Hip pain

arthritis-uk.org

Arthritis UK

We are Arthritis UK

We're the 10 million adults, young people and children living with arthritis. We're the carers, researchers and healthcare professionals. The families and the friends. All united by one powerful vision: a future free from arthritis. So that one day, no one will have to live with the physical, emotional and practical challenges that arthritis brings.

There are many different types of arthritis. And we understand that every day is different. What's more, what works for one person may not help another. That's why our trusted information blends the latest research and expert advice with a range of lived experiences. In this way, we aim to give you everything you need to know about your condition, the treatments available and the many options you can try, so that you can make better-informed choices to suit your needs.

We're always happy to hear from you whether it's with feedback on our information, to share your story, or just to find out more about the work of Arthritis UK. **Contact us at healthinfo@arthritis-uk.org**

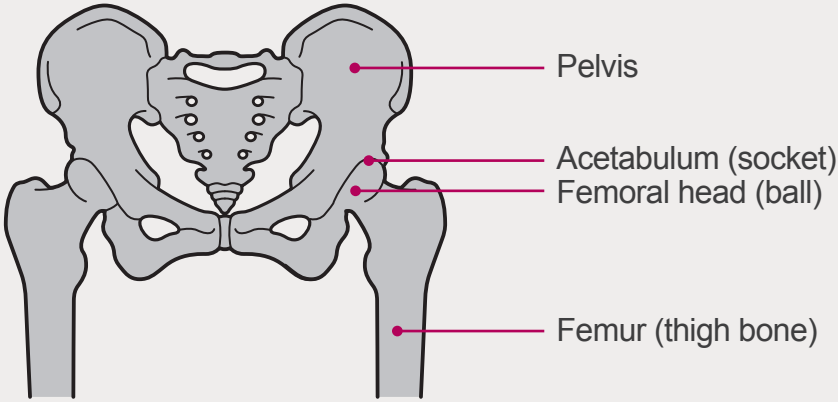
Contents

How does the hip joint work?

Your hip joint is a very stable and strong joint.

It is known as a ball-and-socket joint. This is because the top of the thigh bone is shaped like a ball. This 'ball' sits inside a hollow socket in your pelvis (see Figure 1).

Figure 1. The hip joint



Ball-and-socket joints give the most movement of all the different types of joints in the body.

The hip joint is held together by a covering of muscles and tendons which form a capsule around the joint and support its movements. They help move the joint, supporting your leg and upper body movement.

Inside the capsule is the synovium, which lubricates the joint with synovial fluid and keeps the cartilage healthy. The cartilage sits between the bones of your hip joint to stop them rubbing together and reduces any impacts when you walk or move your hip.

With all this support, it is unusual for the hip to become dislocated, even after a high-impact injury.

What causes hip pain?

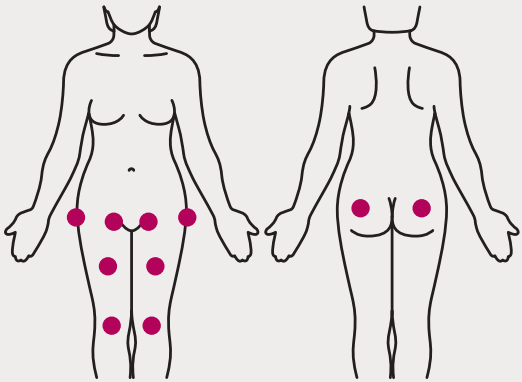
Most of the time there is a very simple explanation for hip pain, for example if you've overdone it while exercising. In this case your pain is usually caused by strained or inflamed soft tissue, such as tendons, and it often clears up within a few days.

Long-term hip pain can be caused by specific conditions.

If you have a problem with your hip joint you may feel pain in the groin, down the front of the leg and sometimes in the knee. At times knee pain can be the only sign of a hip problem. This is called referred pain and is fairly common.

Hip pain can also be felt on the outside of the hip or in the buttock – although pain in this area can also be caused by problems with your lower back (Figure 2).

Figure 2. Areas where pain caused by a hip problem may be felt



Should I see a doctor?

