

SE London Primary & Secondary care Orthopaedic Guidelines: Hip Pain in Adults

May 2026

Due for review date: May 2028

Introduction

Primary care guidelines to support the diagnosis and management of Hip Pain In Adults Guidelines.

This guide has been produced utilising published guidance and in collaboration with clinical and non-clinical staff across the South East London (SEL) Orthopaedic Network, South East London Integrated Care Board, South East London Primary Care representatives, South East London Cancer Alliance, South East London Integrated Medicines Optimisation Committee (IMOC), and with input from other specialty colleagues where relevant.

All prescribing should be in line with the [SEL Joint Medicines Formulary](#).

It is intended to be a guide to assist Primary care colleagues in decision making and does not replace clinical judgement.

We encourage users of this document to seek advice from primary or secondary care colleagues when they are unsure, the later using established communication channels (e.g. Consultant Connect, e-RS Advice and Guidance).

Shortages of medicines are becoming a frequent issue that hinders patients getting access to their medicines in a timely manner. Please see the medicines supply tool, which can be accessed from the [SPS website](#) (registration required for access). The tool provides up to date information on medication shortages and also includes advice on the prescribing of alternative products. Once supply resolves, patients should be transferred back to their original formulary option, following discussion with patients that original formulary option is appropriate

Authors and Governance

Version	Date signed off	Date of next review
V1.0	15 May 2026	May 2028

These guidelines have been drawn up with input from a number of clinicians across South East London (SEL). With thanks to initial contributors and key authors including: Rashida Pickford (Consultant Physiotherapist) and a number of other clinical specialists across SEL and Dr Nuala Hale (GP & SEL Primary Care Lead for Orthopaedics).

The guidelines were reviewed and signed off in SEL Orthopedic Clinical Delivery Group and by the SEL Orthopaedic Network Board.

Medicines and prescribing recommendations made within these guidelines have been reviewed and approved by the SEL Integrated Medicines Optimisation Committee (IMOC).

Guidelines have also been circulated to LMC representatives, Planned Care Leads in each borough, SEL Cancer Alliance, SEL GP Cancer Leads, and all SELGP's via the bulletin for review and comment. The guidelines have also been reviewed by the Divisional Governance Committee in each trust as required.

Hip Pain in Adults

Adult Patient presents to primary care with hip pain

Initial assessment undertaken

History & Examination:

- [The Musculoskeletal History](#)
- [Examination of the Hip](#)
- Calculate BMI and offer BMI appropriate weight management support

Routine Imaging:

