

Osteoarthritis (OA) of the Hip

Patient Information Leaflet



What is osteoarthritis (OA)?

Osteoarthritis (OA) is a condition that affects the joints causing pain and stiffness. The hip is one of the most commonly affected joints. Osteoarthritis is sometimes called 'degenerative joint disease' or 'wear and tear'.

What happens in osteoarthritis?

Normal joints are constantly undergoing repair because of wear and tear. However, in some people, it seems that this repair process becomes faulty and OA develops. A certain amount of wear and tear is normal as we age.

What causes osteoarthritis (OA)?

There are different factors that may cause OA:

Age: OA becomes more common with increasing age. By the age of 65 at least half of the people will have OA in some joint(s).

Obesity: Hip OA is more likely if you are overweight as increased load on the joints increases wear.

Your Sex: Women are more likely to develop OA than men.

Genetics: OA is more likely if there is a history of joint problems in your family.

Previous Joint Damage or Deformity: This may be from injury around the hip joint that has caused damage to the joint surfaces. There are some childhood hip conditions that can lead to OA in the future.

However in many cases we do not know the exact cause of OA.

What are the symptoms of hip osteoarthritis?

Pain, stiffness and difficulty with movements of the joint are typical. The stiffness tends to be worse first thing in the morning but tends to loosen up after an hour or so.

Pain, stiffness and weakness around the hips can lead to problems walking, putting on shoes and socks and activities such as getting in or out of the car. Eventually it can disturb your sleep.

A locking or cracking sensation around your hip is fairly common.

You may experience all or some of these symptoms. Your symptoms may vary for no apparent reason with bad spells lasting a few weeks or months broken by better periods.

Is my pain coming from my hip joint?

Usually you feel OA of the hip in the groin but it can also affect the front of your thigh and travel towards your knee.

Any pain in your buttock, side of your thigh or below the knee is unlikely to be coming from the hip joint itself.

OA of the hip does not cause altered sensation, pins and needles or cramp.

How do you diagnose osteoarthritis?

We usually diagnose Osteoarthritis based on your symptoms and the physical signs we find when your Hip is examined. X-rays are usually used to confirm the diagnosis.

What you can do to help yourself?

There is no cure for arthritis - however there are many things you can do to manage your symptoms allowing you to maintain an active lifestyle.

Reduce stress on the joint.

Keep to your ideal weight. Extra weight on your joint can make symptoms worse.

Wear footwear with cushioned soles or insoles.

Try not to overstress your joint by doing too much all in the one day e.g. spread household chores throughout the week.

Avoid being in one position for too long when possible to help prevent stiffness.

Use a walking stick or walking poles if you find this useful.

Exercise

It is important to find the right balance between rest and exercise. Exercise in moderation can help to reduce pain, maintain function and possibly delay the need for a hip replacement. The exercises at the back of this leaflet may be helpful.

Activities that avoid impact such as cycling can be helpful. Swimming and aqua-aerobics can be particularly beneficial because the water supports your body's weight so that less force goes through your joints as you exercise causing less pain.

Medication

If you still have pain after trying the above you can speak to your doctor who may discuss medication for pain relief. There are several different types of pain relief that your doctor can prescribe before thinking about having a hip replacement.

Surgery

Surgery for hip OA is usually with a total hip replacement. Your healthcare team should always try other measures before suggesting a hip replacement.

Not everyone with osteoarthritis of the hip will feel their symptoms are severe enough to consider a hip replacement.

If your symptoms are still manageable and your medication is effective then you may prefer to wait. If you don't want surgery for your hip osteoarthritis at this time then you don't need a referral to hospital to see an orthopaedic surgeon.

If your hip has osteoarthritis and your day to day quality of life is significantly affected by pain, stiffness and disability, and despite trying all the advice in this leaflet we may consider you for a hip replacement.

Please note that 5-10 out of 100 patients (5-10%) of patients who have hip replacement surgery are not satisfied with their hip replacement and a small number can develop serious complications as a result of the surgery.

Are there any reasons why I can't have a hip replacement?

Unfortunately, some people may not be able to have a hip replacement even though their osteoarthritis is very bad.

This may be because:

- You have a serious medical condition
- You are at risk of falling
- You have deep or long-lasting open sores (ulcers) in the skin of your leg, increasing your risk of infection.
- You have other medical conditions that put you at higher risk from an anaesthetic.
- We do not routinely provide a hospital appointment for osteoarthritis of the hip.

Useful Exercises:

- Hip osteoarthritis stage one exercises
- Hip osteoarthritis stage two exercises

If your symptoms do not improve within 6 weeks of doing these exercises you may want to get advice from a physiotherapist. You can self refer to Physiotherapy.

Personal exercise program

Hip osteoarthritis stage one exercises

NHS Greater Glasgow & Clyde

Glasgow Royal Infirmary

Alexandra Parade, G31 2ER, Glasgow, United Kingdom

Provided by

Orthopaedics North



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Stand straight holding on to a support.

Lift your leg sideways and bring it back keeping your trunk straight throughout the exercise.



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Stand straight holding on to a chair.

Bring your leg backwards keeping your knee straight. Do not lean forward.



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Standing sideways on a small step with support for balance. Allow your outside leg to hang free over the edge of the step.

Gently let the leg swing forwards and backwards like a pendulum.



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Lying on your back.

Squeeze buttocks firmly together. _____



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Lying on your back with knees bent and feet on the floor. Gently squeeze your buttock as you lift up

Lift your pelvis and lower back (gradually vertebra by vertebra) off the floor. Hold the position. Lower down slowly returning to starting position.



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Lying face down.

Squeeze your buttocks strongly together and tighten the muscles in your lower back curving the spine.



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Lying face down.

attempt to lift your leg towards the ceiling (don't worry if you cant get your knee off the floor) keeping your knee straight.

Personal exercise program

Hip Osteoarthritis stage two exercises

NHS Greater Glasgow & Clyde

Glasgow Royal Infirmary

Alexandra Parade, G31 2ER, Glasgow, United Kingdom

Provided by

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[Video](#)



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Lying on your side supporting yourself on your elbow. Roll top hip slightly forward, use top arm to support yourself in front.

Keeping top leg straight lift it up towards the ceiling. Make sure the leg stays in line with your body and toes point forwards.

[Video](#)



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Sit with your hands on your shoulders.

Stand up and then slowly sit down on the chair. The exercise can be made easier or more difficult by changing the height of the chair. Do not let your knees turn in or out.

[Video](#)



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Lying with your knees bent and feet on the floor hip width apart.

Turn the soles of your feet to face each other and allow your knees to fall outwards. Feel the stretch in your groin. Keep your back flat on the floor during the exercise.

[Video](#)



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Lying face down.

Bend your knee to a right angle and lift your foot towards the ceiling. Squeezing your buttock muscles.

[Video](#)



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Half kneeling.

Tighten your stomach muscles to keep your back straight. Rotate the heel behind you outwards while pushing your hip forwards. 20

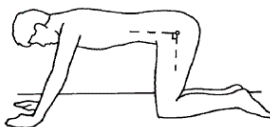
[Video](#)



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Crawling position.

Bring your forehead and knee towards each other. Then straighten your leg and body (look down at the floor).



START POSITION: On hands and knees with the knees under the hips and the back flat.



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ACTION: Keeping the back flat, slowly rock backwards moving at the hips. Do not let the back bend or arch. Move backwards towards the heels until you feel the pelvis start to give and feel a stretch at the back of the hip.