# Osteoarthritis of the hip

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**

# What's inside?



# What is osteoarthritis of the hip?

**Osteoarthritis is the most common type of arthritis, and it often affects the hip joint. It usually starts in people over the age of 45 and is more common in women than men.**

Osteoarthritis develops when your joints become less able to repair themselves. This can lead to changes that make your joint sensitive and painful. This doesn't necessarily mean that the condition will keep getting worse. Keeping active will help to keep your joints healthy.

A joint is where 2 or more bones meet. Your hip joint consists of a ball at the top of the thigh bone, which fits into a socket in your pelvis. The ends of both bones in a joint are covered by a smooth slippery tissue, known as cartilage. This allows the bones to move smoothly against each other.

Osteoarthritis can make the cartilage in your hip joint thinner and rougher. This means your joint doesn't move as smoothly. The joint may feel painful and stiff, and there may also be swelling within the joint, though the swelling may not be visible externally.

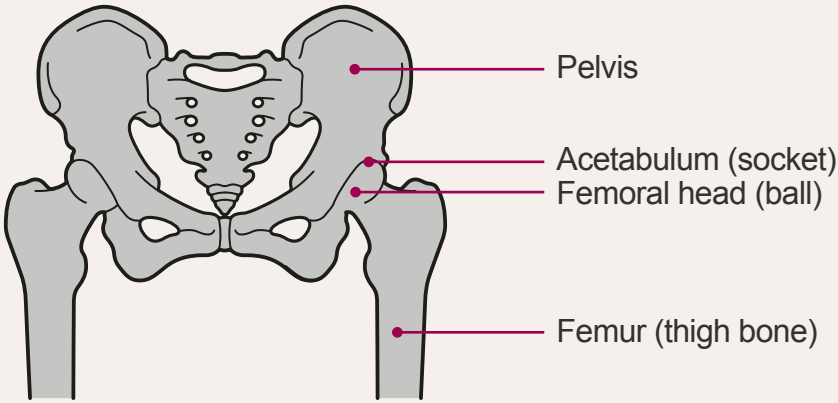
But not everyone will develop symptoms even if an X-ray or scan has shown changes linked to osteoarthritis.

We don't always know why someone develops osteoarthritis, but we do know it isn't simply 'wear and tear'. Several factors may play a part, including:

- the genes inherited from your parents
- having a joint that's a slightly unusual shape – for example, a shallow hip socket, which you may have been born with

- previous injuries, especially severe or repeated injuries
- jobs that involve heavy lifting or long periods of standing
- being overweight – which increases the load on your hips but is also linked to increased inflammation and therefore pain.

## Figure 1. The hip joint




For general information on osteoarthritis and how it's diagnosed, see the Arthritis UK booklet on **Osteoarthritis**. You can view all our information online at **arthritis-uk.org**

# How will it affect me?

**Not everyone with osteoarthritis has symptoms. Those who do often find the symptoms vary a great deal. Osteoarthritis doesn't always get worse over time, and there are things you can do to improve your symptoms.**

Pain from hip osteoarthritis usually develops gradually over months or years. But it could also be triggered by a recent injury. Symptoms may come and go, but you may find that pain tends to be worse at the end of the day.

You may feel pain in your groin. You may also feel discomfort at the front of the thigh and, less commonly, down to the knee. This may be described as radiating pain. Sometimes pain can be felt on the outer side of the hip, the buttock or back of the hip.

If your hip is badly affected, you may find it difficult to walk, stand up or bend down. Your hip might also 'lock' so you're unable to move it for a few moments.

If you become less active as a result of osteoarthritis, the muscles that support your hip joint can become weaker. This then puts more strain on the joint. Keeping active will help to prevent this.

**Exercise and maintaining a healthy weight can help manage the pain of osteoarthritis.**

# Managing osteoarthritis of the hip

**Although there's no cure for osteoarthritis, there are things you can do for yourself that can make a big difference to your symptoms and how they affect your life.**

There are also medical treatments available that ease your pain and improve your mobility. It's likely that you'll need to use a combination of different things to get the best results.