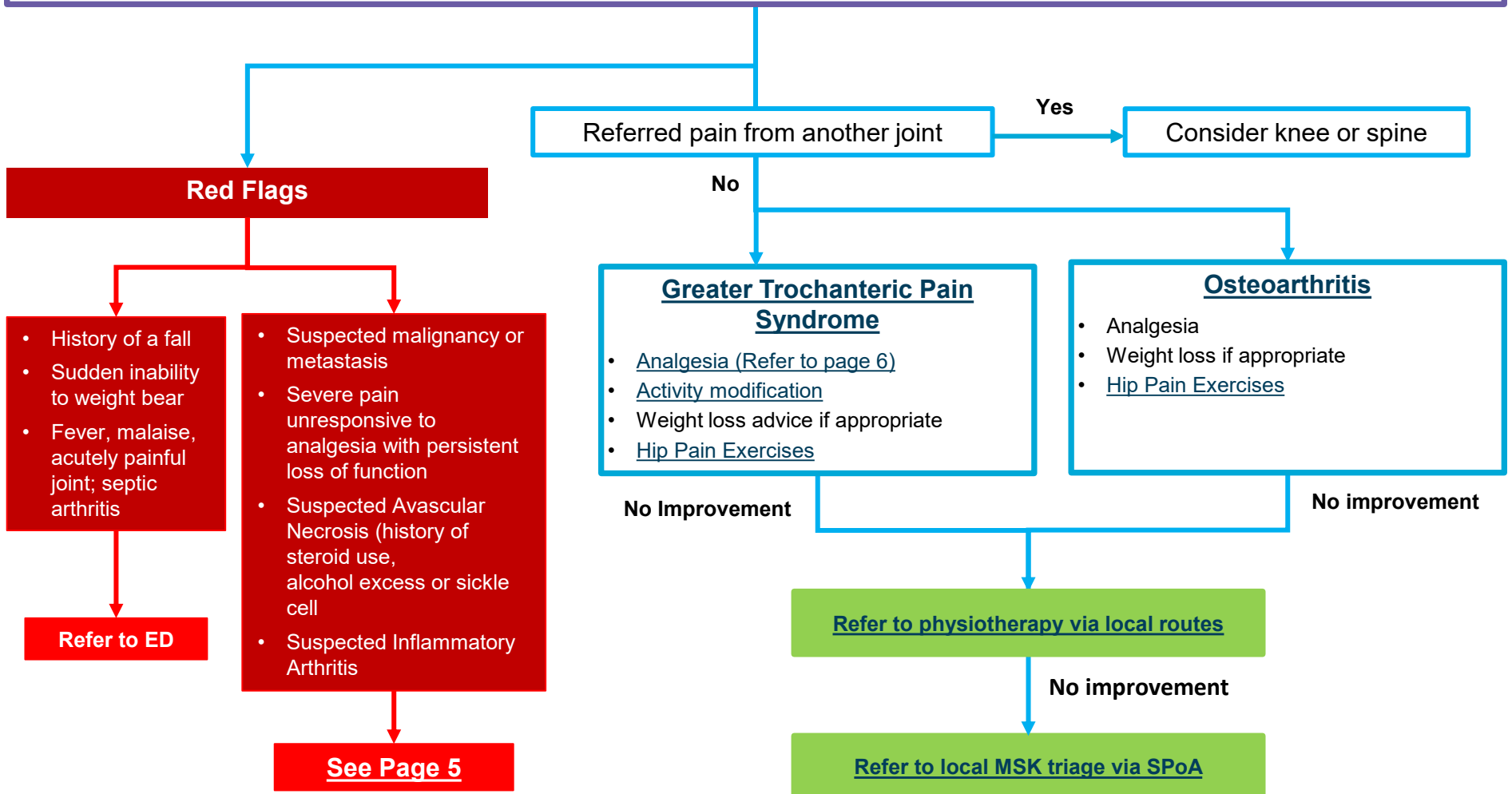
Do not routinely arrange an X-ray of the affected joint(s) to diagnose OA. Consider arranging an X-ray, depending on clinical judgement, if:

- Diagnostic uncertainty or atypical features suggest an [alternative or additional diagnosis](#).
- There is a sudden or unexpected worsening of symptoms.

Typical radiological features of OA include subchondral bone thickening and/or cysts; osteophyte formation (new bone formation at joint margins); loss or narrowing of the joint space (provides an estimate of the severity of cartilage damage).

Note: structural changes on X-ray may not correlate with the presence or severity of symptoms or degree of functional impairment (NG226) ([Overview | Osteoarthritis in over 16s: diagnosis and management | Guidance | NICE](#))

