Osteoarthritis of the Hip

The hip joint is one of the body's largest weight-bearing joints, after the knee joint. If you suffer from osteoarthritis (OA) of the hip, many activities can become restricted or painful, including sports, work, and social activities that require walking, sitting, standing or driving for periods. This can have a huge impact on your mental and physical health.

The hip is a ball-and-socket joint, which allows you to move your leg or swing your leg freely during daily activities such as walking, going up and down stairs and getting in and out of chairs. The hip joint is designed to allow this amount of movement while at the same time being very strong and stable enough to hold your body weight up and withstand the impact from these activities. The ball part of the joint is called the femoral head and is the top end of the thigh bone (femur). The socket part of the joint is formed by a hollow in the pelvis called the acetabulum. The hip joint is supported and moved by the surrounding ligaments and muscles.

OA OF THE HIP JOINT

A joint is where two or more bones meet to allow for movement. In a healthy joint the surface of the bones in the joint is covered in a smooth tissue called cartilage. This helps the bones to move smoothly against each other without friction and provides cushioning. Surrounding the joint is a tough fibrous capsule that produces fluid (called synovial fluid) to lubricate the joint.

When the hip joint develops OA, the cartilage covering the joint surfaces becomes thinner and rougher. The joint does not glides as smoothly, often causing more wear or damage to the joint. Over time, small osteophytes (extra bone) may form at the edges of the joints. These can sometimes restrict movement and irritate surrounding tissues leading to inflammation. The capsule around the joint becomes thicker and produces less fluid (ie. less lubrication).

THE SYMPTOMS OF HIP OA

OA causes pain and stiffness and is mainly found in older people over the age of 45. Symptoms can vary from person to person and you can have stages of relief, followed by a flare-up. The level of pain or stiffness does not directly reflect the extent of damage within the joint.

Common symptoms include the following.

1. **Pain and aching felt in the hip.** Pain can refer into the groin and buttock region and down the thigh. The pain can feel worse after weight-bearing activity or towards the end of the day. In more severe cases the pain can wake people during the night.
2. **Stiffness.** The hip may feel stiff after rest (such as sitting for a while or on first getting up in the morning), but this usually eases as you get moving again. People with hip OA often notice that their hip may not move as freely or as far as normal.
3. **Giving way.** Weight-bearing joints such as knees and hips can give way at times and this is because your muscles have weakened. Sometimes people can visually see wasting (less bulk) in the muscles around the affected joint.
4. **Weakness.** OA is often associated with weakness in the muscles of the thigh and hip, generally due to reduced activity levels.
5. **Crepitus.** You may experience a creaking sensation when moving the joint; however, also keep in mind that this sensation often occurs in normal, healthy joints also.

Pain and stiffness can limit daily function, including bending forwards to put on socks or shoes, or to cut your toe nails. It can affect your independence by limiting your ability to drive, do daily chores such as walking to the shops, or do your job effectively if that includes prolonged standing or sitting. These limitations can affect your ability to be active and manage your body weight. Carrying excess body weight increases the load on your hip joint, which will increase your symptoms.

OA of the hip is a long-term condition, there is no cure. There are, however, treatments available and changes to your lifestyle that can help to reduce pain and other symptoms.

MANAGING HIP OA

A doctor or physical therapist can perform an assessment of your joint and function, what your are experiencing and the impact this has on your daily life. They will examine the range of movement and strength at your hips. X-ray scans are not usually