## Exercise

You may be worried that exercise could harm your joints. But joints are designed to move and exercising them will help to keep them healthy.

Whatever your fitness level, exercise should form a core part of your treatment. Exercise can strengthen the muscles that support your hip joint. Alongside a healthy diet, exercise can also help you to lose weight and reduce the load on your joints.

A physiotherapist can give you specific advice or a personalised plan, tailored to your needs. But you'll need to build exercise into your daily routine to get the most benefit from it. Exercising little and often is a good place to start, then gradually increase the amount that you do.

Exercises that reduce the load on your joints, such as swimming and cycling, are recommended for hip osteoarthritis. You may find water-based exercises particularly helpful, as the water takes the weight of your body and reduces the strain on your hips.

Ultimately, the best form of exercise for osteoarthritis is something you enjoy and will keep doing. Try different things and see what works best for you.

You should try to do a combination of strengthening, aerobic and flexibility (or 'range of movement') exercises.

## Strengthening exercises

Strengthening the muscles that control your hip will help to stabilise and protect the joint. Try to do strengthening exercises at least 2 days a week.

A good way to strengthen your leg muscles is to work them against resistance. You could do this by doing some of the strengthening exercises at the end of this booklet.

## Range of movement exercises

These are good for helping to keep your joints flexible. These exercises can be as simple as stretching. Make sure your joint moves through a range of positions that comfortably stretch it slightly further each time.

## Aerobic exercise

This is any exercise that increases your pulse rate and makes you a bit short of breath. Regular aerobic exercise should help you sleep better and is good for your general health. It can also promote the release of hormones, called endorphins, that help with pain relief.

Different types of aerobic exercise include walking, cycling and swimming. Try to work hard enough to get a bit out of breath but still able to have a conversation.

You should try to do 2 and a half hours of aerobic exercise each week, but you can spread this out over the week.

## Weight management

Being overweight increases the risk of osteoarthritis getting worse over time for 2 reasons:

- It places extra load on your hip.
- Fatty tissue contains chemicals that can increase inflammation and therefore pain and stiffness.

Losing weight if you're overweight could reduce your pain and other symptoms.

There's no special diet that's recommended for people with osteoarthritis. But if you could do with losing some weight, you should try to follow a balanced, reduced-calorie diet, combined with regular exercise. Include plenty of fresh fruit and vegetables and try to cut down on fatty and sugary foods.

Your doctor should be able to advise you on diets and exercise or may refer you to a dietitian.

The NHS has a great weight loss plan that can help you lose weight in a healthy way: **nhs.uk/better-health/lose-weight**

The Association of UK Dietitians also has an informative leaflet on diet and OA. Find out more on diet and osteoarthritis at **bda.uk.com/resource/osteoarthritis-diet.html**

## Reducing the strain on your hip

Apart from keeping an eye on your weight, there are a number of other ways you can reduce the strain on your hips.

- Pace your activities and don't tackle all your physical jobs at once. Break the harder activities up into chunks and do something more gentle in between. Keep using your hip even if it's slightly uncomfortable, but rest it before it becomes too painful.
- Wear supportive shoes or trainers with thick, well cushioned soles and enough room for your toes. Good shoes should reduce the shock through your hips by absorbing some of the impact when walking.

  Try to avoid wearing high heels or very flat shoes such as ballet pumps. If you need extra support for your feet or knees when you walk, speak to your healthcare team about getting special insoles made for you.
- Use a walking stick if needed to reduce the weight and stress on a painful hip. It's important that the stick is adjusted correctly for your height – a good supplier should do this for you. Hold the stick in the hand on the opposite side to your affected joint.

- Try to avoid carrying items on the same side as the affected hip.
- Use the handrail for support when going up or down stairs. Go upstairs one at a time with your good leg first but go downstairs with your bad leg first.
- You may be able to get a home visit from an occupational therapist. They can assess your needs and advise on adaptations that might help with everyday activities.
- For sitting, choose a firm chair that's high enough for your hip to be slightly higher than your knee. Wedge-shaped cushions or a folded towel can be useful to correct the slope of a car seat. Try to avoid crossing your legs.

