



NORTHWEST  
OKLAHOMA  
ORTHOPAEDIC  
CLINIC

## Hip Region Pain – Orthopaedic Evaluation Referral

### Purpose of Referral

Pain perceived in the hip region is frequently caused by conditions outside the hip joint, including lumbar spine, neurologic, or peri-articular sources.

This evaluation focuses on determining whether the **hip joint** is the primary pain generator.

Patient Name

DOB

Phone

### 1. Primary Pain Pattern (*Select ONE – required*)

- Groin-dominant pain (worse with walking or weightbearing)
- Lateral hip pain (greater trochanter region)
- Buttock / posterior hip pain ( $\pm$  leg radiation)
- Diffuse pain or unclear source

### 2. Pertinent Exam Findings (*Check all that apply*)

- Pain reproduced with hip range of motion
- Limited hip internal rotation
- Positive FADIR or FABER
- Neurologic symptoms (numbness, tingling, weakness)
- Pain worsened by spinal motion or prolonged sitting
- No physical exam performed

### 3. Imaging (If Available)

- Hip X-ray shows moderate–severe osteoarthritis
- Hip X-ray normal or mild changes
- Lumbar spine imaging abnormal
- No imaging obtained

### 4. Reason for Referral (*Select ONE – required*)

- Suspected primary hip joint pathology
- Pain source unclear — orthopaedic opinion requested
- Persistent symptoms despite conservative care
- Patient requesting orthopaedic consultation

### Important Scheduling Information

Hip-focused surgical evaluation is most appropriate when clinical findings suggest **primary hip joint pathology**.

Patients whose presentation is more consistent with **spine-related or non-hip sources** may be referred for pain management or spine evaluation following orthopaedic assessment.

Referring Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Fax to: 580-233-3427