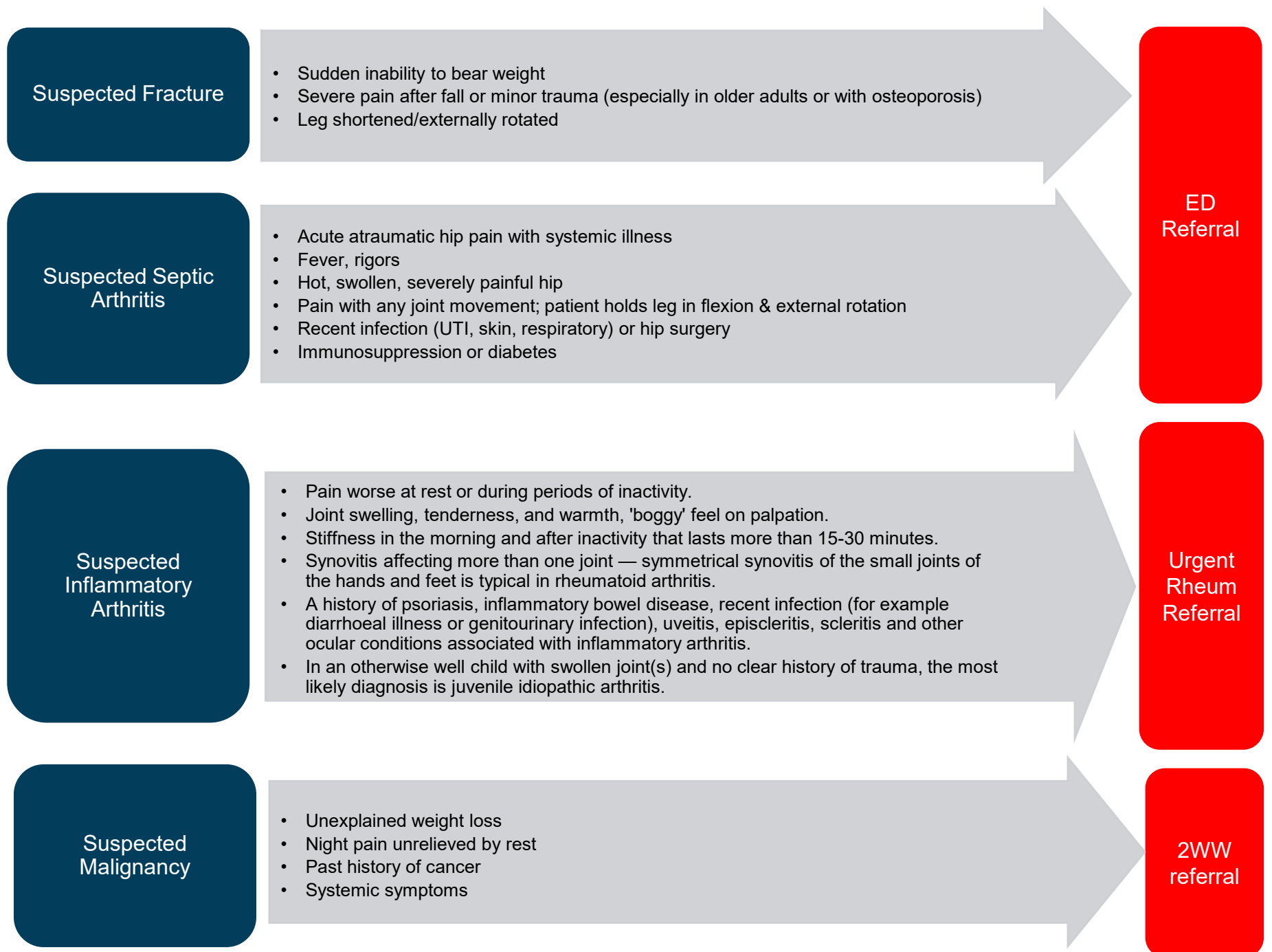
Most red flags will require referral to ED or urgent orthopaedic referral therefore requesting imaging from primary care may not be appropriate (see pathways)



