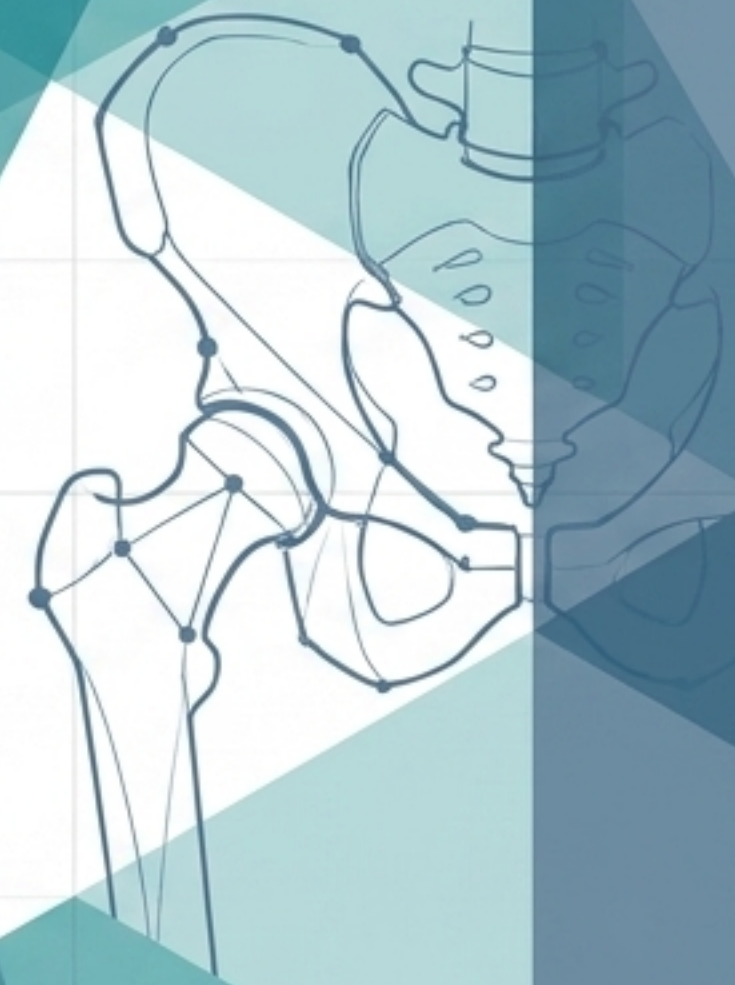


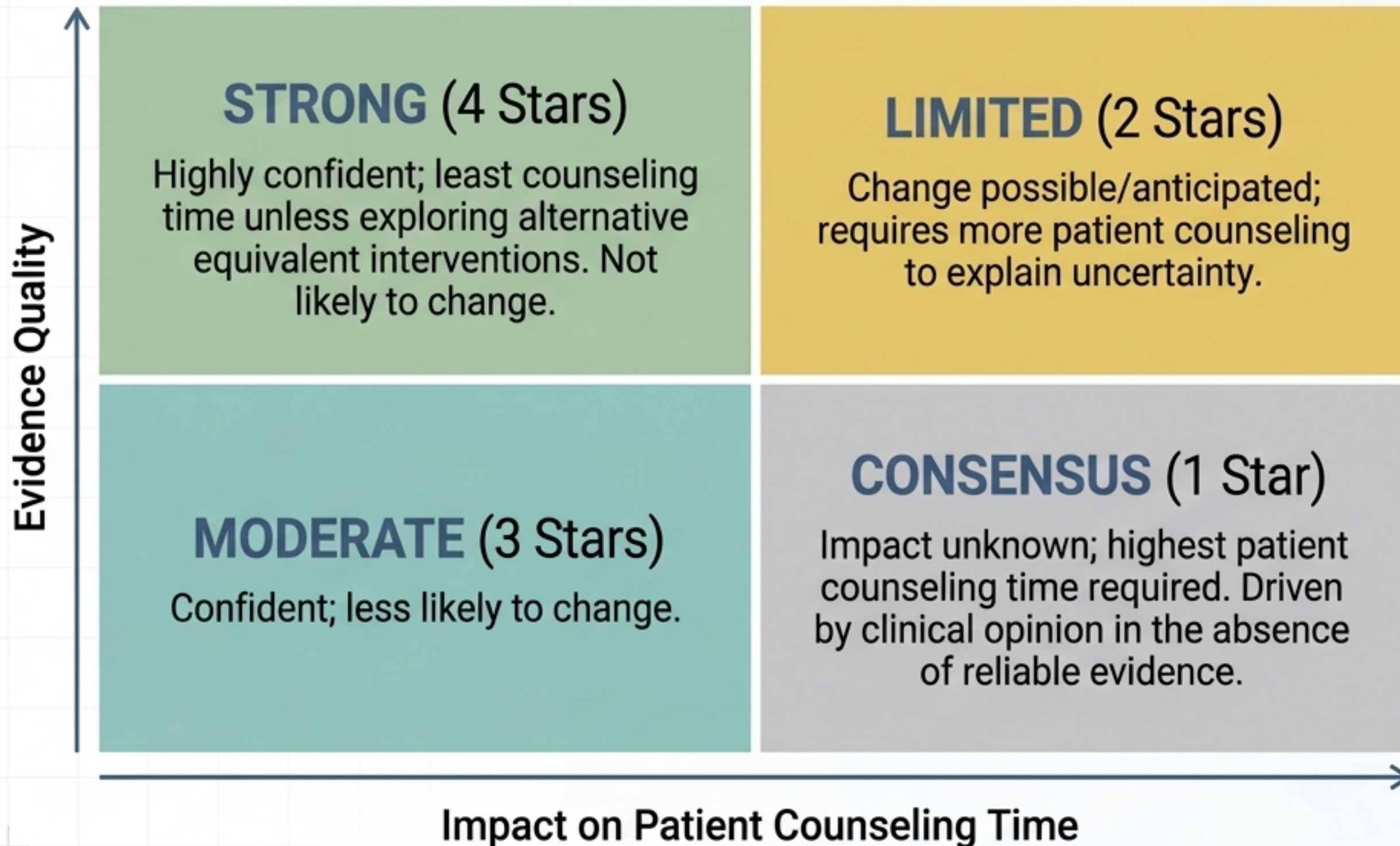
Management of Osteoarthritis of the Hip: Executive Clinical Reference

Distilled Evidence-Based Clinical Practice
Guidelines for Shared Decision-Making
and Operative Optimization.

Adopted by the AAOS Board of Directors, December 2023.








Decoding the Evidence: The EBM Impact Matrix



Dashboard Guide:
Look for the star rating in the top right corner of every subsequent clinical slide for an instant read on evidence reliability and counseling requirements.

The Pharmacological Triage Matrix

Intervention	Clinical Stance	Indication & Efficacy	Evidence Barometer
 NSAIDs	DO USE	Reduce pain and improve function (oral, when not contraindicated).	★★★★
 Intraarticular Corticosteroids	CONSIDER	Short-term function improvement and pain reduction.	★★★☆☆
 Acetaminophen	CONSIDER	Improve pain/function when not contraindicated.	★☆☆☆☆
 Intraarticular Hyaluronic Acid (HA)	DO NOT USE	Does not improve function or reduce pain better than placebo.	★★★★
 Oral Opioids	DO NOT USE	Rejected for nonoperative treatment.	★☆☆☆☆

Key Takeaway: Strong evidence supports NSAIDs as the primary pharmacological driver, while unequivocally rejecting HA injections as no better than placebo.