Most cases of hip pain will get better on their own or with simple self-help treatments. If your pain is extremely bad or hasn't improved after two weeks of regularly taking painkillers, you should see your GP.

You should see your doctor straight away if:

- you've had a fall or injured your hip
- the pain is getting worse
- you're having difficulty with daily activities, for example walking, going up stairs or leaning forwards when sitting
- you feel feverish or unwell, or you've been losing weight.

What can I do to help myself?

There are several things you can try if you have hip pain, such as using painkillers, exercising and reducing the starin on your hip.

Painkillers

Simple painkillers, such as paracetamol, or non-steroidal anti-inflammatory drugs (NSAIDs), like ibuprofen tablets and creams, can help. You can buy these from a chemist or supermarket.

They're usually the first treatment for osteoarthritis, which can cause hip pain.

You should take them regularly and at the recommended dose to stop the pain becoming too bad. But don't take more than the maximum

dose on the packaging. If they haven't helped after two weeks speak to your GP.

If they help but the pain returns when you stop taking them, you could try another short course.

You can try rubbing anti-inflammatory creams or gels onto affected areas, but some hip problems are so deep within the joint that this may not help.

A pharmacist can advise you on what's best for your condition.

Always read the individual packaging for the medication you're taking to make sure it's right for you.

Exercise

Your hip pain may improve with a few days' rest, but as soon as the pain begins to ease, start some gentle exercise to keep your muscles working and stop your hip getting stiff.

If you don't start moving your hip it could become weaker and less flexible. This will reduce your ability to get out and about and lead a full life.

Simple exercises can also help keep the muscles strong, which will provide support to your hip and improve your symptoms.

We have included some simple hip strengthening exercises at the back of this booklet to help you get started. They may not be suitable for all types of hip pain, so before you begin, it's a good idea to get advice from a doctor, physiotherapist or personal trainer in a gym about specific exercises. Start by exercising very gently and build up gradually.

As with any physical activity, it's normal to feel some discomfort or aching in your muscles after exercising. But you should stop if you get any joint pain that doesn't go away quickly.

As well as doing specific exercises to help your hip, it's a good idea to try to improve your general fitness. Things like going on a daily walk or going swimming will help improve your general health and take the strain off your hipby strengthening other muscles in the body.

Sometimes people stop exercising once their pain clears up, but when they do it's common for them to start having problems again in a relatively short amount of time. Even if you're feeling better, it's important you keep exercising regularly to stop the pain coming back.

Reducing the strain

It's generally best to carry on doing your normal activities – but try not to overdo things. You might need to pace yourself and slowly build up to doing a little more each day.

There are ways you can do some daily activities slightly differently, so you don't hurt your hip. Try the following tips:

- Avoid sitting in low chairs as this bends the hip more and might increase your pain.

- Don't carry heavy weights. When you're shopping try using a trolley if it's uncomfortable to carry a basket.
- Lessen the strain on your hip at work by finding a comfortable sitting position. Your workplace might be able to provide a footrest, back support or other equipment to help you. You could ask for a workstation assessment and talk about your condition.
- Talk to your line manager or HR department about any aspects of your job you're struggling with.
- Ask an occupational therapist or your GP whether using a walking stick could make it easier to get about. They can advise you on the correct length and the best way to use the stick.
- Lose weight if you're overweight – your hip carries a lot of weight, so taking steps to reduce this will help.
- Avoid standing on one leg – for example, when you get into a car, sit on the side of the seat and swing both legs in rather than stepping in one leg at a time.

Complementary treatments

There are several complementary treatments that some people find useful to relieve their pain. Some are available on the NHS, such as acupuncture. But there isn't a lot of evidence, so they're not always available on the NHS.

Generally speaking, complementary treatments are relatively safe. But you should always talk to your doctor before you start using them in case they interfere with specific treatments.

Before starting any therapy or treatment it's important to make sure the therapist or supplier has a set ethical code, is legally registered and fully insured.

How are hip problems diagnosed?

If your hip pain hasn't improved after two weeks you should see your GP.

It's a good idea to make some notes about your condition before your go, so you can be sure to discuss everything that's bothering you.

