American College of Radiology
ACR Appropriateness Criteria®

Chronic Hip Pain

Variant 1: Chronic hip pain. First test.

Procedure	Appropriateness Category	SOE	Adults RRL	Peds RRL	Rating	Median	Final Tabulations								
							1	2	3	4	5	6	7	8	9
Radiography hip	Usually appropriate		☢☢☢ 1-10 mSv		9	n/a	0	0	0	0	0	0	0	0	0
Radiography pelvis	Usually appropriate		☢☢ 0.1-1mSv	☢☢ 0.03-0.3 mSv [ped]	9	n/a	0	0	0	0	0	0	0	0	0
CT arthrography hip	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0
CT hip without IV contrast	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0
MR arthrography hip	Usually not appropriate		O 0 mSv	O 0 mSv [ped]	1	n/a	0	0	0	0	0	0	0	0	0
MRI hip without and with IV contrast	Usually not appropriate		O 0 mSv	O 0 mSv [ped]	1	n/a	0	0	0	0	0	0	0	0	0
MRI hip without IV contrast	Usually not appropriate		O 0 mSv	O 0 mSv [ped]	1	n/a	0	0	0	0	0	0	0	0	0
Bone scan hip	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0
US hip	Usually not appropriate		O 0 mSv	O 0 mSv [ped]	1	n/a	0	0	0	0	0	0	0	0	0

CT hip without and with IV contrast	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0
CT hip with IV contrast	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0
Image-guided anesthetic +/- corticosteroid injection hip joint or surrounding structures	Usually not appropriate		Varies		1	n/a	0	0	0	0	0	0	0	0	0
Fluoride PET/CT skull base to mid-thigh	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0

Variant 2: Chronic hip pain. Radiographs negative, equivocal, or nondiagnostic. Suspect extra-articular noninfectious soft-tissue abnormality, such as tendonitis.

Procedure	Appropriateness Category	SOE	Adults RRL	Peds RRL	Rating	Median	Final Tabulations								
							1	2	3	4	5	6	7	8	9
MRI hip without IV contrast	Usually appropriate		O 0 mSv	O 0 mSv [ped]	9	n/a	0	0	0	0	0	0	0	0	0
US hip	Usually appropriate		O 0 mSv	O 0 mSv [ped]	7	n/a	0	0	0	0	0	0	0	0	0
Image-guided anesthetic +/- corticosteroid injection hip joint or surrounding structures	May be appropriate		Varies		5	n/a	0	0	0	0	0	0	0	0	0
MRI hip without and with IV contrast	Usually not appropriate		O 0 mSv	O 0 mSv [ped]	3	n/a	0	0	0	0	0	0	0	0	0
MR arthrography hip	Usually not appropriate		O 0 mSv	O 0 mSv [ped]	2	n/a	0	0	0	0	0	0	0	0	0
CT hip without IV contrast	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0
CT arthrography hip	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0

Bone scan hip	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0
CT hip without and with IV contrast	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0
CT hip with IV contrast	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0
Fluoride PET/CT skull base to mid-thigh	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0

Variant 3: Chronic hip pain. Radiographs negative, equivocal, or nondiagnostic. Suspect impingement.

Procedure	Appropriateness Category	SOE	Adults RRL	Peds RRL	Rating	Median	Final Tabulations								
							1	2	3	4	5	6	7	8	9
MR arthrography hip	Usually appropriate		O 0 mSv	O 0 mSv [ped]	8	n/a	0	0	0	0	0	0	0	0	0
MRI hip without IV contrast	Usually appropriate		O 0 mSv	O 0 mSv [ped]	8	n/a	0	0	0	0	0	0	0	0	0
CT arthrography hip	Usually appropriate		☢☢☢ 1-10 mSv		7	n/a	0	0	0	0	0	0	0	0	0
CT hip without IV contrast	May be appropriate		☢☢☢ 1-10 mSv		5	n/a	0	0	0	0	0	0	0	0	0
Image-guided anesthetic +/- corticosteroid injection hip joint or surrounding structures	May be appropriate		Varies		5	n/a	0	0	0	0	0	0	0	0	0
US hip	May be appropriate		O 0 mSv	O 0 mSv [ped]	4	n/a	0	0	0	0	0	0	0	0	0
MRI hip without and with IV contrast	Usually not appropriate		O 0 mSv	O 0 mSv [ped]	3	n/a	0	0	0	0	0	0	0	0	0
Bone scan hip	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0

CT hip without and with IV contrast	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0
CT hip with IV contrast	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0
Fluoride PET/CT skull base to mid-thigh	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0

Variant 4: Chronic hip pain. Radiographs negative, equivocal, or nondiagnostic. Suspect labral tear with or without clinical findings consistent with or suggestive of impingement.