Conservative Physical Therapy Yields Functional Gains Despite Protocol Heterogeneity



The Benefits: Positive Outcomes

Range of Motion Gains ✓

Balance Step Test ✓

5m & 15m Walking Tests ✓

Timed-Up-and-Go ✓

WOMAC Improvements ✓

HOOS Scores ✓



The Noise: Data Limitations

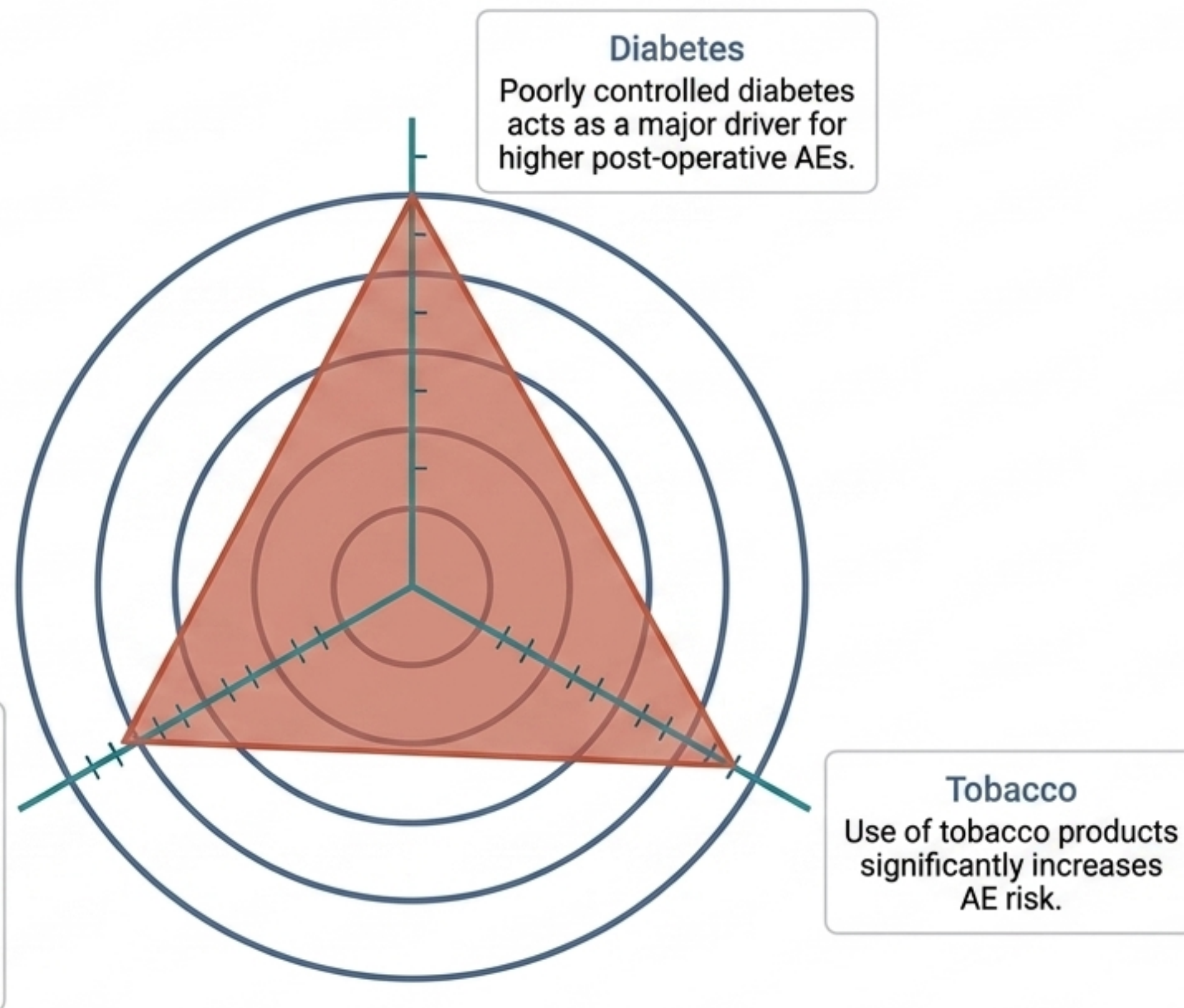
No stratification based on Kellgren-Lawrence grade or OA severity ✗

Highly varied modalities (e.g., core strengthening vs. ultrasound) ✗

Varied intensity and duration protocols across studies ✗

Clinical Synthesis: Physical therapy improves function and reduces pain for mild to moderate OA. However, studies rarely stratify by disease severity, meaning patients with end-stage structural disease may not receive the same functional benefit despite the cost.