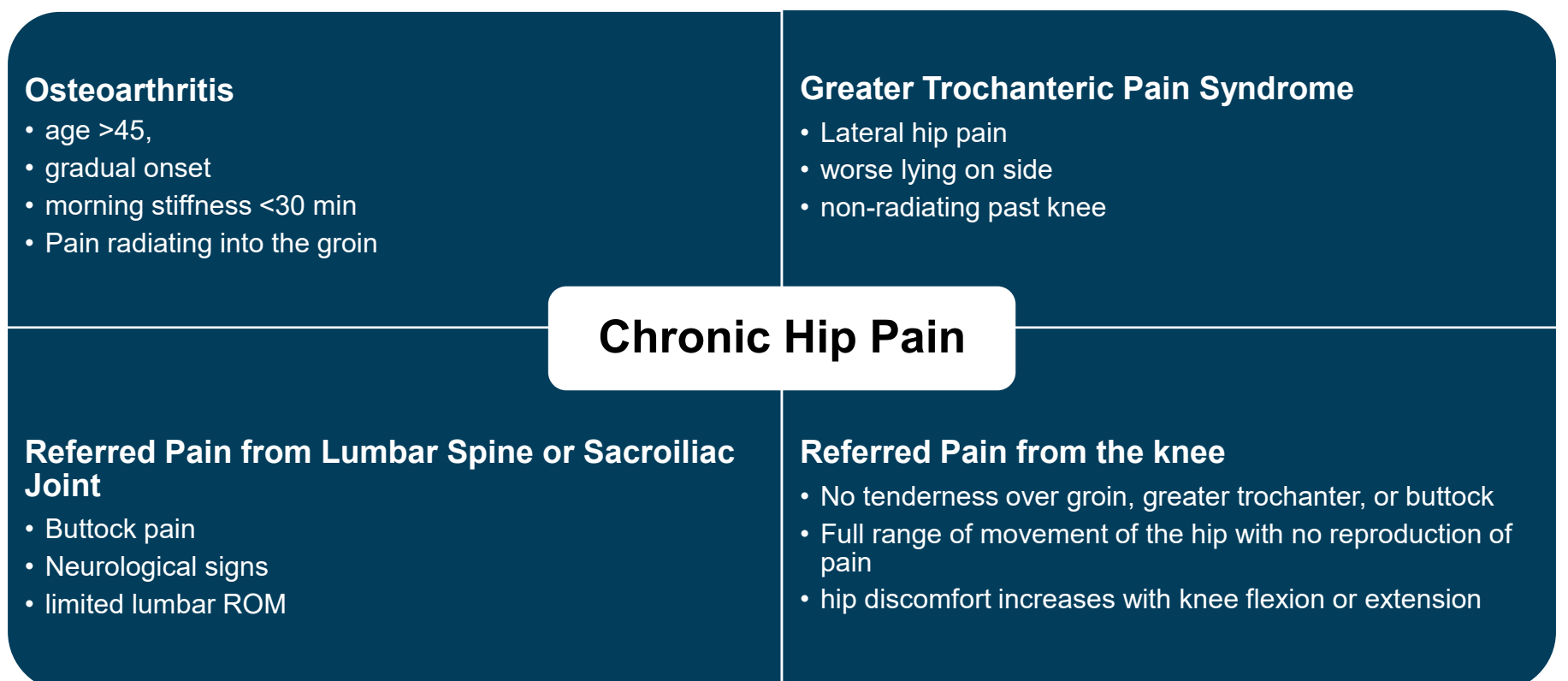
Patient Education and Self help

- Encourage activity
- Address risk factors; obesity, smoking
- Consider referrals; social prescribing for social support, health and wellbeing coaches for lifestyle change support
- Signpost to [Patient self help](#), [GetUBetter](#)
- Shared decision making between clinician and patient [NICE NG197](#)
- Patients for whom elective surgical procedure are potential options of treatment, primary care can assist by providing information in referral as to whether patient is likely to be fit enough and likely to consent to surgical procedure.
- If patient choice is against surgery and would like to discuss alternative options referral would still be appropriate. [NHSE Decision Aids](#)

Red Flags in Hip Pain



Chronic Hip Pain



Activity Modification

1. General Principles

- **Avoid complete rest** — this can weaken muscles and slow recovery.
- **Reduce or modify** activities that aggravate symptoms, especially those causing **sharp or worsening pain**.
- **Stay active within comfort limits** — “little and often” is better than long, intense sessions.
- Encourage **gradual reintroduction** of previously painful activities as symptoms improve.

2. Specific Examples

Specific Activity	Suggested Modification
Running on hard surfaces	Switch to cycling, swimming, cross-trainer, or walking on softer surfaces
Deep squats, lunges, or kneeling	Use shallower knee bends; avoid kneeling until pain-free
High-impact sports (e.g. football, tennis)	Replace temporarily with low-impact cardio (e.g. brisk walking, pool exercises)
Prolonged standing or sitting	Alternate positions; take short movement breaks every 30–60 minutes
Stairs causing pain	Use handrail for support, lead with stronger leg going up and weaker leg going down

3. Practical Advice for Patients

- Pain during or after activity should guide adjustments:
 - Mild ache (1–3/10): safe to continue
 - Moderate pain (4–6/10): reduce intensity or frequency
- Severe pain (>7/10) or swelling: stop and rest temporarily, then restart at a lower level
- Use the “2-day rule”: if pain lasts >48 hours after an activity, it was too much — scale back next time.
- Encourage daily movement, focusing on low-impact exercise and muscle strengthening.