Procedure	Appropriateness Category	SOE	Adults RRL	Peds RRL	Rating	Median	Final Tabulations								
							1	2	3	4	5	6	7	8	9
MR arthrography hip	Usually appropriate		O 0 mSv	O 0 mSv [ped]	9	n/a	0	0	0	0	0	0	0	0	0
CT arthrography hip	Usually appropriate		☢☢☢ 1-10 mSv		7	n/a	0	0	0	0	0	0	0	0	0
MRI hip without IV contrast	May be appropriate		O 0 mSv	O 0 mSv [ped]	6	n/a	0	0	0	0	0	0	0	0	0
MRI hip without and with IV contrast	May be appropriate		O 0 mSv	O 0 mSv [ped]	5	n/a	0	0	0	0	0	0	0	0	0
Image-guided anesthetic +/- corticosteroid injection hip joint or surrounding structures	May be appropriate		Varies		5	n/a	0	0	0	0	0	0	0	0	0
CT hip without IV contrast	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0
Bone scan hip	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0
US hip	Usually not appropriate		O 0 mSv	O 0 mSv [ped]	1	n/a	0	0	0	0	0	0	0	0	0

Fluoride PET/CT skull base to mid-thigh	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0
CT hip without and with IV contrast	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0
CT hip with IV contrast	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0

Variant 5: Chronic hip pain. Evaluate articular cartilage. Next test after radiographs.

Procedure	Appropriateness Category	SOE	Adults RRL	Peds RRL	Rating	Median	Final Tabulations								
							1	2	3	4	5	6	7	8	9
MR arthrography hip	Usually appropriate		O 0 mSv	O 0 mSv [ped]	9	n/a	0	0	0	0	0	0	0	0	0
MRI hip without IV contrast	Usually appropriate		O 0 mSv	O 0 mSv [ped]	9	n/a	0	0	0	0	0	0	0	0	0
CT arthrography hip	Usually appropriate		☢☢☢ 1-10 mSv		8	n/a	0	0	0	0	0	0	0	0	0
MRI hip without and with IV contrast	May be appropriate		O 0 mSv	O 0 mSv [ped]	5	n/a	0	0	0	0	0	0	0	0	0
Image-guided anesthetic +/- corticosteroid injection hip joint or surrounding structures	May be appropriate		Varies		4	n/a	0	0	0	0	0	0	0	0	0
CT hip without IV contrast	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0
Bone scan hip	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0
US hip	Usually not appropriate		O 0 mSv	O 0 mSv [ped]	1	n/a	0	0	0	0	0	0	0	0	0
CT hip without and with IV contrast	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0

CT hip with IV contrast	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0
Fluoride PET/CT skull base to mid-thigh	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0

Variant 6: Chronic hip pain. Radiographs positive. Arthritis of uncertain type. Infection is a consideration.

Procedure	Appropriateness Category	SOE	Adults RRL	Peds RRL	Rating	Median	Final Tabulations								
							1	2	3	4	5	6	7	8	9
MRI hip without and with IV contrast	Usually appropriate		O 0 mSv	O 0 mSv [ped]	9	n/a	0	0	0	0	0	0	0	0	0
Aspiration hip	Usually appropriate		Varies		9	n/a	0	0	0	0	0	0	0	0	0
MRI hip without IV contrast	Usually appropriate		O 0 mSv	O 0 mSv [ped]	7	n/a	0	0	0	0	0	0	0	0	0
US hip	May be appropriate		O 0 mSv	O 0 mSv [ped]	5	n/a	0	0	0	0	0	0	0	0	0
3-phase bone scan hip	May be appropriate		☢☢☢ 1-10 mSv		4	n/a	0	0	0	0	0	0	0	0	0
CT hip without IV contrast	Usually not appropriate		☢☢☢ 1-10 mSv		2	n/a	0	0	0	0	0	0	0	0	0
CT hip without and with IV contrast	Usually not appropriate		☢☢☢ 1-10 mSv		2	n/a	0	0	0	0	0	0	0	0	0
CT hip with IV contrast	Usually not appropriate		☢☢☢ 1-10 mSv		2	n/a	0	0	0	0	0	0	0	0	0
Fluoride PET/CT skull base to mid-thigh	Usually not appropriate		☢☢☢ 1-10 mSv		2	n/a	0	0	0	0	0	0	0	0	0
MR arthrography hip	Usually not appropriate		O 0 mSv	O 0 mSv [ped]	1	n/a	0	0	0	0	0	0	0	0	0

Image-guided anesthetic +/- corticosteroid injection hip joint or surrounding structures	Usually not appropriate		Varies		1	n/a	0	0	0	0	0	0	0	0	0
CT arthrography hip	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0

Variant 7: Chronic hip pain. Radiographs suggestive of pigmented villonodular synovitis or osteochondromatosis.

