



Defense Health Agency (DHA) Clinical Communities Speaker Series

2026 FEB CCSS: Operational Medicine: Preparing the Force for Mission Readiness

2026 FEB CCSS S06: Soft Tissue Hip Injuries: Methods of Repair and Recovery

Resource List

An increasing number of facilities and physicians are offering intra-articular injections of stem cells and/or platelet-rich plasma (PRP) as a non-surgical treatment of advanced hip and knee osteoarthritis. [Biologics for Advanced Hip and Knee Arthritis](#) (2025) notes there is significant variability in the indications for, use, preparation, processing, and administration of biologic treatments for the treatment of hip and knee osteoarthritis across providers and practices. This position statement published by the American Association of Hip and Knee Surgeons (AAHKS) reports that biologic therapies cannot currently be recommended for the routine treatment of advanced hip or knee osteoarthritis. A lack of data demonstrating significant improvements over existing non-biologic therapies and high out-of-pocket costs for patients preclude an endorsement of the treatment method.

Musculoskeletal injuries (MSKIs) are identified as the most pervasive and sustained medical threat to military readiness. [Burden of Musculoskeletal Injuries in U.S. Active-Duty Service Members: A 12-Year Study Spanning Fiscal Years 2010–2021](#) (2024) examines a large retrospective study analyzing MSKIs among U.S. active-duty service members over a 12-year period. By reviewing electronic health records, TRICARE claims, and theater medical data across all four military branches, the authors quantify the incidence, prevalence, health care utilization, and private sector care costs associated with MSKIs. They found that lower extremity injuries were most common, followed by spine, upper extremity, and head/neck injuries. The findings underscore the persistent burden of MSKIs on service members and the military health system, with implications for injury prevention, readiness, and resource planning.

The Department of Veterans Affairs (VA) and the Department of Defense (DoD) collaborated to publish the [VA/DoD Clinical Practice Guideline: The Non-Surgical Management of Hip and Knee Osteoarthritis](#) (2020). This Clinical Practice Guideline is based on a systematic review of both clinical and epidemiological evidence and developed by a panel of multidisciplinary experts. It provides a clear explanation of the logical relationships between various care options and health outcomes while rating both the quality of the evidence and the strength of the recommendation. Guidance includes recommendations for diagnosis, self-management, physical therapy, pharmacotherapy, orthobiologics, and complementary and integrative health strategies for the management of hip and knee osteoarthritis. Research priorities are also noted, including complementary and integrative health interventions to reduce reliance on pharmacologic treatments, and evidence to support the safe and effective use of orthobiologic therapies for osteoarthritis management.

[Incidence and Risk Factors for Hip Fractures Among U.S. Armed Forces Active Component Women Compared to Men, 2018–2022](#) (2024), analyzed the impact of hip fractures on readiness and force health protection. Using a retrospective study design, this study calculated incidence rates and rate ratios for acute hip fractures and hip stress fractures from 2018 through 2022 among female and male active component U.S. military members. Women who were younger than age 20 years, in recruit training, serving in the Army or Marine Corps, engaged in combat-related occupations, and with body mass indexes in the underweight or normal weight categories had the highest rates of both types of fractures. Women who had progressed beyond the recruit training phase had a higher female-to-male rate ratios of hip stress fractures than recruits. Despite an overall decline during the surveillance period, rates of acute hip fracture and hip stress fracture were higher among women than men. Changes in training and fitness policies may have contributed to the hip fracture rate declines among women.



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References

- American Association of Hip and Knee Surgeons (AAHKS). (2025). Biologics for Advanced Hip and Knee Arthritis. AAHKS. <https://www.aahks.org/position-statements/biologics-for-advanced-hip-and-knee-arthritis/>
- Pav, V., Yuan, X., Isaacson, B., Colahan, C., & Hando, B. (2024). Burden of Musculoskeletal Injuries in U.S. Active-Duty Service Members: A 12-Year Study Spanning Fiscal Years 2010–2021. *Military Medicine*, 189(Supplement_4), 1–9. <https://doi.org/10.1093/milmed/usae357>
- U.S. Department of Veterans Affairs (VA). (2020). VA/DoD Clinical Practice Guideline: The Non-Surgical Management of Hip and Knee Osteoarthritis. *Veterans Affairs*. <https://www.healthquality.va.gov/HEALTHQUALITY/guidelines/cd/oa/index.asp>
- Vu, P. A., Stahlman, S. L., Fan, M. T., & Wells, N. Y. (2024). Incidence and Risk Factors for Hip Fractures Among U.S. Armed Forces Active Component Women Compared to Men, 2018–2022. *Medical Surveillance Monthly Report*, 31(8), 8. <https://pmc.ncbi.nlm.nih.gov/articles/PMC11413133/>