

Orthopaedic Hip (and Thigh) Referral Guideline

Austin Health Orthopaedic Unit holds weekly multidisciplinary meetings to discuss and plan the treatment of patients with Orthopaedic and Fracture conditions.

Department of Health clinical urgency categories for specialist clinics					
For all emergency cases that require immediate review, or pose an immediate risk to life or limb, please dial 000 or send the patient to the Emergency Department.					
Urgent: Referrals should be categorised as urgent if the patient has a condition that has the potential to deteriorate quickly, with significant consequences for health and quality of life, if not managed promptly. These patients should be seen within 30 days of referral receipt.					
Routine: Referrals should be categorised as routine if the patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if specialist assessment is delayed beyond one month.					
Exclusions:					
Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
Osteoarthritis Hip	<ul style="list-style-type: none"> • Medications (paracetamol, glucosamine, chondroitin sulphate, fish oil, NSAIDS if appropriate) • Physiotherapy • Hydrotherapy • Activity modification • Walking aids • Orthotics • Weight loss if applicable 	<p>History -Walking Distance, night pain? Difficulty with stairs? ADLs affected? - Treatment and responses to date</p> <p>Examination Findings</p> <p>Investigation (report with referral) X-rays: AP Pelvis ('Charnley View') & Lat Hip</p> <p>MRI <i>not required</i> if XRs show OA</p> <p>CT <i>not required</i> if XRs show OA</p> <p>Patient must bring the films or the links for any online imaging</p>	<p>Urgent: N/A</p> <p>Routine: Refer if maximal non-operative treatment (at least 3 modalities for at least 3 month) has failed.</p> <p>Usually, the patient will be assessed first in the OAHKS clinic (specialist physiotherapists). This allows patients to be seen more rapidly, non-operative management further expanded optimised, and then patients are triage to surgeons appropriately.</p>	<ul style="list-style-type: none"> • Initial Outpatient Appointment • Review appointments to establish diagnosis & treatment • Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission) • Discharge back to referrer for ongoing conservative management 	As required

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Inflammatory Arthritis of Hip (Rheumatoid, Other)	<ul style="list-style-type: none"> • Patient referred to a Rheumatologist as appropriate 	<p>History - Walking distance, night pain?, difficulty with stairs?, ADLs affected? -Treatment and responses to date</p> <p>Examination Findings</p> <p>Investigation (report with referral) X-rays: AP Pelvis ('Charnley View') & Lat Hip</p> <p>Bloods: FBE, ESR, CRP, RF, ANA, ANCA</p> <p>Patient must bring the films or the links for any online imaging</p>	<p>Urgent: N/A</p> <p>Routine: Refer if patient referred to rheumatologist and non-operative measures have failed</p>	<ul style="list-style-type: none"> • Initial Outpatient Appointment • Review appointments to establish diagnosis & treatment • Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission) • Discharge back to referrer for ongoing conservative management 	As required
<p>Total Hip Replacement (THR) existing</p> <p>With</p> <ul style="list-style-type: none"> - Pain - Loosening - Other Concern 	<ul style="list-style-type: none"> • Refer all patients after appropriate history, examination and investigations performed for <i>urgent</i> assessment • If an acutely septic prosthetic joint is suspected, the patient should be sent to the Emergency Department without antibiotics (unless discussed with, and approved by, the Orthopaedic Unit) 	<p>History In a previously well-functioning joint replacement there is:</p> <ul style="list-style-type: none"> - New pain (esp. 'start-up' pain) - New limp, sounds or other concerns <p>Examination Findings</p> <p>Investigation (report with referral) X-rays: AP Pelvis ('Charnley View') & Lat Hip ?wear /loosening/ lucency/deformity</p> <p>Bloods: FBE, ESR, CRP</p> <p>Patient must bring the films</p>	<p>Urgent: All patients with new symptoms or XR changes</p> <p>Routine: Refer for routine review as required if no particular concerns</p>	<ul style="list-style-type: none"> • Initial Outpatient Appointment • Review appointments to establish diagnosis & treatment • Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission) • Discharge back to referrer for ongoing conservative management 	As required

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		or the links for any online imaging			
Hip FAI (Femoroacetabular Impingement)	<ul style="list-style-type: none"> Medications (paracetamol, glucosamine, chondroitin sulphate, fish oil, NSAIDS if appropriate) Physiotherapy Hydrotherapy Activity modification Walking aids Weight loss if applicable 	<p>History Pain on deep flexion, sitting, driving, ADLs affected?</p> <p>Examination Findings Positive FABER Test (Flexion-Abduction-External Rotation) Positive FADIR Test (Flexion-Adduction-Internal Rotation)</p> <p>Investigation (report with referral) X-rays: AP Pelvis ('Charnley View'), Faux Profile, 45-degree Dunn, 90-degree Dunn (4 views)</p> <p>MRI: If possible/available</p> <p>Patient must bring the films or the links for any online imaging</p>	<p>Urgent: N/A</p> <p>Routine: Refer if maximal non-operative treatment (at least 3 modalities for at least 3 months) has failed</p>	<ul style="list-style-type: none"> Initial Outpatient Appointment Review appointments to establish diagnosis & treatment Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission) Discharge back to referrer for ongoing conservative management 	As required
Developmental (previously 'congenital') Dysplasia of the Hip (DDH/CDH)	<ul style="list-style-type: none"> If Arthritis, then treat as per Osteoarthritis of Hip <p>Otherwise:</p> <ul style="list-style-type: none"> Medications (paracetamol, NSAIDS if appropriate) Physiotherapy Hydrotherapy Activity modification Walking aids Orthotics (incl. shoe or heel raises for leg length discrepancy) Weight loss if applicable 	<p>History -Walking distance, night pain?, difficulty with stairs?, ADLs affected? -Treatment and responses to date</p> <p>Examination Findings</p> <p>Investigation (report with referral) X-rays: AP Pelvis ('Charnley View') & Lat Hip</p> <p>MRI: If performed</p>	<p>Urgent: N/A</p> <p>Routine: Refer if maximal non-operative treatment (at least 3 modalities for at least 3 months) has failed</p>	<ul style="list-style-type: none"> Initial Outpatient Appointment Review appointments to establish diagnosis & treatment Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission) Discharge back to referrer for ongoing conservative management 	As required

