University Hospitals of Leicester NHS
NHS Trust

Hip Ultrasound Imaging for Adult patients
Primary Care Guidance

Introduction

Ultrasound is often used as a first line investigation as the test is readily available, non-invasive and does not involve ionising radiation. Many primary care clinicians express considerable uncertainty as to where it can be used most effectively. These guidelines are designed to help GPs in that challenging decision making process, reducing GP workload and reducing demand for scans where ultrasound is unlikely to be helpful, creating capacity for those who really need it. At the same time, we ask for careful consideration before marking a case as “urgent”. This prolongs waiting times for everyone, and delays some patients being referred for an appropriate test as they wait for an ultrasound, which may not be indicated.

We recognise that there may be specific clinical situations not within the scope of this guidance when an ultrasound is helpful, and if there are any clinical queries please contact the musculoskeletal consultant via eRS for advice and guidance.

Hip ultrasound imaging

Many musculoskeletal pathologies are diagnosed successfully by good clinical examination. Imaging should be reserved for those in whom examination is equivocal or in some cases, when treatment for an expected pathology has failed. Incidental pathology is common and may not be the current cause of symptoms – clinical correlation is always required. BEMUS https://www.sor.org/sites/default/files/document-versions/ultrasound_guidance.pdf

In Primary care of the patients presenting with hip pain each year, 25% will improve within 3 months and 35% at 12 months. Trochanteric pain with local tenderness is often due to trochanteric bursitis or gluteal tendinopathy. Isolated pain over the greater trochanter settles in 64% of patients after 1 year and 71% over 5 years.

Ultrasound is not recommended for the diagnosis of OA (NICE CG177).

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HIPS

Not indicated routinely

Ultrasound should not be used routinely in the investigation of lateral hip/ greater trochanteric pain. Ultrasound is of limited value in the assessment of hip disease and is only used to confirm the presence of an effusion in a painful, potentially infected or inflamed hip.

Lateral (greater trochanteric) pain is a common clinical syndrome where patients, with a strong female predominance, present with pain and tenderness over the greater trochanter. The diagnosis is primarily clinical, and there is poor correlation ultrasound findings and clinical examination (which suffer from high inter-observer variability) and the clinical symptoms.

A normal ultrasound does not exclude a diagnosis of greater trochanteric pain syndrome. An ultrasound therefore does not add to management in the vast majority of cases.

SYNOVITIS

If inflammatory joint disease or synovitis is suspected please discuss or refer to rheumatology.

RED FLAGS

Send to Emergency Department or discuss with Orthopaedic REGISTRAR on call

- Severe hip pain and sudden inability to weight bear +/- history of fall
- Sudden severe significant deterioration of chronic hip pain
- Sudden change in true leg length
- Suspected sepsis
- Systemically unwell

If concern regarding suspected new malignancy *please refer via 2 week wait pathway*

INORMATION FOR PATIENTS

The NHS Choices website gives useful information about hip replacements for patients including guidance on risks and recovery

If diagnosis unclear then consider the differential diagnosis and whether a diagnostic USS will change your management

The guidance above has been developed in conjunction with the Radiology Department and orthopaedic consultants. Should you feel that there is a need for clinical imaging outside of the criteria stated above then you may find it helpful to obtain advice and guidance from an orthopaedic consultant via eRS.

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