Your doctor will ask about your pain and what movements make it feel worse. They'll ask how your symptoms started, how they affect your daily activities and whether you're in pain at night.

Pain when you bend your hip going up or down the stairs or when you put your socks on is often a sign of a hip problem.

They'll examine your hip to find out how well it moves, and this will usually give them enough information to plan your treatment. But you may need other tests to diagnose some conditions.

What tests are there?

X-rays

X-rays are often the best way of finding out what's wrong with your hip as they show the condition of the bones. They may also show problems in the pelvis which could explain your pain. They're not as useful for looking at the soft tissues around the joint.

CT scans

A computerised tomography (CT) scan can often be very helpful to work out if the hip joint has an unusual shape. There are conditions where the socket of the hip can be very shallow and a CT scan will show this.

MRI scans

Magnetic resonance imaging (MRI) scans show the muscles and tendons around the hip. They're particularly helpful for diagnosing avascular necrosis (see section 'Specific hip conditions').

Blood tests

If your doctor thinks your pain is caused by an infection or rheumatoid arthritis, blood tests can often help.

Specific hip conditions

Some of the specific conditions that can affect the hip are:

Osteoarthritis

Osteoarthritis is one of the most common causes of hip pain in adults. It's often linked to previous fractures, trauma or childhood hip problems – though it can also occur without any prior problems.

Osteoarthritis of the hip can cause a great deal of pain, restricted movement and a limp. In extreme situations, the leg can become shorter and the hip can become fixed in a bent position, making movement difficult.

Paget's disease of bone

Paget's disease of the bone affects the way the bone develops and renews itself, causing it to become weaker. It usually affects the pelvis, causing it to grow out of shape. This can oftenlead to hip pain, but it is treatable with a group of drugs called bisphosphonates.

Other types of arthritis

Inflammatory conditions, such as rheumatoid arthritis, psoriatic arthritis and ankylosing spondylitis can all cause hip pain. This can be managed with specific medications for each condition.

Hip fractures

If you've fallen and hurt your hip you should see your doctor urgently, as fractures around the hip are very common, particularly in elderly people with osteoporosis. You may need surgery to fix the damage.

Avascular necrosis (osteonecrosis)

Avascular necrosis is a condition that causes hip pain in young-to-middle-aged adults. It occurs in the hip when the blood supply to the ball at the end of the thigh bone is lost.

This could be a permanent or temporary loss of blood flow. Sometimes steroid treatment, for illnesses like cancer or asthma, can cause avascular necrosis as a side effect. Alternatively, you could have a really bad fracture that affects the flow of blood to the end of the bone.

This loss of blood flow causes the bone and the tissue around it to gradually die – changing the shape of the ball at the end of the bone and making your hip painful and stiff. It can cause the ball in the joint to collapse, which results in arthritis.

It's often referred to as idiopathic, which means that it doesn't have any clear cause. However, it can be linked with the following:

- drinking too much alcohol
- using steroids
- sickle cell disease
- radiotherapy.

If your doctor thinks you have avascular necrosis, it's important they refer you for an urgent MRI scan to confirm the diagnosis. As soon as you have a diagnosis, you can start treatment, which may stop the condition causing any more damage and stop you developing arthritis.

Femoroacetabular impingement (FAI)

Femoroacetabular impingement (FAI) is a condition where the ball and socket don't move freely through their normal range of movement. This may be because the top of the ball isn't completely round or because the socket is too deep.

It's not fully understood why this happens, and in most cases no specific treatment is needed.

In some cases, surgery can improve the range of movement in the hip, but it's not clear whether this helps prevent arthritis developing in the long term.

If x-rays and scans of the hip joint are normal, then the symptoms may be caused by referred pain from the back. Pin caused by a problem with the lower back may only be felt in the buttocks, down the back of the legs, over the outer side of the hip joint and occasionally in the front of the hip.

Soft tissue conditions

Trochanteric bursitis

Bursae are small fluid-filled pouches, which act like cushions to reduce friction where parts of the body move over one another, for example where tendons and ligaments pass over bones.

