# American College of Radiology ACR Appropriateness Criteria®

## **Acute Hip Pain**

Variant 1: Adult. Acute hip pain, traumatic. Initial imaging.

	Appropriateness	go-							F	inal '	Tabu	latio	ns		
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
Radiography hip	Usually appropriate	Strong	��� 1-10 mSv		9	9	0	0	0	0	0	0	0	0	16
		References		Study	y Quality		-			•					
		14 (23787985)			4										
		15 (23365546)			2										
		17 (33131797)			4										
		16 (29894220)			2										
		2 (29959502)			4										
CT hip without IV contrast	Usually not appropriate	Expert Consensus	<b>≎≎≎</b> 1-10 mSv		1	1	14	0	0	1	0	0	1	0	0
MRI hip without IV contrast	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	15	0	0	1	0	0	0	0	0
MRI hip without and with IV contrast	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	15	0	0	0	0	1	0	0	0
Bone scan hip	Usually not appropriate	Expert Consensus	��� 1-10 mSv		1	1	16	0	0	0	0	0	0	0	0
US hip	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	14	0	0	0	1	1	0	0	0
CT hip with IV contrast	Usually not appropriate	Expert Consensus	��� 1-10 mSv		1	1	15	0	0	0	1	0	0	0	0

CT hip without and with IV contrast	Usually not appropriate	Expert Consensus	��� 1-10 mSv		1	1	15	0	0	0	0	1	0	0	0	
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### Variant 2: Adult. Acute hip pain, traumatic. Suspect fracture. Radiographs negative or indeterminate. Next imaging study.

Procedure	Appropriateness	SOE	Adults RRL	Peds RRL	Rating	Median			]	Final	Tabu	latio	ns		
Frocedure	Category	SOE	Addits KKL	reus KKL	Kating	Median	1	2	3	4	5	6	7	8	9
CT hip without IV contrast	Usually appropriate	Strong	<b>≎≎≎</b> 1-10 mSv		9	9	1	0	0	0	0	0	3	3	9
		References		Study	y Quality										
		26 (31147733)			4										
		23 (30249714)			4										
		20 (32633673)		(	Good										
		19 (33039184)			4										
		18 (31209592)		Inac	dequate										
		22 (31650264)			1										
		24 (32844321)			4										
		25 (34840828)			3										
		21 (31461322)		(	Good										
		27 (28301779)			2										
MRI hip without IV contrast	Usually appropriate	Strong	O 0 mSv	O 0 mSv [ped]	8	8	0	0	0	0	0	0	5	4	7
		References		Study	y Quality							•	•		
		29 (22623574)			2										
		23 (30249714)			4										
		20 (32633673)		(	Good										
		19 (33039184)			4										
		18 (31209592)		Inac	dequate										
		22 (31650264)		1											
		28 (31725122)			4										

		31 (32755182)			Not A	Assessed										
		21 (31461322)			C	Good										
		30 (33175269)				4										
MRI hip without and with IV contrast	Usuall approp	Expert Consensus	O 0 mSv	/	O 0 mSv [ped]	1	1	13	2	0	0	0	0	1	0	0
Bone scan hip	Usuall approp	Expert Consensus	��� 1-1 mSv	0		1	1	13	3	0	0	0	0	0	0	0
US hip	Usuall approp	Limited	O 0 mS\	/	O 0 mSv [ped]	1	1	11	3	0	1	1	0	0	0	0
		References			Study	Quality										
		32 (36521235)				1										
		33 (36570856)				4										
CT hip with IV contrast	Usuall approp	Expert Consensus	��� 1-1 mSv	0		1	1	16	0	0	0	0	0	0	0	0
CT hip without and with IV contrast	Usuall approp	Expert Consensus	��� 1-1 mSv	0		1	1	12	2	0	0	1	0	1	0	0

#### Variant 3: Adult. Acute hip pain, traumatic. Radiographs positive for hip fracture. Next imaging study.

ъ	Appropriateness	COE	A L L DDI	B 1 BB1	D (1	3.6.31			F	inal '	Гаbu	latio	ns		
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
CT hip without IV contrast	Usually appropriate	Limited	<b>≎≎≎</b> 1-10 mSv		9	9	0	0	1	0	2	1	3	1	8

MRI hip without IV contrast	May approp		Limited	O 0 mSv		O 0 mSv [ped]	5	5	0	0	0	1	10	1	3	1	0
	•		References			Study	Quality										
			20 (32633673)			C	lood										
			41 (32792156)				4										
			40 (34904188)				4										
			39 (30899712)				3										
MRI hip without and with IV contrast	Usually approp		Expert Consensus	O 0 mSv		O 0 mSv [ped]	1	1	14	1	1	0	0	0	0	0	0
Bone scan hip	Usually approp		Expert Consensus	��� 1-10 mSv	)		1	1	16	0	0	0	0	0	0	0	0
US hip	Usually approp	4 .	Expert Consensus	O 0 mSv		O 0 mSv [ped]	1	1	16	0	0	0	0	0	0	0	0
CT hip with IV contrast	Usually approp		Expert Consensus	��� 1-10 mSv	)		1	1	14	1	0	0	0	0	0	1	0
CT hip without and with IV contrast	Usually approp		Expert Consensus	��� 1-10 mSv	)		1	1	13	1	2	0	0	0	0	0	0

Variant 4: Adult. Acute hip pain, traumatic. Post reduction of hip dislocation. Follow-up imaging.

