**HIP PAIN REFERRAL GUIDELINE**

**HIGH RISK**
- **SYMPTOMS AND LABS**
  - Severe pain
  - Causes severe limp or inability to weight bear
  - Severe clicking, popping, catching or locking
  - Any history of radicular symptoms, loss of bowel/bladder control or severe abdominal pain

- **SUGGESTED PREVISIT WORKUP**
  - Schedule urgent appointment with sports medicine
  - Seek appropriate evaluation if concern for spinal or abdominal concerns

**MODERATE RISK**
- **SYMPTOMS AND LABS**
  - Moderate pain
  - Causing mild limp
  - Moderate clicking, popping, catching or locking
  - Increased groin, lateral or buttock pain
  - Pain with activities of daily living including sitting, standing or driving

- **SUGGESTED WORKUP**
  - Consider radiographs
  - Schedule routine appointment with sports medicine

**LOW RISK**
- **SYMPTOMS AND LABS**
  - Mild pain
  - Able to walk without limp
  - Increased pain with running, squatting or twisting activity
  - Minimal clicking, popping, catching or locking

- **SUGGESTED MANAGEMENT**
  - Ibuprofen and/or acetaminophen as needed
  - Ice, heat or other modalities to address pain
  - Therapeutic exercise
  - Activity modification, decrease deep squatting, twisting or impact activities

**CLINICAL PEARLS**
- Hip pain can be caused by a number of different pain generators both intra and extra articular
- Groin pain is usually indicative of an intra-articular hip pathology
- Lateral pain is usually indicative of an extra-articular hip pathology
- Low back pain or radicular symptoms can often coincide with hip pain or pathology
- Hip pain that does not resolve with rest or activity modification should be evaluated by a physician

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.