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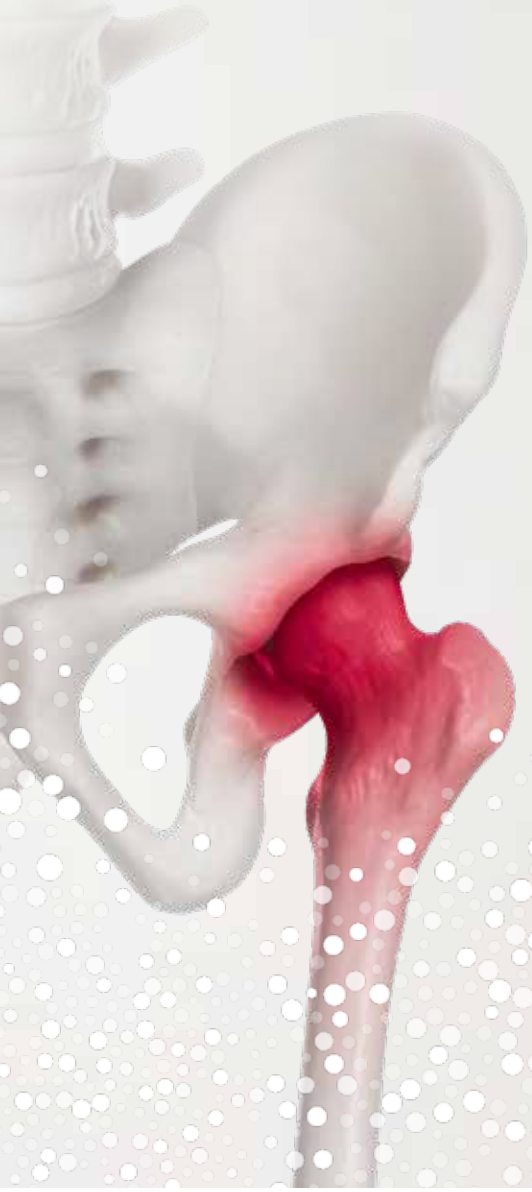
necessary for diagnosing OA or deciding on your initial treatment. You can still lead a healthy, active life if you have OA.

1 Lifestyle Changes

- **Advice and education.** This helps you to understand what is happening in your body and how you can help manage the condition.
- **Weight management.** Being overweight puts stress on weight-bearing joints like your hips, which can increase your chances of developing OA or making your symptoms worse. Losing even a small amount of weight can make a difference to the strain put on your joints. Get advise and support from your doctor or therapist. The best way of losing weight is to follow a healthy, balanced diet (a dietician may even be helpful). Gradually increasing the amount of physical activity you do can also help with weight loss.
- **Pacing.** Don't tackle all of the physical jobs at once, try and break up difficult tasks throughout the day, with rest in between. Keep using your hip, but rest it once it becomes painful.
- **Walking aids.** It is also useful to consider using a walking aid such as a walking stick to help with your pain and walking. Your physical therapist can discuss this option with you. They will be able to provide you with a walking stick that is the correct height for you and ensure that you can use it correctly and safely.
- **Footwear.** It can be helpful to ensure that you wear suitable footwear such as a flat shoe or trainer that is supportive and cushioned. Some people also benefit from wearing insoles (orthoses) which your physical therapist can advise or refer you.
- Modifying your activities. Avoid sitting in prolonged positions, try modifying your home/workplace to reduce unnecessary strain, use a handrail for support when going up/down stairs, use a walking stick to reduce the weight and stress on the painful hip.



Joints need to be exercised regularly to keep them healthy. Exercise has been shown to help people with OA and can reduce the symptoms. You will need to undertake a combination of aerobic exercise and specific hip exercises under the guidance of you physical therapist

2 Physical Activity

- Aerobic exercise. Any exercise that raises your heart rate and makes you short of breath. This type of exercise can improve your sleep, improve your general health, manage weight control and reduce pain by stimulating the release of pain-relieving hormones called endorphins. Swimming, cycling, and walking, are all good options to consider. Water based exercise is particularly helpful as the water reduces the load on your joints. Pilates and yoga can also be helpful. The type of exercise that suits you will depend on the level of your symptoms and any other health conditions you have. It is important to find an activity that you enjoy as you will be much more likely to keep it up.
- Specific strengthening exercises. These will be prescribed by your physical therapist they can start easy and progress to more challenging exercises are you become stronger and as pain allows. Specific hip exercises are undertaken to help both the strength and flexibility around the joint. Stronger muscles can support the joint and reduce the load thereby relieving symptoms and improving your function.

3 Medication

Not everyone with OA needs medication. This should be discussed with your GP or pharmacist to decide what is most suitable for you. Often the following will initially be considered:

- non-steroidal anti-inflammatory (NSAID) creams and gels;
- paracetamol;
- NSAID drugs; and
- steroid injections.

4 Surgery

Most people with OA of the hip do not require joint surgery. If you have tried a number of treatments and you still have a lot of joint pain that is having a significant impact on your daily activities, then your physical therapist or doctor may recommend that a referral to a surgeon is the best option for you. Usually a total hip replacement is undertaken for OA of the hip but sometimes other surgery may be considered. Remember, all the work you did before this is never a waste. Losing weight, exercising and being strong going into surgery will make for better outcomes and a faster recovery.

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