## Coping with low mood and sleep problems

If your sleep is disturbed because of hip osteoarthritis, this could make your pain feel worse and affect your mood. But there are things you can do for yourself that might help, such as:

- Try using a pillow to support your legs. Place it under your knees if you're lying on your back, or between your knees if you're lying on your side.
- Being physically active can help with both mood and sleep.
- Sleep at regular times to help your body get into a routine.
- Try to wind down before bed. You could have a warm bath or read a book. Avoid looking at your phone or computer before bedtime.
- Keep a sleep diary to work out if there are any patterns to your sleep problems.

Speak to your doctor if you're feeling low. Psychological therapies, such as cognitive behavioural therapy (CBT) and other stress-relieving techniques could be helpful.

You could ask about being referred to a pain management clinic, where you can learn techniques to manage your pain and do the things that matter to you.

Find more information on pain management at **arthritis-uk.org/managing-arthritis-pain**

## Drugs

Pain relief treatments won't treat the condition itself. But they can be used to help ease the pain and stiffness caused by osteoarthritis. You'll have the best results if you use medications to enable you to keep active.

Some of the treatments you can try include:

- **Non-steroidal anti-inflammatory drugs (NSAIDs):** A short course of NSAIDs, such as ibuprofen, can help reduce pain, inflammation and swelling. Ibuprofen is widely available over the counter but it's best to speak to a pharmacist to make sure it's suitable for you. Stronger NSAIDs are available on prescription.

  NSAID creams and gels, which are applied to the skin, may not help with hip osteoarthritis because the joint is not very close to the surface.

- **Painkillers:** Pain relief medications such as paracetamol are not usually prescribed on the NHS for osteoarthritis, but some people do find them helpful. They are widely available online, in the supermarket or from a pharmacy. You could try taking a dose beforehand if you know you're going to be active.

Your doctor may prescribe stronger painkillers, such as co-codamol, codeine or tramadol, if needed. These will only usually be prescribed for short-term use because there is a greater risk of side effects.

- **Capsaicin cream:** This is a pain-relieving cream made from a natural substance found in chilli peppers. It's available both on prescription and in lower-strength preparations that can be bought.
- **Steroid injections:** Occasionally, you may be offered a steroid injection. This can improve pain for several weeks. Injections into the hip joint are usually done under X-ray to ensure accurate placement. This means that you would need to be referred to an orthopaedic or radiology department and would be placed on a waiting list for the treatment.

You can find further information on drug treatments at **arthritis-uk.org**

## Other pain relief

If other methods of pain relief don't help you, you might want to try some of the following:

- **Manual therapy:** This consists of several techniques and stretches performed by physiotherapists. Manual therapy can be an effective way to increase the range of movement in your hip. And by reducing pain, it can help you to become more active.
- **Transcutaneous electrical nerve stimulation (TENS):** A TENS machine sends tiny electrical pulses to the nerve endings through pads placed on your skin. Research evidence on TENS has shown mixed results, and it isn't available on the NHS. If you're thinking of buying a TENS machine, it's worth getting advice from a physiotherapist.
- **Heat and cold therapy:** Heat packs and ice packs can relieve some of the pain and stiffness in your hip. But don't put ice or heat packs directly on your skin. Wrap them in a damp tea towel or cloth. You can use them for 20 to 30 minutes at a time.
- **Hyaluronic acid injections:** Hyaluronic acid occurs naturally in the body and helps to lubricate joints. Hyaluronic acid injections are not generally available on the NHS for osteoarthritis, although some services may still offer them. They are also available privately.
- **Supplements:** Some people with osteoarthritis choose to take supplements, such as fish oils, turmeric, glucosamine and chondroitin. There's limited evidence that they help with osteoarthritis, although some people find them helpful.
- **Acupuncture:** This is a technique where very fine needles are inserted at specific points in your skin. Some people find acupuncture helpful, although there's no research to show that it's effective for osteoarthritis of the hip.