The Pre-Operative Risk Radar: Adverse Event Multipliers

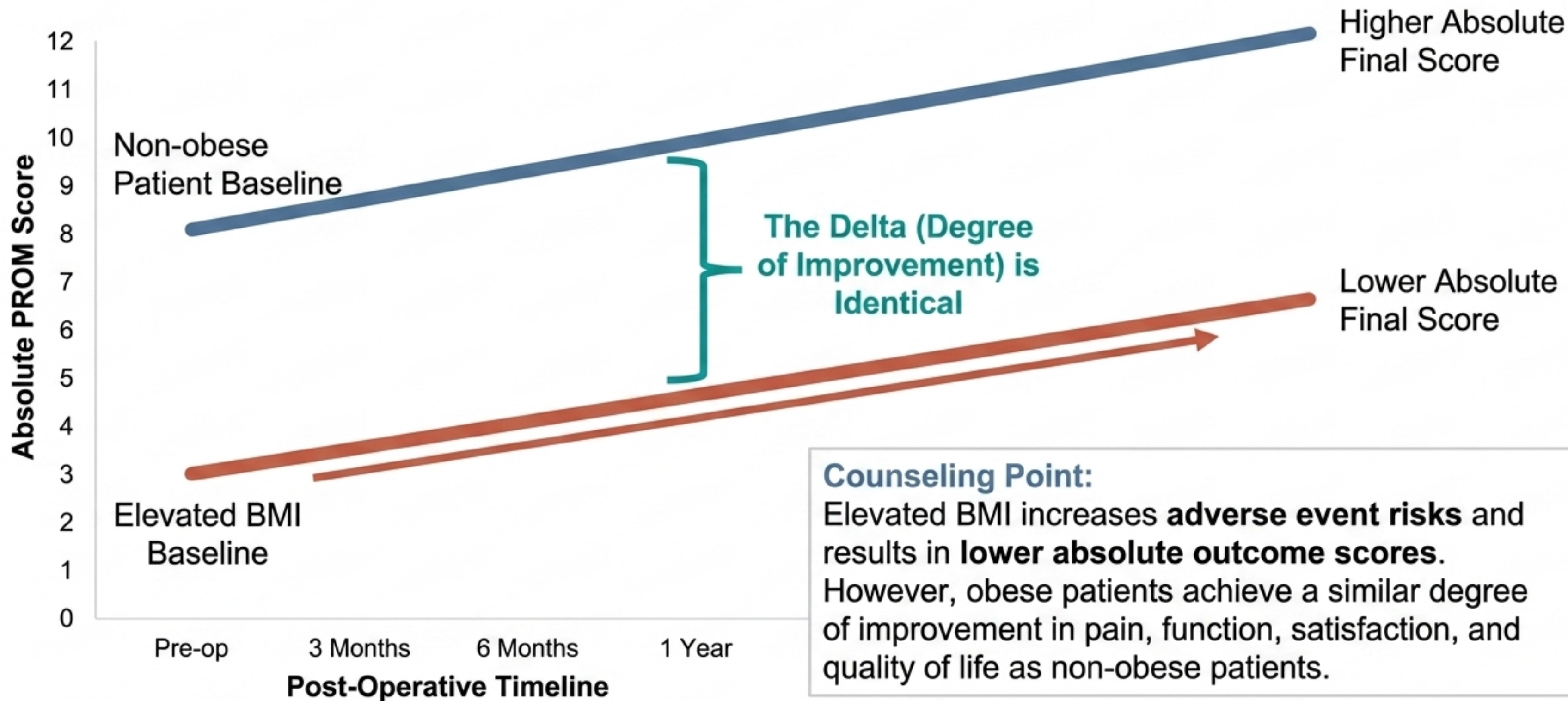


Actionable Takeaway

Modifiable risk factors must be addressed in the pre-operative clinic. A shared decision-making process should weigh these interconnected variables against the anticipated surgical benefit.