Procedure	Appropriateness Category	SOE	Adults RRL	Peds RRL	Rating	Median	Final Tabulations								
							1	2	3	4	5	6	7	8	9
MRI hip without IV contrast	Usually appropriate		O 0 mSv	O 0 mSv [ped]	9	n/a	0	0	0	0	0	0	0	0	0
CT arthrography hip	May be appropriate		☢☢☢ 1-10 mSv		5	n/a	0	0	0	0	0	0	0	0	0
Aspiration hip	May be appropriate		Varies		4	n/a	0	0	0	0	0	0	0	0	0
CT hip without IV contrast	Usually not appropriate		☢☢☢ 1-10 mSv		2	n/a	0	0	0	0	0	0	0	0	0
MR arthrography hip	Usually not appropriate		O 0 mSv	O 0 mSv [ped]	2	n/a	0	0	0	0	0	0	0	0	0
MRI hip without and with IV contrast	Usually not appropriate		O 0 mSv	O 0 mSv [ped]	2	n/a	0	0	0	0	0	0	0	0	0
Bone scan hip	Usually not appropriate		☢☢☢ 1-10 mSv		2	n/a	0	0	0	0	0	0	0	0	0
US hip	Usually not appropriate		O 0 mSv	O 0 mSv [ped]	2	n/a	0	0	0	0	0	0	0	0	0
Image-guided anesthetic +/- corticosteroid injection hip joint or surrounding structures	Usually not appropriate		Varies		2	n/a	0	0	0	0	0	0	0	0	0

CT hip without and with IV contrast	Usually not appropriate		☢☢☢ 1-10 mSv		2	n/a	0	0	0	0	0	0	0	0	0
CT hip with IV contrast	Usually not appropriate		☢☢☢ 1-10 mSv		2	n/a	0	0	0	0	0	0	0	0	0
Fluoride PET/CT skull base to mid-thigh	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0

Variant 8: Chronic hip pain and low back, pelvic, or knee pathology. Want to exclude hip as the source. Radiographs negative, equivocal, or showing mild osteoarthritis.

Procedure	Appropriateness Category	SOE	Adults RRL	Peds RRL	Rating	Median	Final Tabulations								
							1	2	3	4	5	6	7	8	9
MRI hip without IV contrast	Usually appropriate		O 0 mSv	O 0 mSv [ped]	9	n/a	0	0	0	0	0	0	0	0	0
Image-guided anesthetic +/- corticosteroid injection hip joint or surrounding structures	Usually appropriate		Varies		8	n/a	0	0	0	0	0	0	0	0	0
CT hip without IV contrast	May be appropriate		☢☢☢ 1-10 mSv		5	n/a	0	0	0	0	0	0	0	0	0
MR arthrography hip	May be appropriate		O 0 mSv	O 0 mSv [ped]	5	n/a	0	0	0	0	0	0	0	0	0
US hip	May be appropriate		O 0 mSv	O 0 mSv [ped]	4	n/a	0	0	0	0	0	0	0	0	0
MRI hip without and with IV contrast	Usually not appropriate		O 0 mSv	O 0 mSv [ped]	2	n/a	0	0	0	0	0	0	0	0	0
CT arthrography hip	Usually not appropriate		☢☢☢ 1-10 mSv		2	n/a	0	0	0	0	0	0	0	0	0
Bone scan hip	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0
CT hip without and with IV contrast	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0

CT hip with IV contrast	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0
Fluoride PET/CT skull base to mid-thigh	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0

Variant 9: Computer navigation of hip arthroplasty or modeling.

Procedure	Appropriateness Category	SOE	Adults RRL	Peds RRL	Rating	Median	Final Tabulations								
							1	2	3	4	5	6	7	8	9
CT hip without IV contrast	Usually appropriate		☢☢☢ 1-10 mSv		9	n/a	0	0	0	0	0	0	0	0	0
Radiography hip	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0
Radiography pelvis	Usually not appropriate		☢☢ 0.1-1mSv	☢☢ 0.03-0.3 mSv [ped]	1	n/a	0	0	0	0	0	0	0	0	0
CT arthrography hip	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0
MR arthrography hip	Usually not appropriate		O 0 mSv	O 0 mSv [ped]	1	n/a	0	0	0	0	0	0	0	0	0
MRI hip without and with IV contrast	Usually not appropriate		O 0 mSv	O 0 mSv [ped]	1	n/a	0	0	0	0	0	0	0	0	0
MRI hip without IV contrast	Usually not appropriate		O 0 mSv	O 0 mSv [ped]	1	n/a	0	0	0	0	0	0	0	0	0
Bone scan hip	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0
US hip	Usually not appropriate		O 0 mSv	O 0 mSv [ped]	1	n/a	0	0	0	0	0	0	0	0	0
CT hip without and with IV contrast	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0

CT hip with IV contrast	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	0	0
Image-guided anesthetic +/- corticosteroid injection hip joint or surrounding structures	Usually not appropriate		Varies		1	n/a	0	0	0	0	0	0	0	0	0
Fluoride PET/CT skull base to mid-thigh	Usually not appropriate		☢☢☢ 1-10 mSv		1	n/a	0	0	0	0	0	0	0	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.**