If you're interested in complementary therapies, remember that what works for 1 person may not work for another. If you think some of these treatments could be right for you, make sure you speak to your doctor or healthcare professional first. They can advise whether they're suitable for you and if they're likely to interact with other medicines.

For more information on the treatments above, see the Arthritis UK booklet **Osteoarthritis**. You can view all our information online at **arthritis-uk.org**

## Surgery

Most people with osteoarthritis won't need surgery. Exercise, keeping to a healthy weight and the treatments described earlier will often improve your symptoms. But if you're still struggling, then you may benefit from having hip surgery.

You may be referred to discuss surgery:

- if your symptoms are affecting your quality of life, and
- if X-rays or other scans indicate you might benefit from surgery.

Total hip replacement surgery is one of the most common and successful operations in the world. The operation can give a lot of pain relief and improve movement in your hip. Most hip replacements now last for at least 15 years.

Hip resurfacing is a different type of surgery, which may be more suitable for some people. Instead of replacing the entire hip joint, only the damaged surfaces are replaced. Resurfacing is less common than full hip replacements. This is because some people have had problems with the new surfaces. Your surgeon will be able to advise if resurfacing might be best for you.

Before having surgery, you'll be involved in a shared decision-making process. You'll be able to discuss the risks and benefits of surgery with a surgeon or an advanced physiotherapy practitioner. They will help you to make the decision that's right for you.

**Most people with osteoarthritis won't need surgery, but hip replacements are usually very successful when other treatments haven't helped.**

Find more information on hip replacement surgery at **arthritis-uk.org/hip-replacement-surgery**

# Exercises for osteoarthritis of the hip

**This section contains some simple exercises to stretch, strengthen and stabilise your hips. Many of these exercises can be adapted to be done in water, which can help take the pressure off your joint.**

Start by exercising gradually and build up over time. Carry on exercising even if your symptoms ease, as this can stop them coming back.

Stretching exercises should be done every day, while strengthening exercises should be done 2 or 3 times a week, and aerobic exercises 2 to 5 times a week.

If you have any questions about exercising, ask your doctor or physiotherapist before you start.

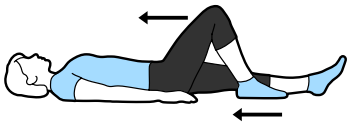
It might help to go through these exercises with a physiotherapist at first, or they might be able to give you a personalised exercise plan.

**If you've had a hip replacement, talk to your healthcare team about the exercises in this leaflet. Make sure you follow their advice before attempting to do them yourself.**

# Stretching exercises

Try to do these exercises every day, as stretching exercises can be particularly good for hip osteoarthritis. For these, it's good to push until you start to feel the pain, but don't push through the pain, as it could make your symptoms worse.

## Heel slide (stretch)

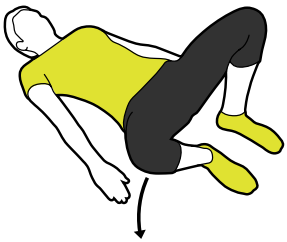


Lie on your back. Bend your leg and slide your knee towards you as far as is comfortable. Slide your heel down again slowly.

## 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 to 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.

## External hip rotation (stretch)



Lie on your back with your knees bent and feet flat, hip-width apart. Let one knee drop towards the floor and then bring it back up. Keep your back flat on the floor throughout.

# Strengthening exercises

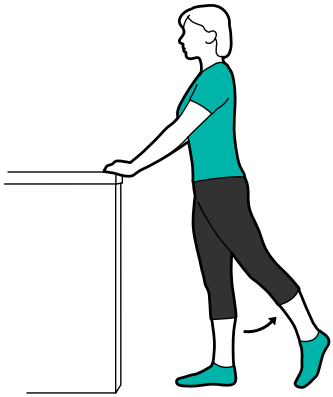
To try and build up the strength of your muscles, try to do these exercises 2 to 3 times a week.