The BMI Paradox: Lower Baselines, Parallel Trajectories

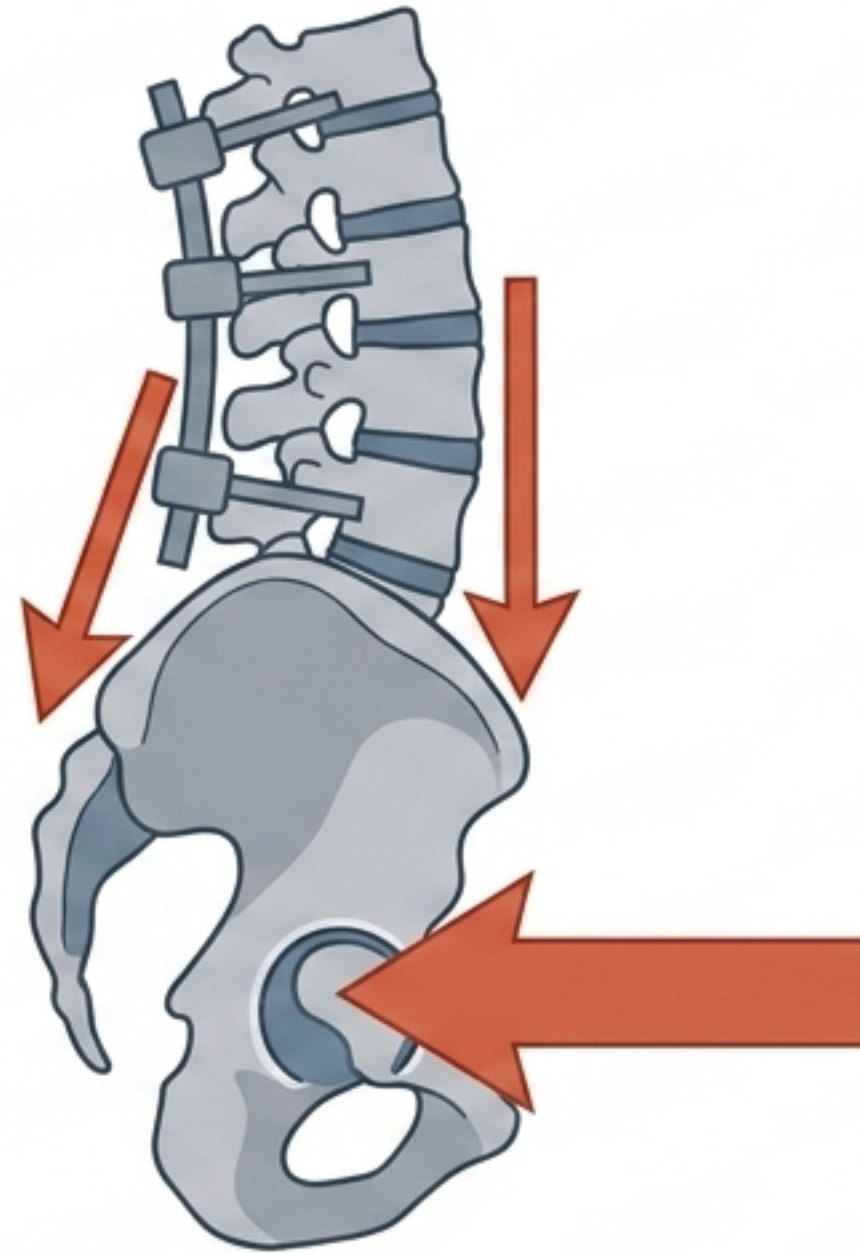
★ ★ ★ ★
LIMITED EVIDENCE



The Hip-Spine Dislocation Vector



Normal Mechanics:
Flexible lumbar spine
compensates for pelvic tilt.