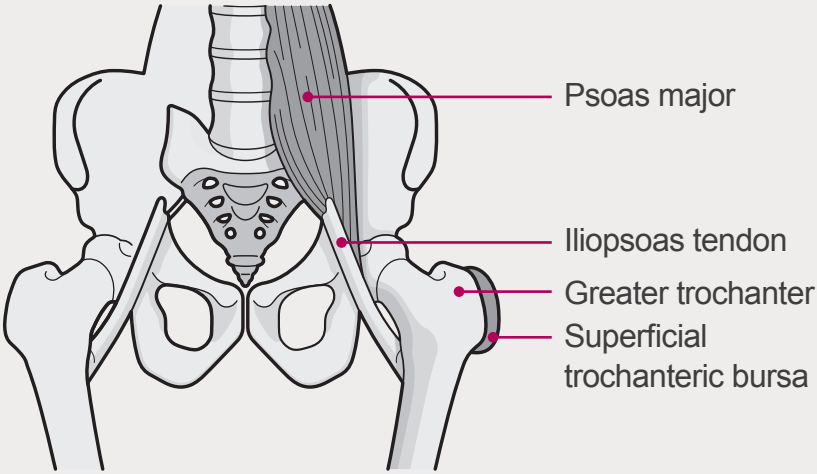
If you have tenderness over the bony part of your hip joint, you may have trochanteric bursitis. This is caused by inflammation of the bursa at the top of the thighbone (see Figure 3).

It's a very common condition, but there's usually no obvious cause. You may feel pain over this bony point, but it can spread down the leg or it may seem to be coming from the hip joint itself.

Trochanteric bursitis usually only affects one hip, but it can occur in both. It usually improves with rest, painkillers and physiotherapy.

Very occasionally the condition can last longer than expected, and it's sometimes linked to problems with the area of the lower back known as the lumbar spine. Paying attention to your posture can make a big difference.

Figure 3. Structures of the lateral hip



Greater trochanter pain syndrome

Your pain may not just be coming from inflammation in the trochanteric bursa alone, it may be caused by a problem with the muscles and tendons in the wider trochanteric area as well.

There are a number of names given to lateral hip pain, depending on what type of doctor diagnoses it and how wide the area affected is.

You may be referred to a specialist in sports medicine, orthopaedics, rheumatology or spinal medicine for a diagnosis.

Your problem may affect the bursa and the muscles and tendons of the trochanteric area on the outside of the hip. IN this case you could be diagnosed with greater trochanter pain syndrome.

Alternatively, your pain may be coming from irritation in the tendons and bursa, leading to a diagnosis of trochanteric tendinobursitis.

Another common cause of hip pain, particularly in women, is gluteal tendinopathy. This is where the tendon holding the gluteus muscle to the greater trochanter has become damaged.

Iliopsoas tendonitis

Iliopsoas tendonitis is inflammation of the iliopsoas tendon that runs over the edge of the pelvis and helps you bend your leg up (see Figure 3). This usually gets better on its own.

Snapping iliopsoas tendon

A snapping iliopsoas tendon doesn't usually cause hip pain. 'Snapping' refers to the clicking noise as the tendon flicks over the edge of your pelvis when you move – it doesn't mean the tendon breaks.

Some people say the sensation feels like their hip is popping out of place. If your doctor thinks you have this condition they'll usually recommend you rest and use painkillers until it settles. Tests and surgery are rarely needed.

Torn acetabular labrum

The acetabular labrum is a thick ring of cartilage around the hip socket. It can be torn if the ball or the socket of the hip are misshapen.

This can be the result of hip problems in childhood or changes to the shape of the hip as it develops, but in most cases the cause is unknown.

If the ball of the hip joint is affected, it's called a cam lesion. When the socket is affected it's known as a pincer lesion. We don't yet know whether treating these problems with surgery prevent osteoarthritis in later life.

If your doctor thinks you have a torn acetabular labrum, they may recommend you have an arthrogram investigation. This is where a small amount of dye is injected into the hip joint before an MRI or CT scan.

This gives a clear image of the surface of the bones, soft tissues and cartilage in the joint.

