



AMERICAN COLLEGE OF
OCCUPATIONAL AND
ENVIRONMENTAL MEDICINE

HIP AND GROIN DISORDERS GUIDELINE

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	<p>Recommended, Insufficient Evidence (I)</p> <p>Arthroscopy with chondroplasty for treatment of osteoarthritis – Not Recommended, Insufficient Evidence (I)</p>
Bone Scans	<p>Bone scanning for select use in patients with acute, subacute or chronic pain to assist in the diagnosis of osteonecrosis, neoplasms, or other conditions with increased polyostothotic bone metabolism, particularly when more than one joint needs to be evaluated – Recommended, Insufficient Evidence (I)</p> <p>Bone scanning for routine use in hip joint evaluations – Not Recommended, Insufficient Evidence (I)</p>
Computerized Tomography (CT)	<p>Routine CT for evaluating acute, subacute, or chronic hip pain – Not Recommended, Insufficient Evidence (I)</p> <p>CT for evaluating patients with osteonecrosis or following traumatic dislocations or arthroplasty-associated recurrent dislocations – Recommended, Insufficient Evidence (I)</p> <p>CT for patients who need advanced imaging, but have contraindications for MRI – Recommended, Insufficient Evidence (I)</p> <p>Routine helical CT for evaluating acute, subacute, or chronic hip pain – Not Recommended, Insufficient Evidence (I)</p> <p>Helical CT for evaluating patients with osteonecrosis who have contraindications for MRI – Recommended, Insufficient Evidence (I)</p> <p>Helical CT for select patients with acute, subacute or chronic hip pain for whom advanced imaging of bony structures is thought to be potentially helpful – Recommended, Insufficient Evidence (I)</p> <p>Helical CT for patients who need advanced imaging, but have contraindications for MRI – Recommended, Insufficient Evidence (I)</p>
C-Reactive Protein, Erythrocyte Sedimentation Rate, and Other Non-specific Inflammatory Markers	<p>Erythrocyte sedimentation rate or other inflammatory markers for screening for inflammatory disorders or prosthetic sepsis with reasonable suspicion of inflammatory disorder in patients with subacute or chronic hip pain – Recommended, Insufficient Evidence (I)</p>
Local Anesthetic Injections and Epidurals	<p>Local anesthetic injections to assist in the diagnosis of subacute or chronic hip pain – Recommended, Insufficient Evidence (I)</p>
Electromyography (including Nerve Conduction Studies)	<p>Electrodiagnostic studies to assist in the diagnosis of subacute or chronic peripheral nerve entrapments including lateral cutaneous nerve to the thigh (meralgia paresthetica) – Recommended, Insufficient Evidence (I)</p> <p>Nerve conduction study to confirm diagnosis or in patients in who surgery is contemplated – Recommended, Insufficient Evidence (I)</p>
Magnetic Resonance Imaging (MRI)	<p>MRI for select patients with subacute or chronic patients with consideration of accompanying soft tissue pathology or other diagnostic concerns – Recommended, Insufficient Evidence (I)</p> <p>MRI for diagnosing osteonecrosis – Recommended, Insufficient Evidence (I)</p> <p>MRI for routine evaluation of acute, subacute, or chronic hip joint pathology, including degenerative joint disease – Not Recommended, Insufficient Evidence (I)</p> <p>MRI to diagnose hamstring or hip flexor strains in more severe cases – Recommended, Insufficient Evidence (I)</p> <p>MRI to diagnose groin strains or adductor-related groin pain in more severe cases –</p>

from a distant site, such as the knee or spine. Diagnostic injections include intraarticular injections (hip or knee), ilioinguinal, genitofermoral, saphenous, and lumbar epidurals. Local nerve block or sacroiliac joint injection should be used to assist in diagnosis. Immediate and delayed results of injection(s) should be recorded.

Recommendation: Local Anesthetic Injections to Diagnose Subacute or Chronic Hip Pain

Local anesthetic injections are recommended to assist in the diagnosis of subacute or chronic hip pain.

Indications – Patients with subacute or chronic hip pain from unclear source.

Strength of Evidence – **Recommended, Insufficient Evidence (I)**

Rationale for Recommendation

Local anesthetic injections for diagnostic purposes appear helpful for confirming the diagnostic impression, although there are no quality studies evaluating these injections for purposes of evaluating hip pain. Intraarticular hip injections with anesthetic agents are generally thought to be better if performed with a glucocorticosteroid as it generally accomplishes both diagnostic and therapeutic purposes simultaneously, although occasionally a simple anesthetic injection may be helpful in select cases. These injections are minimally invasive, have minimal potential for adverse effects, and are moderately costly.

Evidence for the Use of Local Anesthetic Diagnostic Injections

There are no quality studies evaluating the use of local anesthetic diagnostic injections for hip pain.

ELECTROMYOGRAPHY (including Nerve Conduction Studies)

Electrodiagnostic studies have also been used to confirm diagnostic impressions of other peripheral nerve entrapments, including the lateral cutaneous nerve to the thigh (meralgia paresthetica). (See Low Back Disorders chapter for discussion of electrodiagnostic studies to evaluate back-related disorders that may present as hip pain.)

Recommendation: Electromyography for Diagnosing Subacute or Chronic Peripheral Nerve Entrapments

Electrodiagnostic studies are recommended to assist in the diagnosis of subacute or chronic peripheral nerve entrapments including lateral cutaneous nerve to the thigh (meralgia paresthetica).

Indications – Patients with subacute or chronic paresthesias with or without pain particularly if unclear diagnosis.

Strength of Evidence – **Recommended, Insufficient Evidence (I)**

Rationale for Recommendation

Electrodiagnostic studies may assist in confirming peripheral nerve entrapments such as the lateral cutaneous nerve to the thigh. These studies are minimally invasive, have minimal potential for adverse effects (essentially equivalent to a blood test), and are moderately costly.

Evidence for the Use of Electromyography

There are no quality studies evaluating the use of electrodiagnostic studies for diagnosing peripheral nerve entrapments relevant to the hip.

FUNCTIONAL CAPACITY EVALUATIONS

See Chronic Pain chapter.

MAGNETIC RESONANCE IMAGING (MRI)

Magnetic resonance imaging (MRI) is not generally used as an initial or secondary test for most hip joint problems since it tends to be less helpful for imaging bones. It is considered the imaging test of choice for soft tissues. MRI is the gold standard for evaluating AVN after x-rays (67, 172, 175) and for evaluating osteonecrosis patients and is used to quantify the volume of affected tissue including marrow edema which is inversely correlated with prognosis.(176-180)