

# Hip osteoarthritis (OA)

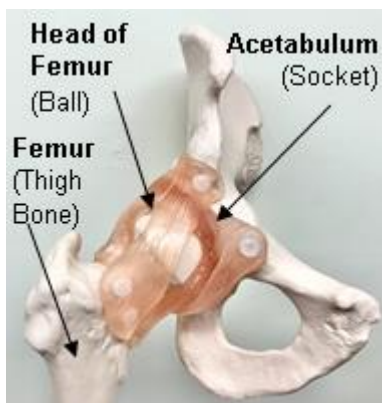
**Your physiotherapist has diagnosed you with hip OA. This booklet gives information on what this means, the common causes, the management options, and how physiotherapy can help. If you have any questions, please speak to your physiotherapist**

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## What is hip OA?

OA is the most common form of arthritis and can happen in any joint that has cartilage (protective tissue). OA describes age-related changes to a joint, such as reduced space between the two joining bones, increased bone growth to the joint surfaces (sclerosis/osteophytes) and loss of cartilage.



The hip is frequently affected by OA as it is a large weight-bearing joint.

The hip joint is a ball and socket joint and is made up of the head (ball) of the femur (thigh bone) and the acetabulum of the pelvis (the socket).

The main symptoms of hip OA are joint pain, often felt in the groin and/or buttock, and stiffness (less movement in the joint). Some people also have a clicking sound (crepitus) when moving the hip joint.

The severity of the symptoms is different for everyone. Symptoms can be mild, and may come and go. Other people can experience more continuous pain, and difficulty with walking or carrying out other daily activities.

## What causes hip OA?

The exact cause of OA is often not known, as there can be many factors why a person develops symptoms. OA is part of the normal aging process of joints where there is usually a reduction in the size of cartilage that covers the joint surfaces, and often formations of new bone.

In the past, OA was often described as ‘wear and tear’ of the joint, suggesting that using the joint may cause more ‘wearing out’ of the cartilage. This term was misleading as we now know cartilage in joints actually needs movement to stay healthy.

## Contributory factors to hip OA

There are many factors that can affect the health of the hip joints. The common factors are listed below.

### **Obesity**

Too much bodyweight can increase the load that is placed upon the hip joints, leading to earlier changes in the cartilage. It can also increase the level of inflammation in the joints.

### **Lifestyle**

A sedentary (inactive) lifestyle or low physical activity levels may contribute to weakness to the muscles that surround the hip joints. Muscle strength is important to support the joints in completing daily tasks such as walking, or climbing the stairs.

## **Injury**

A previous injury related to the hip joint, such as a fracture, may increase the risk of developing hip OA.

## **Previous hip surgery or corticosteroid injections**

Having surgery to the hip joint, or more than 2 corticosteroid injections into the joint, may lead to earlier hip OA.

## **A period of high unaccustomed load**

Starting a new job, hobby or exercise may sometimes overload the hip joints if this is not introduced in a gradual way.

## **Stress, depression, sleep deprivation**

These specific factors can often increase the level of pain that is experienced by someone with hip OA.

## **Incorrect information**

Misunderstandings about hip OA can make you think that doing less movement will improve the symptoms.

## **How hip OA is managed**

Keeping as active as possible can help you recover and get back to the things that are important to you. Resting and avoiding painful activities long-term may make symptoms, and your general health, worse.

Painkillers and anti-inflammatory medication can help to get you back to your usual activities. Your GP can guide you on the best painkillers to take.

If pain lasts longer than six weeks, it can be helpful to discuss your pain with someone who specialises in managing hip OA (such as a physiotherapist).

## **How physiotherapy will help**

Physiotherapy may have an important role in managing your hip OA. It will help identify the main contributory factors and plan your rehabilitation.

Your physiotherapist will talk with you to understand your personal experience of hip OA, and your rehabilitation needs. A detailed physical examination can be helpful to guide treatment. Your physiotherapist will discuss with you any particular concerns that you may have, and specific goals which you would like to achieve through treatment.

