There's a move in the medical world to help health care professionals get on the same page. What does that mean? Well, if you have a health problem, condition, illness, disease, or injury -- no matter where you live, you should get the same top quality treatment based on the best evidence currently available.

But surprisingly, even with today's high-speed technology and ultra-fast communications, not everyone has the same information or ideas about treatment. And that's true even for common problems like hip osteoarthritis.

So clinicians like physicians and Physical Therapists are putting together clinical practice guidelines whenever possible to help guide current practice. In this article, the latest research is reviewed and summarized to present clinical practice guidelines for hip arthritis. And in a new twist, these guidelines are linked to the ICF. The ICF stands for the World Health Organization's new International Classification of Functioning, Disability, and Health.

The WHO-ICF model was developed to describe, classify, and measure function when managing patients of all kinds. It's a tool that can be used by health care professionals and researchers around the world. It will help standardize how we describe and discuss how a condition or disease affects a person's ability to function. Instead of focusing on what the person can't do (i.e., their limitations and handicaps), the new approach is to focus on what they can do (function, activities, participation).

The ICF has its own codes to classify body functions, body structure, and activities and participation. For example, with hip osteoarthritis, body function would be viewed as pain in joints or mobility of a single joint. Body structure is labeled as hip joint, muscles of pelvic region, or ligaments of pelvic region.

Activities and participation might be maintaining a standing position, walking short distances, or walking long distances. You can see how different these codes are from our current billing codes used such as primary coxarthrosis, unilateral (which means hip arthritis on one side) or posttraumatic coxarthrosis.

The authors of this 25-page summary explain what evidence they found to help us understand the pathology behind hip arthritis, the risk factors, and how the condition is diagnosed or classified. They collected this evidence from all high-quality studies published between 1967 and 2008. Other categories reviewed included examination measures and treatment used by Physical Therapists called interventions. Specific treatment interventions summarized included patient education, gait (walking) and balance training, manual therapy, and exercise.

A very nice, one-page summary of the recommendations for each of these sections is provided at the beginning of the article. The authors say the guideline will be reviewed again in five years (2013) or sooner if new evidence comes to light. Here's a brief summary of the main points and recommendations given for Physical Therapists evaluating and treating patients with hip osteoarthritis:

- Therapists should evaluate hip movement with special tests of the hip abductor muscles.
- Therapists should assess patients for risk factors for hip osteoarthritis including age, developmental disorders, and previous hip joint injuries.
- Patients with hip osteoarthritis have the following history and/or symptoms: pain along the front and/or side of the hip when putting weight on the leg. Age over 50. Morning stiffness lasting less than one hour (gets better with movement). Hip motions that are limited include internal rotation and flexion. Compare the involved side with the other nonpainful side. More than a 15-degree difference is
significant.

• Two good tests to use before and after treatment to measure results should include the Western Ontario and McMaster Universities Osteoarthritis Index and the Harris Hip Score. These are valid tests of functional outcomes. Other useful tests of physical performance include the 6-minute walk, timed up-and-go test, self-paced walk, and stair measure.

• Evidence supports the importance of patient education about exercise, weight loss, activity modification, and balance training.

• Manual therapy can help provide short-term pain relief and improve hip motion for patients with mild hip osteoarthritis. This treatment approach helps improve mobility and function.

Therapists will want to read the full 25-page report for details of the research findings. As much information as could be found related to hip osteoarthritis is provided on race, gender, genetics, occupation, sports exposure, and natural history of the condition. Full descriptions of the tests recommended as measures of function and activity are reprinted for those who may be unfamiliar with them.

And for those therapists who want to review their own treatment of patients with hip osteoarthritis against the current evidence-based standards, specific information is offered on many interventions available. The best kind of flexibility, strengthening, and endurance exercises are discussed. The use of aquatic (in the pool) exercise is supported for short-term benefits. Research has not shown any positive long-term effects of aquatic therapy. But decreased pain and improved function even in the short run improves quality of life and that’s important.

The full list of over 200 references is included for anyone who wants to read the original studies cited. Eight authors and 12 reviewers put much time and attention in the preparation of these clinical guidelines. Contact information for each one is listed to encourage questions, conversation, and reporting of new evidence in order to maintain and revise these new guidelines.