**Extreme Mechanical
Stress Transfer**

Clinical Takeaway: Patients with OA of the hip and concurrent 'Stiff Spine Syndrome' possess altered spinopelvic kinematics. This directly translates to an increased risk of prosthesis dislocation after THA compared to patients with normal spinal mobility.

Intra-Operative Decision Matrix

Femoral Fixation



Guideline: Cemented femoral stems could be considered in older adult patients.

Primary Benefit: Associated with a **lower risk of periprosthetic fracture**.

Surgical Exposure Approach



Guideline: There is **NO** preferred surgical approach.

Context: Specific risks and benefits exist for each approach; choice should be driven by **surgeon experience** and **patient anatomy**.

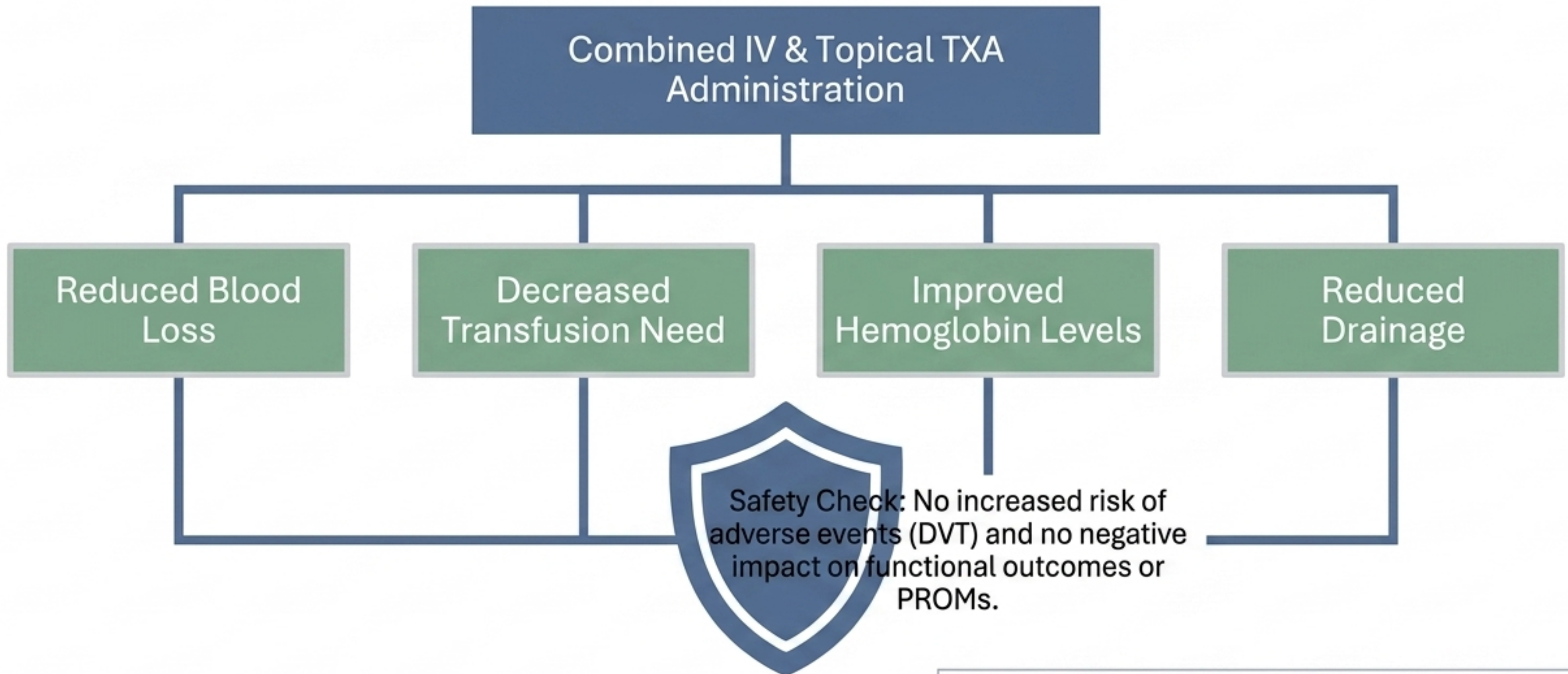
Anesthesia Modality



Guideline: Neuraxial anesthesia may be utilized over general anesthesia.