Other causes of groin pain

Groin pain is very commonly caused by problems with the hip. However, it can also be a symptom of other conditions, such as:

- a hernia – a painful lump, often in the groin, which may need surgery
- lymph nodes in the groin – these usually occur if there's infection in the lower leg
- gynaecological problems can be felt as hip pain.

What treatments are there for hip pain?

If your hip pain doesn't improve with simple medications such as paracetamol and ibuprofen, and a mixture of rest and gentle exercise, you should see your doctor for further advice. They may recommend the following treatments.

Drugs

Non-steroidal anti-inflammatory drugs (NSAIDs)

Your doctor may prescribe NSAIDs that are stronger than ibuprofen to help ease your pain.

Like all drugs, NSAIDs can sometimes have side effects. If you're taking prescription NSAIDs your doctor will take precautions to reduce the risk of these – for example, by prescribing the lowest effective dose for the shortest time.

Bisphosphonates

Bisphosphonates are used to treat Paget's disease and osteoporosis. They work by slowing bone loss, which reduces the risk of hip fractures.

Physiotherapy and occupational therapy

A physiotherapist may be able to help get your hip moving by showing you gentle range of movement exercises and activities specific to your condition.

They'll work with you to improve your symptoms and help get your hip moving properly again. Their approach will depend on whether your hip problem is short-term or a long-standing condition. Almost everyone will

benefit from visiting a physiotherapist, and they can recommend things such as:

- exercises to strengthen weakened muscles, change co-ordination and improve function
- advice on improving your posture
- exercises to ease or prevent stiffness
- exercises to increase the range of joint movement
- putting adhesive tape on the skin to reduce the strain on the tissues, and to help increase your awareness of the position of your hips and back
- manual treatments to the soft tissues and joints – such as massage and manipulation
- how to walk when your hip hurts
- how to use a walking stick or crutch.

It can take a while to get your referral to an NHS physiotherapist. You could see one quicker if you go privately but you'll have to pay for this.

Find a private physiotherapist on the Chartered Society of Physiotherapy website: **csp.org.uk/public-patient/find-physiotherapist/find-physio**

If you think your work or certain activities might be the main cause of your pain, it's worth discussing this with an occupational therapist.

They'll be able to give you advice on how to change your movements to help prevent pain continuing or returning. If your place of work has an occupational health department, they may also be able to help.

You can also see an occupational therapist privately. You'll be able to get an appointment quicker, but it will cost you money.

Find an occupational therapist who works privately on the Royal College of Occupational Therapists website: **cot.co.uk/about-occupational-therapy/find-occupational-therapist**

Your GP or hospital consultant can refer you for physiotherapy and occupational therapy, or you may be able to refer yourself.

Steroid injections

If your pain has been caused by bursitis or inflammation in or around your hip steroid injections can help.

They're often given with a local anaesthetic which numbs the area to reduce the pain of the injection. They are usually very effective in treating conditions affecting the trochanteric area on the outside of the hip.

Sometimes they are also effective for treating iliopsoas tendnitis – though the injection will need to be given by a radiologist using ultrasound to guide the injection, because the iliopsoas tendon is so deep.

A snapping iliopsoas tendon can also be treated with steroid injection with the guidance of a type of x-ray, called video fluoroscopy, to make sure it's given in the right place. Ultrasound-guidedinjections are also becoming more popular.

Surgery

Not everybody with hip pain will need surgery. Hip fractures however almost always need surgery to stabilise the bone and hold it in place. Replacement of the ball of the hip may also be necessary.

It's common for older people to experience hip fractures, which can take a long time to fully recover from. People can often be in hospital for a

couple of weeks or more to get over the fall and subsequent operation, and many often need extra help at home after discharge.

Hip replacement surgery

If your hip pain is caused by arthritis and other treatments haven't helped, your doctor may talk to you about hip replacement. The modern techniques used in a hip replacement make the surgery very safe and people usually have extremely good outcomes after it.

- More than 90% of people who have a hip replacement find their pain is greatly reduced.
- A modern artificial hip should last at least 15 years.

Usually, you'll only need to stay in hospital for a few days after surgery. Physiotherapists will help get your hip moving again by showing you some simple exercises and ways to do daily activities.

