**Persistent Hip Pain: The Words We Use Matter**

Persistent musculoskeletal pain can be challenging to diagnose and manage, for both the patient and the primary care provider. A biopsychosocial model should be implemented when caring for the patient with persistent pain, however both clinicians and patients are often seeking a biological explanation (e.g. labral tear, femoroacetabular impingement) for their pain. A recent small qualitative study in the British Journal of Sport Medicine examined how patients seeking care for persistent hip pain made sense of their symptoms[1]. What the investigators found, unsurprisingly, was that the way patients perceived their symptoms contributed to the avoidance of physical activity, impaired sleep, and emotional distress.

*Quick facts about hip pain:*

- 1 in 5 people over age 60, and 1 in 4 women over age 50 will experience pain in either the greater trochanter, groin, or gluteal region[2]
- Common causes of hip pain include osteoarthritis, gluteal tendinopathy/trochanteric bursitis, labral tears, femoroacetabular impingement
- Similar to patients with low back or knee pain, imaging does not necessarily correlate to symptoms[3], and radiologic findings are present in many asymptomatic individuals[4]

*Patients' perception of their hip pain*

- All study participants held the belief that their hip pain and disability was due to the hip being "damaged", to "degeneration", "fissures", "tears", "detachment", or "arthritis"
    - These beliefs were directly related to imaging reports and information given by their healthcare provider
- Participants attempted to limit further damage to their hip through activity avoidance
    - Previous research has shown that negative beliefs and greater disability are related in patients with low back pain and knee osteoarthritis
- While all patients made sense of their pain through a *biomedical* lens, they experienced their pain through a *biopsychosocial* lens
    - Perception of inability to exercise led to increased emotional distress, and decreased ability to cope

*So what can I tell my patient?*

The authors suggest some of the following phrases when discussing imaging findings or hip pathology with patients:

- "Pathoanatomical changes such as labral tears and hip joint arthritis are common in pain-free populations. This means that other factors are also important to explain hip pain.
  Pain in the hip structures is influenced by multiple factors such as sleep, fatigue, mood, strength, physical activity and body weight. Many of these factors are influenced by things you can do for yourself. We can make a plan to address these."
- "Pathoanatomical changes relating to the hip tendons are common in pain-free populations. Tendon health is influenced by lots of factors such as muscle strength, engagement in physical activity, psychological health and levels of obesity. Addressing these factors can keep tendons

healthy with ageing. It is important to know that it is safe and helpful to engage in graduated exercise with tendon tears—rest and activity avoidance is unhelpful."

- "Developing an understanding of your hip pain, building confidence to move, getting strong and active, as well as maintaining a healthy body weight, can reduce pain, disability, need for medication and in many cases the need for surgery."

*Bottom line:*

The words we choose when discussing pathology and radiographic findings with patients impact their beliefs with regards to their hip pain. The development of negative beliefs can lead to ineffective coping strategies, such as physical activity avoidance.

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*References:*

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