Primary Benefit: Associated with a **reduction in adverse events**.

The TXA Cascade: Efficacy Without Compromise



Future Research: While retrospective studies show safety in high-risk patients (vascular disease, stents), prospective randomized trials are warranted to refine dosing and establish definitive protocols for these cohorts.

The Great Rehab Debate: Formal PT vs. Unsupervised Home Exercise



The Case for Formal PT



High-quality studies demonstrate significant improvements in specific functional metrics:

- ✓ 6-Minute Walk Test
- ✓ Stair Climb Test
- ✓ Max walking speed
- ✓ Long-term walking ability (up to 1 year)

The Case for Home Exercise



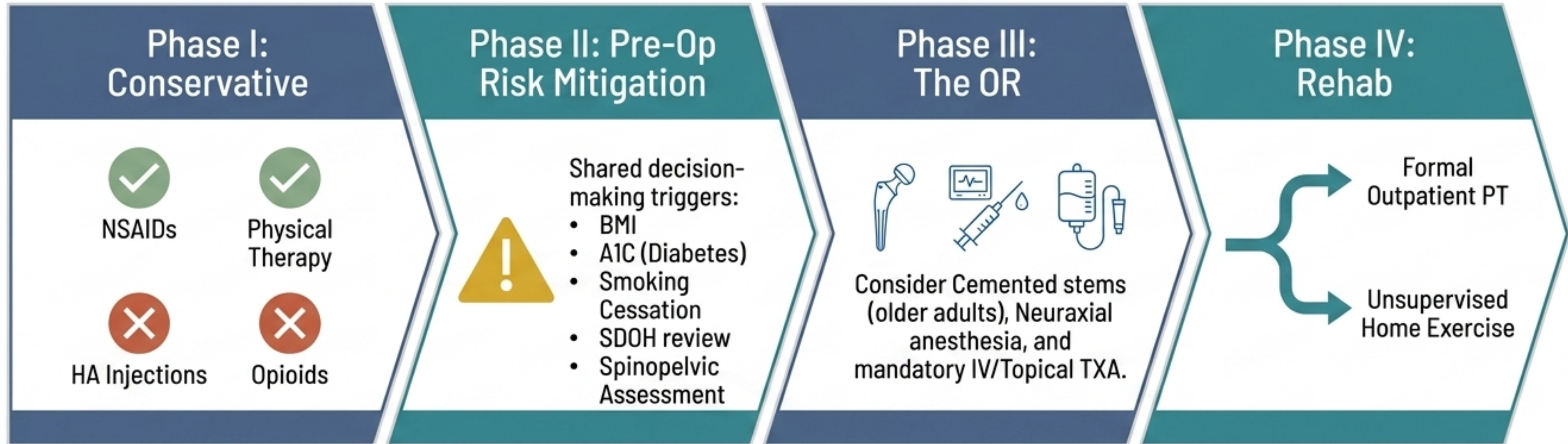
Competing high-quality studies show NO significant difference between guided PT and home programs in:

- ✓ Patient Reported Outcome Measures (PROMs)
- ✓ Harris Hip Scores

**Some studies only evaluated early 4-week recovery.*

The Clinical Synthesis: Both pathways are supported by high-quality evidence. Currently, there are no formal guidance measures to identify which specific patient profiles will succeed with home exercise versus those requiring structured supervision to avoid delayed negative sequelae.

The Hip OA Clinical Management Algorithm



A highly rigorous, evidence-based approach to Hip OA requires aggressive pharmacological triage, comprehensive pre-operative risk modification, intra-operative blood conservation, and personalized rehabilitation pathways.