If you're being considered for hip replacement surgery, it's important you're in good health and try to keep your weight down.

Your general health will probably be assessed during a hospital appointment before, and your surgeon will also talk to you about the operation. You may also meet the physiotherapists and occupational therapists who'll be involved in your treatment after surgery.

Revision surgery

If your hip replacement becomes loose, infected or otherwise fails, it's possible to have further surgery to correct it. Modern revision surgery techniques are developing quickly and most failed hip replacements can be dealt with.

You'll be in hospital for longer than your first hip replacement, and it might take longer to recover.

Acetabular labrum surgery

A torn acetabular labrum can often be seen on an MRI scan and might be one of the first signs of arthritis in your hip.

It is also possible that the torn labrum is caused by a misshapen hip that you might have been born with.

The pain caused by a torn acetabular labrum could improve in the short term with painkillers or NSAIDs, rest, physiotherapy and the use of crutches.

Surgery to reshape the hip has been tried and can improve the range of movement. IN some cases, this procedure is performed using keyhole surgery as a hospital day case or you may stay a night in hospital.

You'll need between one and two months off work. We don't know whether such operations can prevent arthritis developing in your hip.

Research and new developments

Our research has shown that certain occupations, such as farming, can put you at greater risk of developing hip osteoarthritis.

Because of this, hip osteoarthritis in farmers and other high-risk jobs is now recognised as an occupational injury, which entitles people to claim Industrial Injuries Disablement Benefit.

We're currently funding research into developing new techniques to measure hip shape and abnormalities in babies and children. Children with hip problems are more likely to develop osteoarthritis and to need hip replacement surgeries as young adults. This study will develop a tool to identify children who would most benefit from treatment as early as possible, reducing long-term pain and disability.

Researchers at our Centre for Sport, Exercise and Osteoarthritis are also studying the reasons why hip pain is commonly seen in young footballers.

We're also funding research into whether it is possible to predict the success of joint replacement surgery by looking at genetic risk factors. This study will hep doctors understand which patients are most likely to have good outcomes from joint replacement. It aims to improve patients' experiences of surgery and make their new joints last longer.

Our researchers are also developing a tool to help patients make informed decisions about their treatment according to their lifestyle and needs.

Glossary

Anaesthetic

An anaesthetic is a drug used during surgery to stop you feeling any pain. You may be given a local, epidural, spinal or general anaesthetic, depending on the type of operation.

Ankylosing spondylitis

Ankylosing spondylitis is an inflammatory arthritis affecting mainly the joints in the back, which can lead to stiffening of the spine. It can be associated with inflammation in tendons and ligaments.

Bisphosphonates

Bisphosphonates are drugs used to prevent the loss of bone mass and treat bone disorders such as osteoporosis and Paget's disease. They work by reducing high levels of calcium in the blood and by slowing down bone turnover.

Capsule

A capsule is the tough, fibrous sleeve of ligaments around a joint which prevents the bones in the joint from moving too far. The inner layer of the capsule (the synovium) produces a fluid that helps to nourish the cartilage and lubricate the joint.

Computerised tomography (CT) scan

A computerised tomography (CT) scan is a type of scan that records images of sections or 'slices' of the body using x-rays. These images are then transformed by a computer into cross-sectional pictures.

Inflammation

Inflammation is a normal reaction to injury or infection in living tissue. The flow of blood increases, resulting in heat and redness in the affected tissues, and fluid and cells leak into the tissue, causing swelling.

Magnetic resonance imaging (MRI) scan

A magnetic resonance imaging (MRI) scan is a type of scan that uses high-frequency radio waves in a strong magnetic field to build up pictures of the inside of the body. It works by detecting water molecules in the body's tissue that give out a characteristic signal in the magnetic field. An MRI scan can show up soft tissue structures as well as bones.

Non-steroidal anti-inflammatory drugs (NSAIDs)

Non-steroidal anti-inflammatory drugs (NSAIDs) are a large family of drugs prescribed for different kinds of arthritis that reduce inflammation and control pain, swelling and stiffness. Common examples include ibuprofen, naproxen and diclofenac.