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Trochanteric Bursitis Greater Trochanteric Pain Syndrome (GTPS) Gluteal Pathology	<ul style="list-style-type: none"> • Medications (paracetamol, NSAIDs if appropriate) • Physiotherapy – specific targeted Gluteal Tendon program (esp. Isometric Loading, eccentric gluteal retraining to desensitise gluteal muscle/tendon unit) • Hydrotherapy • Injections (Radiologically guided Trochanteric Bursa) • Walking aids (esp. stick or crutch in <i>opposite</i> hand) • Weight loss if applicable • Treat any hip or back OA 	History -Walking distance, night pain?, difficulty with stairs?, ADLs affected? Can't sleep on affected side? -Treatment and responses to date Examination Findings Significant limp? Investigation (report with referral) X-rays: AP Pelvis ('Charnley View') & Lat Hip <i>and</i> Ultrasound or MRI hip concentrating on the gluteal tendons Patient must bring the films or the links for any online imaging	Urgent: N/A Routine: Refer if maximal non-operative treatment (at least 3 modalities for at least 3 months) has failed, particularly a targeted physiotherapy program and injections.	<ul style="list-style-type: none"> • Initial Outpatient Appointment • Review appointments to establish diagnosis & treatment • Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission) • Discharge back to referrer for ongoing conservative management 	As required
Other Hip Tendon Pathology (non gluteal)	<ul style="list-style-type: none"> • If acute hamstring avulsion, refer for urgent assessment • Medications (paracetamol, NSAIDs if appropriate) • Physiotherapy • Hydrotherapy • Injections (Radiologically guided) • Walking aids • Weight loss if applicable • Orthotics • Treat any hip or back OA 	History -Site of pain, exacerbating factors -Treatment and responses to date Examination Findings Investigation (report with referral) X-rays: AP Pelvis ('Charnley View') & Lat Hip <i>and</i> Ultrasound or MRI hip	Urgent: If hamstring avulsion Routine: Refer if maximal non-operative treatment (at least 3 modalities for at least 3 months) has failed	<ul style="list-style-type: none"> • Initial Outpatient Appointment • Review appointments to establish diagnosis & treatment • Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission) • Discharge back to referrer for ongoing 	As required

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		<p>Patient must bring the films or the links for any online imaging</p>		conservative management	
<p>Undifferentiated Hip Pain/Other</p>	<ul style="list-style-type: none"> Consider other diagnoses in these guidelines Consider referred pain from spine If you suspect malignancy or infection, please see appropriate specific condition management 	<p>History -Exclude red flag symptoms (below)</p> <p>Examination Findings -Exclude red flag signs</p> <p>Investigation (report with referral) X-rays: AP Pelvis ('Charnley View') & Lat Hip</p> <p>Consider MRI if XRs normal</p> <p>Patient must bring the films or the links for any online imaging</p>	<p>Urgent: If suspected malignancy or infection</p> <p>Routine: If you are <i>unable to establish a diagnosis</i> and the patient has <i>significant symptoms</i></p>	<ul style="list-style-type: none"> Initial Outpatient Appointment Review appointments to establish diagnosis & treatment Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission) Discharge back to referrer for ongoing conservative management 	As required
<p>Suspected Malignancy of Hip/Thigh</p>	<ul style="list-style-type: none"> Urgently refer all patients with red flag symptoms, signs of investigations suspicious for malignancy 	<p>History -Red flag symptoms (loss of weight, appetite or energy; relatively short history of pain or lump (6 weeks rather than 6 months); Pain that is unrelenting/unremitting/at night; past or present history of malignancy elsewhere)</p> <p>Examination Findings -Red flag signs</p> <p>Investigation (report with referrals) Suspicious imaging or blood tests</p> <p>Patient must bring the films or the links for any online imaging</p>	<p>Urgent: All</p> <p>Routine: N/A</p>	<ul style="list-style-type: none"> Initial Outpatient Appointment Review appointments to establish diagnosis & treatment Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission) Discharge back to referrer for ongoing conservative management 	As required

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<p>Suspected Infection of Hip/Total Hip Replacement/Thigh</p>	<ul style="list-style-type: none"> Refer to ED immediately all patients with suspected <i>septic arthritis</i> (history of hours, swollen joint, very limited ROM). Do NOT start antibiotics unless discussed with orthopaedic unit Refer to ED immediately all patients with fever/chills/rigors/sweats or otherwise unwell Urgently refer other patients to clinic with red flag symptoms, signs or investigations suspicious for infection 	<p>History -Red flag symptoms (fevers/sweats/chills/rigors; loss of weight, appetite or energy; relatively short history (6 weeks rather than 6 months); pain that is unrelenting/unremitting/at night; past of present history of infection elsewhere)</p> <p>Examination Findings -Red flag signs</p> <p>Investigation (report with referral) Suspicious imaging or blood tests (FBE, ESR, CRP)</p> <p>Patient must bring the films or the links for any online imaging</p>	<p>ED: If septic joint or unwell</p> <p>Urgent: All others</p> <p>Routine: N/A</p>	<ul style="list-style-type: none"> Initial Outpatient Appointment Review appointments to establish diagnosis & treatment Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission) Discharge back to referrer for ongoing conservative management 	<p>As required</p>