

HIP OSTEOARTHRITIS

PHYSIOTHERAPY

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**MAKING A
DIFFERENCE
FOR YOU,
WITH YOU**

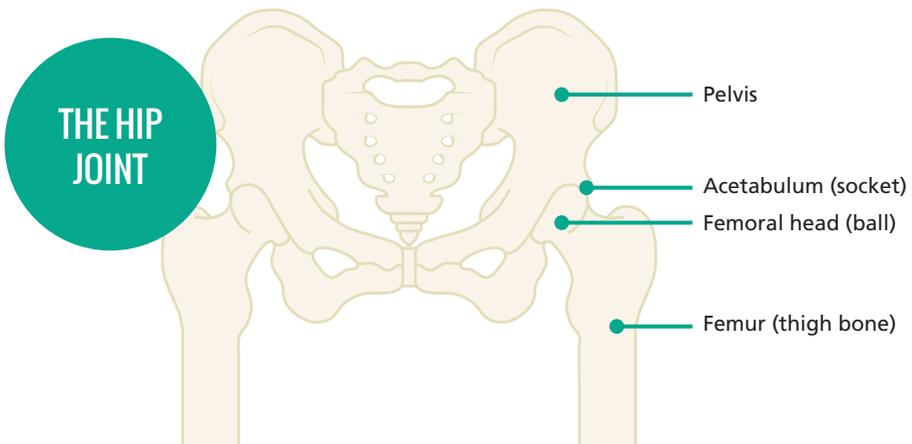
WHAT IS OSTEOARTHRITIS?

Osteoarthritis is very common, with over 9 million people in the UK living with the condition. Almost all of us will develop osteoarthritis in some of our joints, as we get older, although we may not be aware of this as the condition is often pain free.

The hip is a ball and socket joint, the ball of the joint, which is at the top of the bone in your upper leg is called the femoral head, and the socket created by the hollow of your pelvis is called the acetabulum. In a healthy Hip (see image – from Versus Arthritis website), a coating of tough, smooth and slippery tissue (cartilage) covers the surface of the bones to help the joint move freely.

The Hip is surrounded by a tough, fibrous sleeve called the capsule, which is lined by the synovium and produces a synovial fluid, which nourishes the cartilage and lubricates the joint.

In Osteoarthritis, part of the cartilage thins and the surface becomes rougher. In response, your body tries to repair the area by producing extra bone (Osteophytes). For many, healing is successful; the Hip looks different on X-ray with additional bone but often returns to working normally with minimal symptoms of pain or stiffness.



Osteoarthritis is better described as “wear and repair” instead of the commonly used term “wear and tear”. In order for your Hip to carry out the repair process successfully it is important that you keep using your joint normally. Without movement your Hip will stiffen, muscles will weaken and changes within the your joint may worsen.

WHAT ARE THE SYMPTOMS?

Osteoarthritis is often painless; however you may experience symptoms of:

- Pain when moving your Hip or towards the end of the day in your groin or buttock area.
- Hip stiffness after periods of rest
- You may notice that your Hip does not move as freely as normal, this will usually ease with movement.
- Creaking or grinding sounds on movement of your Hip (Crepitus).
- The muscles around your thigh or buttocks may look thinner. If your muscles have weakened and not providing enough support, you may start to limp.
- If Osteoarthritis is not well managed you may wake at night due to pain.

HOW IS OSTEOARTHRITIS DIAGNOSED?

Osteoarthritis can be diagnosed without X-ray based on examination and the following:

- You are over 45 years of age AND
- You have activity-related joint pain AND
- You have either no morning joint-related stiffness or morning joint-related stiffness that lasts no longer than 30 minutes.

X-ray is not helpful in predicting how much pain you will experience, as some people have a small amount of change and

experience lots of pain whilst others have lots of change and experience no pain at all. An X-ray is often not required but may be suggested by your GP or Physiotherapist if your symptoms are not responding to usual management, if the diagnosis is not clear, you have suffered a recent fall, drink excessive alcohol, have sickle cell disease, have used steroids or had radiotherapy

WHAT ARE THE RISK FACTORS?

Age – 50% of people over 50 years of age will have x-ray findings of Osteoarthritis. However, most are unaware and continue to live normal lives. In those who feel pain it may be due to bodily changes associated with ageing i.e. decreasing activity levels, loss of muscle strength, weight gain or the body becoming slower at healing.

Obesity – Being overweight places greater strain on your Hip joints, which can increase your symptoms and the speed at which the condition progresses. However, increasing your activity levels and making modifications to your diet can help you to lose weight over time and help you to better manage your symptoms, slowing the progression of osteoarthritis.

Injury – A major injury or previous operation to your Hip may lead to osteoarthritis later in life. Normal activity and exercise does not cause osteoarthritis, but very hard, repetitive activity or physically demanding jobs can increase your risk. You are unable to change the past but this does not stop you taking an active role in changing your future, making simple lifestyle changes can allow you to manage your symptoms and slow or stop further progression of Osteoarthritis.