Occupational therapist

An occupational therapist is a trained specialist who helps people reach their goals and maintain their independence by giving practical advice on equipment and adaptations, or by changing the way you do things.

Osteoarthritis

Osteoarthritis is the most common form of arthritis (mainly affecting the joints in the fingers, knees, hips), causing cartilage thinning and bony overgrowths (osteophytes) and resulting in pain, swelling and stiffness.

Osteoporosis

Osteoporosis is a condition where bones become less dense and more fragile, which means they break or fracture more easily.

Paget's disease of bone

Paget's disease of bone is a condition that affects the way bone develops and renews itself, causing the affected bone to become weaker than normal.

Psoriatic arthritis

Psoriatic arthritis is an inflammatory arthritis linked to the skin condition psoriasis.

Radiologist

A radiologist is a doctor who specialises in taking and examining scans and images, such as x-rays, MRI and ultrasound scans.

Referred pain

Referred pain is a pain that occurs in a different part of the body from that affected by injury or disease (for example, pain in the thigh or knee resulting from osteoarthritis of the hip). This is sometimes called radiated pain.

Rheumatoid arthritis

Rheumatoid arthritis is an inflammatory disease affecting the joints, particularly the lining of the joint. It most commonly starts in the smaller joints in a symmetrical pattern – that is, for example, in both hands or both wrists at once.

Sickle cell disease

Sickle cell disease is an inherited condition where the haemoglobin (the oxygen-carrying protein in red blood cells) is abnormal, which prevents oxygen moving through the body properly.

Synovial fluid

Synovial fluid is the fluid produced within the joint capsule that helps to nourish the cartilage and lubricate the joint.

Synovium

Synovium is the inner membrane of the joint capsule that produces synovial fluid.

Tendons

Tendons are strong, fibrous bands or cords that anchor muscle to bone.

Exercises for hip pain

You can improve your hip pain by keeping active and trying to exercise every day. These exercises are designed to stretch, strengthen and stabilise the structures of your hip.

If you're in pain don't overdo it. Taking a painkiller before you start can help.

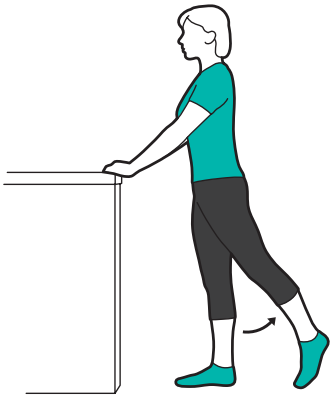
Exercise can make your muscles ache a bit afterwards for a short time, and this is nothing to worry about. But if you have a sudden pain, if your pain gets worse or if it hasn't improved after a couple of days, seek advice.

Start slowly and gradually build the exercises up over time. Aim to repeat each exercise 5-10 times. Try to do this routine 2-3 times a day – even when your hip feels better.

Talk to your doctor or physiotherapist if you've recently had a hip replacement or have any questions about exercising.

Hip flexion (strengthening)

Hold onto a work surface and march on the spot to bring your knees up towards your chest alternately. Don't bring your thigh above 90 degrees.

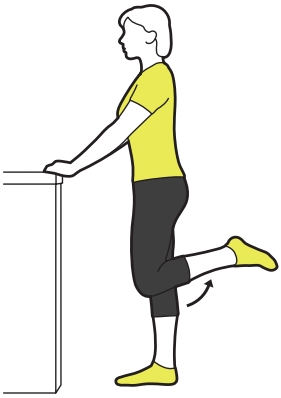


Hip extension (strengthening)

Move your leg backwards, keeping your knee straight. Clench your buttock tightly and hold for 5 seconds. Don't lean forwards. Hold onto a chair or work surface for support.

Hip abduction (strengthening)

Lift your leg sideways, being careful not to rotate the leg outwards. Hold for 5 seconds and bring it back slowly, keeping your body straight throughout. Hold onto a chair or work surface for support.



Heel to buttock exercise (strengthening)

Bend your knee to pull your heel up towards your bottom. Keep your knees in line and your kneecap pointing towards the floor.

