

Key Clinical Findings of Hip Pain and Mobility Deficits—Hip OA

- Moderate anterior or lateral hip pain during weight-bearing activities
- Morning stiffness less than 1 hour in duration after waking
- Hip IR ROM less than 24°
- IR and hip flexion 15° less than the nonpainful side
- Increased hip pain associated with passive hip IR
- Absence of history, activity limitations, and/or impairments inconsistent with hip OA



Measures to Assess Level of Functioning, Presence of Associated Physical Impairments to Address With Treatment, and Response to Treatment*

Activity/Participation Measures (A)

- LEFS
- WOMAC
- BPI
- HOOS
- HHS
- Pain VAS
- Berg Balance Scale
- Timed up-and-go test
- Stair measure
- Self-paced walk test
- 4-square step test
- Step test
- Timed single-leg stance
- 30-second chair stand
- 6-minute walk test

Impairment Measures

- FABER test (A)
- Scour test (A)
- Hip flexion ROM (A)
- Hip IR ROM (A)
- Hip ER ROM (A)
- Hip extension ROM (A)
- Hip abduction/gluteus medius strength and motor control (A)
- Hip extension/gluteus maximus strength and motor control (A)
- Pain at rest: current level of pain (0-10, 0 best) (F)
- Pain at best: lowest level of pain in recent 24 hours (0-10, 0 best) (F)
- Pain at worst: highest level of pain in recent 24 hours (0-10, 0 best) (F)
- Pain frequency: percent of time in pain in recent 24 hours (0%-100% of time, 0% best) (F)



Figure continues on page 2.

FIGURE. Hip pain and mobility deficits—hip osteoarthritis examination/intervention guidelines decision-making model. *Letters in parentheses reflect the grade of evidence on which the recommendation for each item is based: (A) strong evidence; (B) moderate evidence; (C) weak evidence; (D) conflicting evidence; (E) theoretical/foundational evidence; (F) expert opinion.

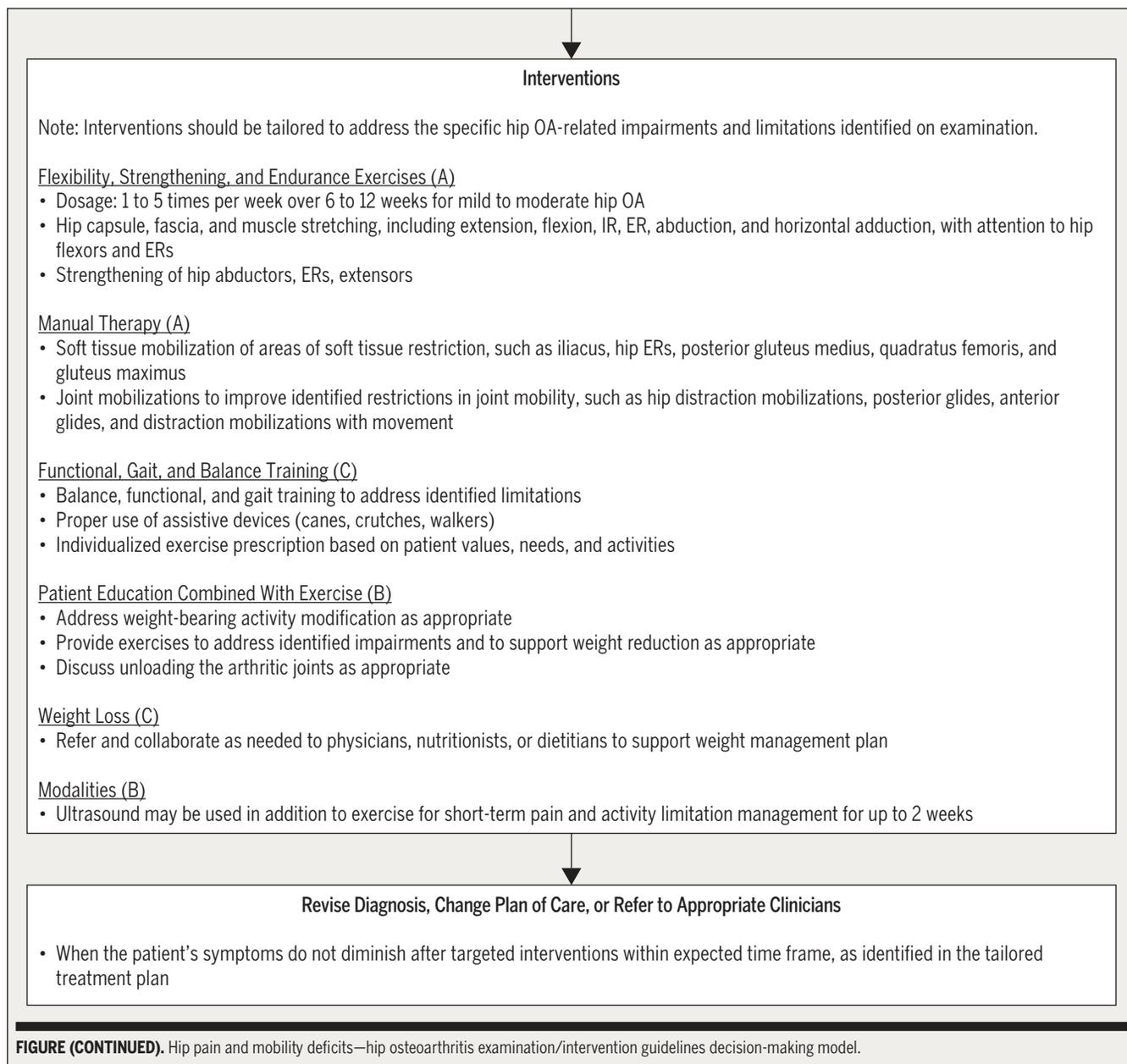


FIGURE (CONTINUED). Hip pain and mobility deficits—hip osteoarthritis examination/intervention guidelines decision-making model.