Exercise is an important part of your recovery and can improve fitness, confidence in movement, mobility and strength. Exercise can also reduce stress and tension, improve mood and quality of sleep and help support you getting back to normal activity.

## **How long will it take to get better?**

This will depend on a number of factors. For most people with the first signs of hip OA, a course of physiotherapy can improve the symptoms of pain and stiffness in 6-12 weeks. Further gains can be made by doing continued exercise to improve the muscle strength around the hip.

For some people, physiotherapy may not improve their pain or stiffness in their hip joint. Through continued exercise you can improve the muscle strength and increase your ability to carry out daily tasks.

## Do you need a scan?

An X-ray can be helpful to check the level of OA in your hip. Usually, extra imaging, such as ultrasound or MRI scans, are not necessary.

## Are other options available?

Other treatment options are available and these vary depending on which stage your condition is in.

### **Corticosteroid injection**

If painkillers and exercise are not helping control the pain, it may be possible to have a corticosteroid injection into your hip joint. This is done under radiological guidance. It often helps with the pain but has short-term effects, typically 6-12 weeks. Repeated injection is not recommended as this may make hip OA worse.

### **Surgery**

Total hip replacement surgery may be recommended if hip joint pain and stiffness persist despite physiotherapy, pain killers and weight loss. Surgery is considered if an X-ray shows moderate to advanced hip OA, and symptoms are affecting your mobility and quality of life. The type of surgery is discussed and decided with you in the orthopaedic hip service.

It can be useful to consider and discuss the risks, benefits and implications of any treatment before deciding which is best for you. You are encouraged to do this with any healthcare professional you see, including your physiotherapist.

## Exercise examples in pictures

Here are some exercises that may help you manage your hip OA. If you are not sure what exercises to do, please speak to your physiotherapist for a tailored plan.

These exercises can be completed at home, once a day, as a routine, or you can pick the ones you feel work best for you. Try completing 8-12 repetitions of each exercise.

### Bridging



Lie on your back with your knees bent to 90 degrees and feet on the floor. Lift your pelvis off the floor and hold for 1-2 seconds. Slowly lower back down. Repeat 8-12 times.



## Side-lying leg lifts



Lie on your side, with the lower knee bent. Keep the top leg straight and lift it up as high as you can, and slowly lower it back down. Repeat 8-12 times.

## Standing hip extensions



Stand next to something you can steady yourself on. Keeping your back straight, lift the painful leg backwards, hold for 1-2 seconds, and slowly lower back down. You can add a resistance band to make it more challenging. Repeat 8-12 times.

## Squat



Stand with your feet hip width apart, with your hands in front of you. Keep your chest up and bend both knees into a squat position as far as down as you can manage. Return to standing. Repeat 8-12 times.

## Useful sources of information

**Versus Arthritis** (previously Arthritis Research UK),  
**w:** [www.versusarthritis.org/about-arthritis/](http://www.versusarthritis.org/about-arthritis/)

**Escape Pain** (enabling self-management and coping with arthritic pain using exercise), **w:** [www.escape-pain.org/](http://www.escape-pain.org/)

**National Institute for Health and Care Excellence** (NICE) – Osteoarthritis: care and management,  
**w:** [www.nice.org.uk/guidance/cg177](http://www.nice.org.uk/guidance/cg177)

**NHS**, **w:** [www.nhs.uk/conditions/osteoarthritis/](http://www.nhs.uk/conditions/osteoarthritis/)



## Contact us

If you have any questions or concerns please contact the Physiotherapy Department, **tel:** 020 7188 5094, Monday to Friday, 8.30am-5pm.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit **web:** [www.guysandstthomas.nhs.uk/leaflets](http://www.guysandstthomas.nhs.uk/leaflets)

## Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

**tel:** 020 7188 8801 (PALS), **email:** [pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk)

**tel:** 020 7188 3514 (complaints)

**email:** [complaints2@gstt.nhs.uk](mailto:complaints2@gstt.nhs.uk)

## Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch.

**tel:** 020 7188 8815, **email:** [languagesupport@gstt.nhs.uk](mailto:languagesupport@gstt.nhs.uk)

## NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

**tel:** 111



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