4. Reassurance

- Temporary activity changes do not mean permanent restriction.
- The aim is to find tolerable alternatives and gradually build back to full function.

Analgesia and Pain Management

[CKS Analgesia Mild to Moderate Pain](#)

[SEL Adult Non-Cancer Chronic Pain Guidelines](#)

[SEL Adult Neuropathic Pain Guidelines](#)

Borough Specific MSK Physiotherapy Resources

Borough	Provider	Digital Offers	Yes/No	Details
Bromley	Vita Health Group	Self referral	Yes	NHS Bromley Musculoskeletal Services & Physio Vita Health Services (vitahealthgroup.co.uk)
		Self help resources	Yes	Self help resources - Self Help Resources - Vita (vitahealthgroup.co.uk) whilst waiting for an appointment. Following appointment software's such as physitrack and System 1 are used to send out self-management resources and education booklets.
		Digital platform	Yes	Phio
		GP Referral	Yes	Via MSK SPoA
Bexley	Oxleas NHS Trust	Self referral	Yes	Self referral - Self Referral Bexley MSK (getUbetter)
		Self help resources	Yes	Support with your condition Bexley MSK (getUbetter)
		Digital platform	Yes	GetuBetter
		GP Referral	Yes	Via MSK SPoA
Greenwich	Circle Health Group	Self referral	Yes	Self referral - Circle Integrated Care (circlehealthgroup.co.uk)
		Self help resources	Yes	Self help resources - Circle Integrated Care (physiapp.com)
		Digital platform	Yes	Phio
		GP Referral	Yes	Via MSK SPoA
Lambeth	GSTT	Self referral	Yes	Self referral - Physiotherapy - Guy's and St Thomas's NHS Foundation Trust
		Self help resources	Yes	Health information on webpage and through GetuBetter app.
		Digital platform	Yes	GetUBetter
		GP Referral	Yes	Via MSK SPoA
Lewisham	LGT	Self referral	Yes	Self-referral – Lewisham & Greenwich NHS Trust
		Digital Platform	Yes	GetuBetter from August 2026
		GP Referral	Yes	Via MSK SPoA
Southwark	KCH	Self referral	Yes	GetuBetter app (plan for expanding offering in 2026-2027)
		Self management	Yes	A message is sent to patients when they are added to the waiting list – “Whilst you await an appointment, we would encourage you to try using the NHS approved digital self-management Get U Better app specifically designed for musculoskeletal conditions. https://www.getubetter.com/patient/ ”
		Digital platform	Yes	GetuBetter
		GP Referral	Yes	Via MSK SPoA

Borough Specific MSK SPoA ERS

Borough	E-RS service (specialty, service name)	
Bromley	Physiotherapy	<ul style="list-style-type: none"> • (Bromley) Integrated MSK Triage Service (Vita Health Group) • NHS Bromley Musculoskeletal Services & Physio
Bexley	Physiotherapy	<ul style="list-style-type: none"> • (Bexley) Integrated MSK Triage Service (Oxleas) • Bexley MSK Service
Greenwich	Physiotherapy	<ul style="list-style-type: none"> • (Greenwich) Integrated MSK Triage Service (Circle Integrated Care) • Circle Greenwich MSK service • Information for referrers
Lambeth	Physiotherapy	<ul style="list-style-type: none"> • (Lambeth) Integrated MSK Triage Service (Guy's & St Thomas's) • Musculoskeletal assessment service (MCATTS) - Overview
Lewisham	Physiotherapy	<ul style="list-style-type: none"> • (Lewisham) Integrated MSK Triage Service (Lewisham Hospital) • MCAT Service
Southwark	Physiotherapy	<ul style="list-style-type: none"> • (Southwark) Integrated MSK Triage Service (King's College Hospital) • KCH: Musculoskeletal outpatient physiotherapy • (Southwark) Integrated MSK Triage Service (Guy's and St Thomas's) • GSTT: Musculoskeletal assessment service (MCATTS) – Overview