## Hip flexion (strengthening)

Position yourself next to a wall that you can use for support. Stand on one leg and bring the other one up to a right angle, then hold for up to 30 seconds. If you feel safe, challenge your balance by taking your hand off the wall. Instead of using your arm for support, you can also do this exercise by leaning against a wall and sliding your leg upwards along it.

## 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)

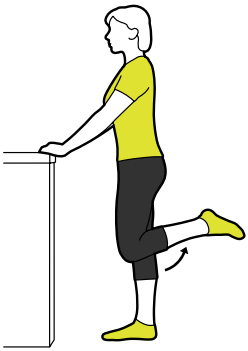
Lift your leg sideways, being careful not to rotate the leg outwards. Hold for 5 seconds and bring it back slowly, keeping your body straight throughout. Hold onto a chair or work surface for support. You can also do this exercise lying sideways.

## Mini squat (strengthening)

Squat down until your knee cap covers your big toe, this should be at about 45 degrees. Hold this position for a count of 5, if you can. Use a work surface or a chair for support if you need to.

## Heel to buttock exercise (strengthening)

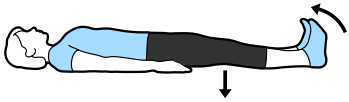
Bend your knee to pull your heel up towards your bottom. Keep your knees in line and your kneecap pointing towards the floor.



## Short arc quadriceps exercise (strengthening)

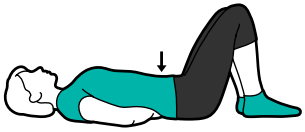
Roll up a towel and place it under your knee. Keep the back of your thigh on the towel and straighten your knee to raise your foot off the floor. Hold for 10 seconds, then lower slowly. Your physiotherapist might suggest holding this position for longer, sometimes for up to 45 seconds.

## 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 five seconds and relax. This exercise can be done from a sitting position as well, if you find this more comfortable.

## Stomach exercise (strengthening/ stabilising)

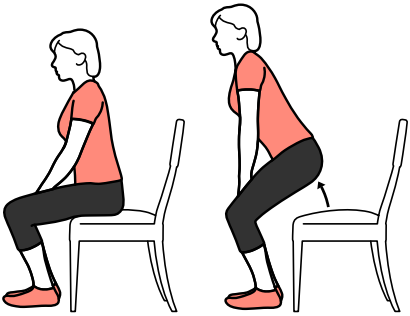


Lie on your back with your knees bent. Put your hands under the small of your back and pull your belly button down towards the floor. Hold for 20 seconds.

## Leg raise (strengthening)

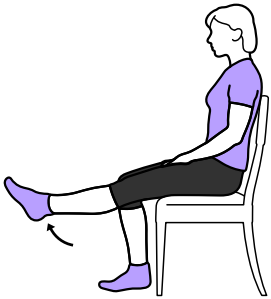
Lie face down. Tighten your stomach and buttocks muscles to lift one leg slightly off the floor, while keeping your hips flat on the ground. Hold this position for 5 to 10 seconds and repeat 3 times.

## Sit/stand (strengthening)



Sit on a chair and cross your arms, so that you don't use them for support. Then repeatedly sit and stand, making sure your movements are slow and controlled. Repeat 5 times. You can make this exercise easier or more difficult by changing the height of the chair. You could do this by adding a cushion to the seat.

## Straight-leg raise (sitting)



Sit back in your chair, with a straight back. Straighten and raise one of your legs. Hold for a slow count to 10, then slowly lower your leg. Repeat 10 times with each leg.

# Notes

# Discover our support services

**You don't need to face arthritis alone. Get the information, advice and support that you need.**

Call our free helpline:
**0800 5200 520**

Connect with our online community, go to:
**community.arthritis-uk.org**

Chat with AVA, our online assistant, go to:
**arthritis-uk.org/ask-AVA-our-virtual-assistant**

Track your symptoms with our easy app, go to:
**arthritis-uk.org/track-my-arthritis-symptoms-app**

# Thank you!

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

**Jo Morris**

**Matthew Willett**

**Isabella Favarin**

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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