

Osteoarthritis of the Hip

Osteoarthritis (OA) of the hip is a degenerative disease that occurs most often in people over 65 years of age. This disease affects the hip joint, which is a ball and socket joint; with the ball being the top of the thigh bone and the socket being the cup portion of the hip. Both the ball and the socket are lined with a smooth surface called cartilage which serves as a cushion and allows for smooth motion of the joint. In OA, the cartilage becomes worn away. Unfortunately, the body does not grow new cartilage, and the cartilage wears down to bone. This results in the rubbing of bone against bone, resulting in pain, stiffness, and difficulty in walking.



What increases my risk of developing osteoarthritis of the hip?

Many factors may increase the risk of developing hip OA. Evidence supports that older age, a high body mass index (BMI), certain occupations that may cause repeated stress, or a past injury, can increase your chances of developing hip OA.



How can I tell if I have osteoarthritis of the hip?

A key symptom for OAH is a pain in the groin area of the body that may increase with movement. Additional symptoms such as pain and stiffness first thing in the morning, or after sitting for a length of time, and a decreased range of motion that affects your ability to walk may also be associated with possible hip OA.



How is osteoarthritis of the hip diagnosed?

During your appointment, your physician may request that you complete a self-administered questionnaire to measure your opinion on pain, symptoms, function, range of motion, and your quality of life.

Your physician will speak with you about your symptoms, and conduct a physical exam. This exam involves moving

the hip, which may cause pain in the groin. This exam will test your hip's range of motion, and pain points. He/she may also test for muscle weakness, assess the way you walk, as well as and other movements involving the use of your hip.

Can special imaging be used to confirm or diagnose osteoarthritis of the hip?

Physicians may order an x-ray of the hip. This x-ray may show a narrowing of the space between the ball and socket, which is a sign of arthritis. Additionally, x-rays may show the formation of spurs, which are also known as osteophytes. These spurs often form where the two bones meet, and may cause pain and a reduced range of motion.



What non-surgical treatment options are available for osteoarthritis of the hip?

Many non—surgical treatment options are available to treat hip OA. If you are overweight, your physician may recommend losing weight, as this may reduce stress on the hip joint. Additionally, he/she may recommend modifications in activities that are causing pain. Exercise or physical therapy may be prescribed, as limited evidence shows it

improves function and reduces pain for patients with mild to moderate symptoms. Strong evidence indicates that over the counter non-narcotic medications, such as acetaminophen and nonsteroidal anti-inflammatory drugs may be recommended, as these may provide short-term pain and function relief. If these options do not provide relief, strong evidence supports that your physician may recommend a corticosteroid (steroid) injection directly into the hip joint, as this may improve function and reduce pain for the short-term. Finally, your physician may prescribe assistive walking devices such as a cane or walker, as these may improve your mobility. Glucosamine sulfate and hyaluronic acid injections have not been shown to improve symptoms, and are not recommended.



What should I do if non-surgical treatment options do not provide relief?

When non-surgical treatment options fail to provide adequate pain relief, a total hip replacement, or total hip arthroplasty (THA) may be considered. During THA, a ceramic or metal ball on a stem is inserted into the thighbone, and a metal cup and a plastic or ceramic liner is surgically implanted into the pelvis to replace the damaged cartilage and bone within the hip joint. This creates a new, smooth joint that reduces pain and

improves function. Physicians may use risk assessment tools to assist in predicting any potential complications, assessing surgical risks and educating the patient as he or she decides to undergo a total hip replacement. Several modifiable risk factors such as obesity, poorly controlled diabetes, mental health or substance abuse disorders, tobacco use, opioid use, and malnutrition may need to be addressed prior to any surgical intervention, as these can lead to poor patient-reported outcomes.



What should I expect following surgery?

Patients should experience significant reduction in pain and improved mobility after THA. Many factors, including physical condition, weight, activity level, personal anatomy and adherence to instructions prior to and after surgery will play an important role in recovery. Most patients can be discharged within one to three days after surgery and go directly home. Occasionally, patients may be admitted to a rehabilitation or skilled nursing facility after being discharged from the hospital. Patients may participate in a regular light exercise (physical therapy) program to maintain proper strength and mobility of the new hip. Moderate evidence indicates that physical therapy following surgery could improve early function of the joint following total hip replacement.

Resources:

American Academy of Orthopaedic Surgeons 2017 Management of Osteoarthritis of the Hip Evidence-Based Clinical Practice Guideline <http://www.orthoguidelines.org/topic?id=1021>

Please note: This is a patient information handout that orthopaedic surgeons and physicians can provide to their patients. This information was current at the time of publication. However, medical information is always changing, and some information given here may be out of date. This patient handout is based off recommendations from the 2017AAOS Management of Osteoarthritis of the Hip Evidence-Based Clinical Practice Guideline. To review this guideline please visit <http://www.orthoguidelines.org/topic?id=1021>