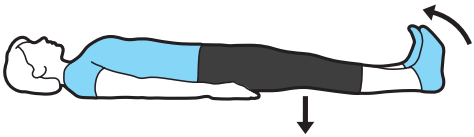
Mini squat (strengthening)

Squat down until your knees are above your toes. Hold for a count of 5 if possible. Hold on to a work surface for support if you need to.

Short arc quadriceps exercise (strengthening)

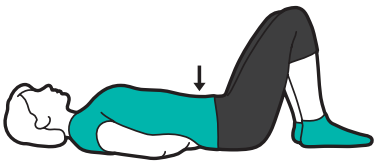
Roll up a towel and place it under your knee. Keep the back of your thigh on the towel and straighten your knee to raise your foot off the floor. Hold for 5 seconds and then lower slowly.

Quadriceps exercise (strengthening)



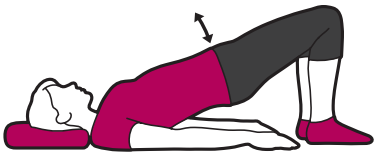
Pull your toes and ankles towards you, while keeping your leg straight and pushing your knee firmly against the floor. You should feel the tightness in the front of your leg. Hold for 5 seconds and relax. This exercise can be done from a sitting position as well if you find this more comfortable.

Stomach exercise (strengthening/ stabilising)



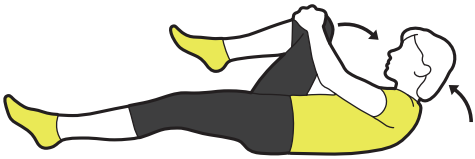
Lie on your back with your knees bent. Put your hands under the small of your back and pull your belly button down towards the floor. Hold for 20 seconds.

Bridging (strengthening/ stabilising)



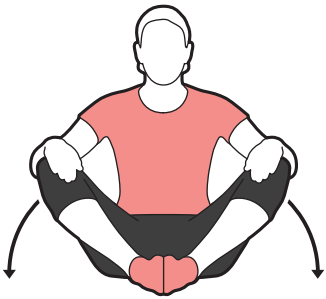
Lie on your back with your knees bent and feet flat on the floor. Lift your pelvis and lower back off the floor. Hold the position for 5 seconds and then lower down slowly.

Knee lift (stretch)



Lie on your back. Pull each knee to your chest in turn, keeping the other leg straight. Take the movement up to the point you feel a stretch, hold for around 10 seconds and relax. Repeat 5–10 times. If this is difficult, try sliding your heel along the floor towards your bottom to begin with, and when this feels comfortable try lifting your knee as above.

External hip rotation (stretch)



Sit with your knees bent and feet together. Press your knees down towards the floor using your hands as needed. Alternatively, lie on your back and part your knees, keeping your feet together. Take the movement up to the point you feel a stretch, hold for around 10 seconds and relax. Repeat 5–10 times.

Notes

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Thank you!

A team of people helped us create this booklet. We would like to thank:

Andrew Hamer

Manoj Sivan

Fiona Chikusu

Alison Hammond

We would also like to give a special thank you to the people who shared their opinions and thoughts on the booklet. Your contributions make sure the information we provide is relevant and suitable for everyone.

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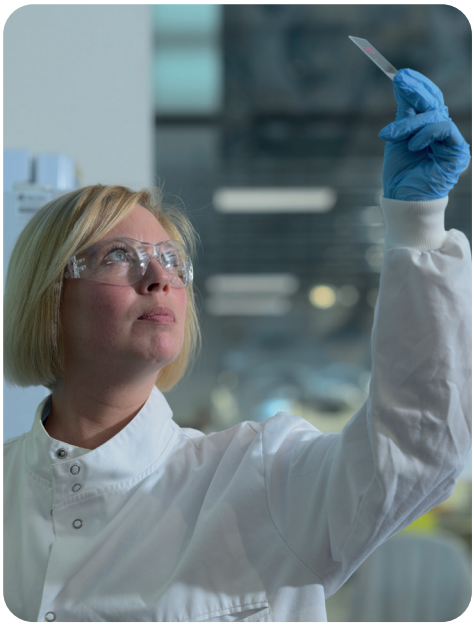

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