Genetic Factors – We inherit our genes from our parents and some genes play a small part in increasing our chances of developing osteoarthritis at an earlier age than usual. We are unable to change our genes but taking an active role in improving our lifestyle can significantly improve symptoms and slow progression of the condition.

HOW WILL OSTEOARTHRITIS PROGRESS?

Osteoarthritis may affect different people in different ways, for some the condition reaches its peak after a few years and symptoms improve or remain the same. Others may experience periods of increased pain and periods of improvement. Whilst you may be experiencing a lot of pain now, the good news is that for most, Osteoarthritis does not continue to worsen over time and by making simple lifestyle changes you can help to better manage the condition allowing you to return to activities you want to do.

WHAT CAN I DO TO HELP MYSELF?

There is currently no cure for Osteoarthritis but by making a few simple lifestyle changes like increasing your activity levels, building muscle strength and losing weight can all help to lessen symptoms allowing you to get back on with your life.

EXERCISE:

Many people worry that exercise will increase pain and cause further joint damage. Resting painful joints at first may make them feel more comfortable but in the long-term muscles weaken, the joint stiffens increasing pain experienced during even simple day-to-day activities. However, there is strong evidence which shows that regular exercise helps to decrease pain, improving your ability to perform your normal activities and overall quality of life. Exercise is safe and an important part in the management of osteoarthritis irrespective of your age, pain levels, severity or other medical problems.

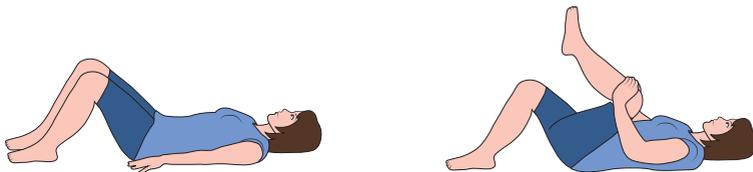
How long should I exercise? – You should aim to complete 30 minutes of moderate intensity activity; this can be completed in short bouts or in one go i.e. 3 x 10 minutes.

When should I exercise? – You should aim to exercise at minimum of 5 days per week.

How hard should I exercise? – You should aim to feel slightly warm, your heart should beat a little faster but you should still be able to hold a conversation at the same time as exercising.

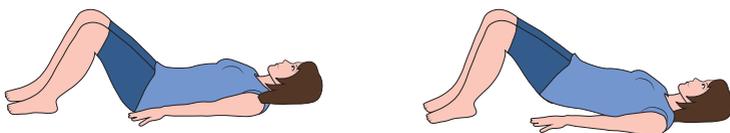
What type of exercise? - The simple answer is anything that you enjoy (walking, dancing, gardening, swimming). However, on 2 or more days a week specific strengthening and balance exercises should be included.

EXERCISE 1: HIP RANGE OF MOVEMENT



- Lie on your back with your knees bent.
- Lift your affected leg off the bed. Using your hands pull your knee towards your chest to feel a gentle stretch. Lower your leg and repeat with the other leg.
- Repeat 10 x 5-10 sec hold Left & Right

EXERCISE 2: SHOULDER BRIDGE



- Lie on your back with your knees bent.
- Tighten your buttocks, lifting them off the ground. Hold and slowly return to the start position.
- Try not to arch your back or lift too high to avoid pain.
- Repeat x 10-15 x 5 sec hold (up to 3 sets)

EXERCISE 3: EXERCISE PEDALS / BIKE



Exercise Pedals are a great way to improve Hip and knee range of movement, muscle strength and work towards your daily target of 30 minutes moderate intensity activity.

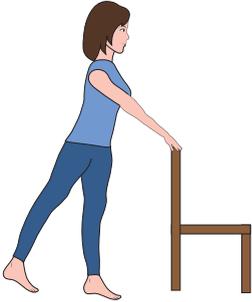
Adjust the chair so that you are comfortable and cycle at a speed, which you feel you are able to maintain without significant pain or shortness of breath. To start with try short frequent bouts of activity i.e. 5 minutes, 2-3 times daily. As your fitness and strength improves you can gradually progress to longer durations i.e. 20, 30 or even 40 minutes.

EXERCISE 4: HIP ABDUCTION IN STANDING

- In standing, hold onto a work surface or sturdy table for support.
- Slowly lift your affected leg out to the side. Hold and slowly return to the start position. Keep your foot, facing forwards and try to avoid leaning to side or twisting your back. You should feel the muscles working on the outside of your hip or buttocks area.
- Repeat 10-15 times (5 sec hold) both sides.



EXERCISE 5: HIP EXTENSION IN STANDING



- In standing, holding onto a work surface or study table for support.
- Keeping your knee straight, slowly lift your affected leg your leg backwards. Hold and slowly return to the start position. Keep your leg straight and try not to let your back arch. You should feel the muscles working on the outside of your hip or buttocks area.
- Repeat 10-15 times (5 sec hold) both sides.

