# Central Adelaide Orthopaedics – Hip & Knee Service

## Clinical Information Sheet

<table>
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<tr>
<th>Clinical Condition</th>
<th>Hip Osteoarthritis</th>
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### Eligibility
Activity related pain in hips; may present as pain in the groin, outer hip, buttock and/or pain radiating down thigh to knee joint.
Decreased joint mobility.
May have stiffness in affected joint that lasts no longer than 30 minutes.

### Priority
- **Semi-Urgent:** in presence of protrusio visible on x-ray or signs of avascular necrosis with flattening of the femoral head visible on x-ray.
  Referrals should be faxed to the RAH on (08) 8222 2751 or the TQEH on (08) 8222 7244.
- **Non-Urgent:** Osteoarthritis of the hip joint visible on x-ray. Can present on x-ray as loss of joint space, osteophytic lipping, bone on bone.
  Referrals should be faxed to the RAH on (08) 8222 2751 or the TQEH on (08) 8222 7244.

### Differential Diagnoses
- Trochanteric Bursitis
- Gout
- Rheumatoid Arthritis
- Septic Arthritis
- Fracture
- Malignancy

Buttock and/or Outer Thigh pain may be a reflection of spinal issues causing pain to radiate down.

### Information required with referral
- **History:**
  - Duration of symptoms
  - Characteristics of pain – location, night pain, etc.
  - Response to analgesia
  - Height, Weight & Body Mass Index
  - Use of natural anti-inflammatories (e.g. high dose fish oil)
  - Level of mobility - walking distance; walking aid
  - Function – ADLs
  - History of infective processes (e.g. poor dental hygiene, recurrent UTI’s, etc.)
  - Brief medical history
  - Current medications – in-particular, blood thinning medication
  - Relevant psycho-social issues

- **Exam:**
  - Exclude back pathology as cause of pain
  - Confirm origin of pain is from hip

Other medical and allied health practitioners the patient has seen concerning this problem.
| **Investigations required with referral** | X-ray: AP Pelvis centred on pubis, AP hip (patella facing up), cross table lateral hip joint  
*Upon attendance to appointment, patient will be required to bring plain x-rays (views mentioned above) from within the previous 6 months to establish current bony structure* |
| **Pre-Referral management strategies (include with referral)** | Use of simple analgesia as tolerated including a regular paracetamol product (e.g. Panadol® Osteo) and oral NSAIDs if tolerated  
Use of natural anti-inflammatories (e.g. high dose fish oil)  
Consider hydrotherapy, swimming or cycling for a low-impact exercise alternative  
Use of mobility aids (e.g. walking stick or frame)  
Weight loss measures – A BMI <40 is preferable for surgery (due to significantly increased complication rate associated with higher BMI’s. Decision will be at surgeon’s discretion.)  
Use of self-care aids (e.g. raised furniture, toilet seat raiser, pick-up stick, etc.)  
Home modifications (e.g. hand rails and/or or ramps) |
| **Discharge Criteria/information** | For discharge to GP if non-operative management to be pursued.  
**Red flags** that should trigger referral back for review: pain in affected joint no-longer managed non-operatively |