D 1	Appropriateness SOE Adults RRL Peds RRL	D 41	3.6.19			F	inal	Tabu	latio	ns					
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
Radiography hip	Usually appropriate	Limited	��� 1-10 mSv		9	9	0	0	0	0	0	0	0	0	16
		References Study Quality													
		44 (34623933)			4			•							
CT hip without IV contrast	Usually appropriate	Limited	��� 1-10 mSv		7	7	1	0	0	0	3	4	0	3	5
		References		Study	Quality										
		8 (29131775)			4										

42 (29146169)	4
43 (16424806)	4

		()													
MRI hip without IV contrast	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	10	1	2	1	0	2	0	0	0
MRI hip without and with IV contrast	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	14	0	2	0	0	0	0	0	0
Bone scan hip	Usually not appropriate	Expert Consensus	��� 1-10 mSv		1	1	16	0	0	0	0	0	0	0	0
US hip	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	15	0	0	0	0	1	0	0	0
CT hip with IV contrast	Usually not appropriate	Expert Consensus	��� 1-10 mSv		1	1	14	0	2	0	0	0	0	0	0
CT hip without and with IV contrast	Usually not appropriate	Expert Consensus	��� 1-10 mSv		1	1	14	1	1	0	0	0	0	0	0

Variant 5: Adult. Acute hip pain, traumatic. Suspect tendon, muscle, or ligament injury. Radiographs negative or indeterminate. Next imaging study.

D 1	Appropriateness	COF	A L L DDI	D I DDI	D 41	3.6.11			F	inal '	Гаbи	latio	ns		
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
MRI hip without IV contrast	Usually appropriate	Strong	O 0 mSv	O 0 mSv [ped]	9	9	0	0	0	0	0	0	1	3	12

References	Study Quality
51 (22038311)	M
56 (29757716)	4
57 (31163508)	4
58 (32718743)	4
52 (37092718)	4
55 (35494306)	3
50 (32513090)	4
53 (31283532)	4

54 (12942206)	4
45 (10430134)	4
46 (14684527)	3
47 (18450496)	1
48 (27011854)	4
49 (25453914)	2

CT hip without IV contrast	Usually not appropriate	Expert Consensus	��� 1-10 mSv		1	1	15	1	0	0	0	0	0	0	0
MRI hip without and with IV contrast	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	13	0	2	0	0	0	0	0	1
Bone scan hip	Usually not appropriate	Expert Consensus	<b>≎≎≎</b> 1-10 mSv		1	1	14	0	1	1	0	0	0	0	0
US hip	Usually not appropriate	Limited	O 0 mSv	O 0 mSv [ped]	1	1	16	0	0	0	0	0	0	0	0

References	Study Quality
56 (29757716)	4
54 (12942206)	4
59 (19941093)	4

CT hip with IV contrast	Usually not appropriate	Expert Consensus	��� 1-10 mSv	1	1	13	0	1	0	1	0	1	0	0
CT hip without and with IV contrast	Usually not appropriate	Expert Consensus	<b>≎≎≎</b> 1-10 mSv	1	1	13	0	2	0	0	0	1	0	0

#### **Appendix Key**

A more complete discussion of the items presented below can be found by accessing the supporting documents at the designated hyperlinks.

**Appropriateness Category**: The panel's recommendation for a procedure based on the assessment of the risks and benefits of performing the procedure for the specified clinical scenario.

**SOE**: Strength of Evidence. The assessment of the amount and quality of evidence found in the peer reviewed medical literature for an appropriateness recommendation.

- **References:** The citation number and PMID for the reference(s) associated with the recommendation.
- Study Quality: The assessment of the quality of an individual reference based on the number of study quality elements described in the reference.

RRL: Relative Radiation Level. A population based assessment of the amount of radiation a typical patient may be exposed to during the specified procedure.

Rating: The final rating (1-9 scale) for the procedure as determined by the panel during rating rounds.

Median: The median rating (1-9 scale) for the procedure as determined by the panel during rating rounds.

Final tabulations: A histogram showing the number of panel members who rated the procedure as noted in the column heading (ie, 1, 2, 3, etc.).

Additional supporting documents about the AC methodology and processes can be found at www.acr.org/ac.