (\$0)

SLACK Incorporated: Publishing royalties, financial or material support (\$0) Royalty Agreement(Self)

Thompson Surgical Instruments: Unpaid consultant

**Brett Russell Levine, MD** Submitted on: 11/21/2016

AAOS: Board or committee member (\$0) Hip and Knee Evaluation Committee(Self)

American Association of Hip and Knee Surgeons: Board or committee member (\$0) Patient Education Committee(Self)

Artelon: Research support (\$10,000) Research project, funding for materials(Self)

Biomet: Research support (\$10,000) Receive research money for cemented and cementless THA research projects

CORD: Board or committee member (\$0) Education Committee Member (CORD Report

Liason)(Self)

Human kinetics: Editorial or governing board (\$500) Author of book (Self)

Link Orthopaedics: Paid consultant (\$10,000) Surgeon Consultant(Self)

McGraw-Hill: Paid consultant (\$3,500) Question Editor(Self)

Orthoview: Paid consultant (\$2,500) Product develop and training(Self)

SLACK Incorporated: Editorial or governing board (\$0) Publishing a board review book. not yet completed.

Zimmer: Paid consultant (\$35,000) Consultant--Surgeon and Resident Education(Self)

Zimmer: Research support (\$0) Institutional research money is received. Nothing is directly given to me

or my research funds.(Self)

### **OA HIP AUC VOTING PANEL**

**Paul A Manner, MD** Submitted on: 06/02/2017

Clinical Orthopaedics and Related Research: Editorial or governing board (\$60,000) Senior Editor(Self)

JointMetrix Medical: Employee (\$0) Chief Medical Officer(Self)

**Nicolas Santiago Piuze, MD** (This individual reported nothing to disclose); Submitted on: 06/02/2017

**Donald W Hohman, MD** Submitted on: 06/02/2017

Advanced Orthopaedic Solutions: Paid presenter or speaker (\$1,000) Number of Presentations: 1 n/a(Self)

Biocomposites: Paid presenter or speaker (\$1,000) Number of Presentations: 2 n/a(Self)

**Richard B Schultz, MD** (This individual reported nothing to disclose); Submitted on: 05/03/2017

**Srino Bharam, MD** Submitted on: 05/02/2017

AAOS: Board or committee member (\$0)

Arthroscopy Association of North America: Board or committee member (\$0)

Smith & Nephew Endoscopy: Paid consultant (\$0)

**Tim Schrader, MD** Submitted on: 05/18/2017

AAOS: Board or committee member (\$0)

MAZOR Surgical Technologies: Stock or stock Options Number of Shares: 0

Orthopediatrics: Paid consultant (\$0)

Pediatric Orthopaedic Society of North America: Board or committee member (\$0)

**Marcie Harris-Hayes, PT, DPT, MSCl, OCS** Submitted on: 05/03/2017

American Physical Therapy Association: Board or committee member (\$0) Chair, Biomechanics Special Interest Group(Self)

**Mary Jesse, MD** (This individual reported nothing to disclose); Submitted on: 05/08/2017

**Wilford K Gibson, MD** (This individual reported nothing to disclose); Submitted on: 04/08/2017

**Bradford Sutton Waddell, MD** Submitted on: 05/10/2017

Current Reviews in Musculoskeletal Medicine: Editorial or governing board (\$0)

**Chancellor Folsom Gray, MD** Submitted on: 05/17/2017

American Association of Hip and Knee Surgeons: Board or committee member (\$0)

University of Pennsylvania Orthopaedic Journal: Editorial or governing board (\$0)

**Harold Wharton Rees, MD** Submitted on: 05/08/2017

AAOS: Board or committee member (\$0)

American Association of Hip and Knee Surgeons: Board or committee member (\$0) Evidence Based Medicine Committee(Self)

Journal of Arthroplasty: Editorial or governing board (\$0) reviewer(Self)

Orthopedics: Editorial or governing board (\$0)

**COL Jess David Edison, MD** (This individual reported nothing to disclose); Submitted on: 05/24/2017

**Joseph M Schwab, MD** Submitted on: 05/11/2017

DePuy, A Johnson & Johnson Company: Paid consultant (\$0)

**Michael J Grecula, MD** Submitted on: 06/01/2017

Journal of Surgical Orthopaedic Advances: Editorial or governing board (\$0) N/A(Self)

**Matthew J Kraay, MD** Submitted on: 06/08/2017

AAOS: Board or committee member (\$0) Clinical Practice Guidelines Committee-PJI(Self)

American Joint Replacement Registry: Board or committee member (\$0) Board of Commissioners(Self)

**Moderators**

**Robert H Quinn, MD:** AAOS: Board or committee member; American Orthopaedic Association: Board or committee member; Journal of Wilderness & Environmental Medicine: Editorial or governing board; Musculoskeletal Transplant Foundation: Research support; Musculoskeletal Tumor Society: Board or committee member; Wilderness Medical Society: Board or committee member; Submitted on: 05/24/2016

## APPENDIX C. REFERENCES

- (1) American Academy of Orthopaedic Surgeons. The Burden of Musculoskeletal Diseases in the United States. American Academy of Orthopaedic Surgeons; 2008.
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