* You may sometimes experience discomfort when exercising or a day or two afterwards, especially if it is a new activity or something you have not done for a while. Don't worry this does not mean you have harmed your joints, but it is important that you recognise the need to continue to keep your joints moving without overdoing it. With experience you will gradually learn what level is right for you.

WEIGHT LOSS:

Being overweight places greater strain on your Hip joints, which can increase your symptoms and the speed at which the condition progresses. Even a small amount of weightless can make a big difference on the symptoms you feel. Following a balanced diet, cutting down the number of calories you get from high fat / sugary foods and gradually increasing your activity levels is the best proven way to lose weight.



For further information on a healthy diet plan (Eat well guide / other resource). If you would like further help losing weight visit www.firstforwellbeing.co.uk or call: 0300 126 5000 for further help.

DRUG MANAGEMENT:

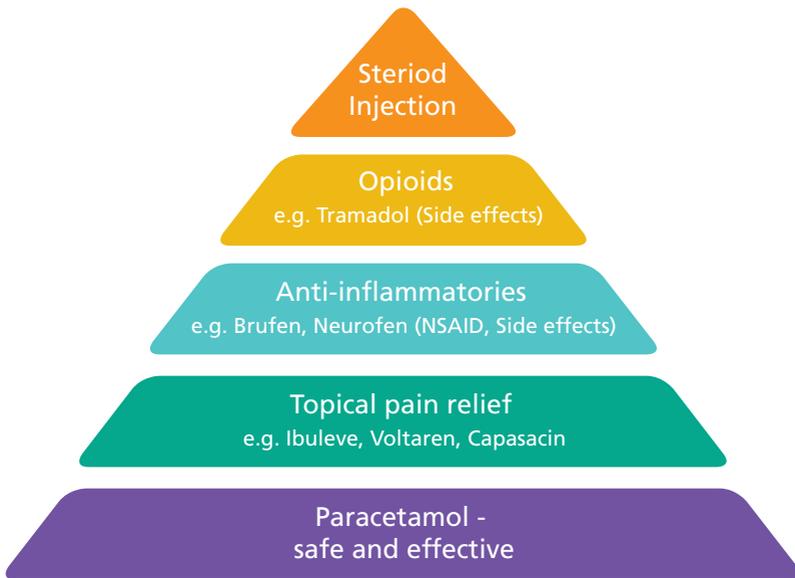
It is advisable to take painkillers when pain is limiting your movement and stopping you from completing regular exercise or activities you want to do. Your GP, Pharmacist or Physiotherapist can help guide you on how to take medication effectively but generally it is advised to take medication regularly rather than taking them now and again. This will enable you to continue with routine activities more comfortably. Remember some pain medication may take at least 3-4 weeks to get the full benefits.

Paracetamol – is the safest type of pain relief tablet and can be taken long-term if taken at the recommended dose. It is likely that your GP or Physiotherapist will suggest this as a first choice medication in helping you to manage your joint pain. Paracetamol is available over the counter at pharmacies and supermarkets – and there is no advantage in paying for expensive brands. However many people do not take the correct dosage which is 1g (usually 2 tablets) 3 to 4 times per day.

NSAIDs (Non-Steroidal Anti-Inflammatories) – NSAIDs can be used for stronger pain relief and can be taken or used alongside paracetamol. NSAIDs carry a slightly increased risk of a heart attack, stroke and stomach ulcers, so you should not take them if you're pregnant, have asthma, indigestion or a stomach ulcer, until you've spoken with your GP, Physiotherapist or Pharmacist. They may be cautious prescribing them if there are factors that increase your risk (e.g. smoking, circulation problems, diabetes, high blood pressure or high cholesterol). You will be advised to take / use them for the shortest time and at the lowest effective dose. You may also be prescribed another tablet called a proton pump inhibitor to protect your stomach and digestive system. NSAIDs can be in either Topical cream (Ibuleve / Voltarl / Fenbid) or tablet (Ibuprofen). You can trial NSAIDs for 5-10 days, if this has not helped after this time then it is unlikely to. Your GP or Physiotherapist may prescribe a higher dose or stronger NSAIDs.

Opioids - are much stronger forms of pain relief but also have a number of side effects, therefore it is advisable to try apply all of the principles within this guide on managing your symptoms before considering opioide medication (Co-codamol / Tramadol). Due to the strength of these medications they can only be prescribed by your GP

Corticosteroid Injection – can be given into the joint, it is not without risk and therefore should only be considered if your pain is not well controlled despite following the above advice. The injection usually starts to work after 2-3 days and can help with pain for up to 3 months. As the placement of the injection is important it can only be performed in Hospital with X-ray guidance and therefore cannot be performed by your GP or Physiotherapist. If you require further advice this can be discussed with an Extended Scope Physiotherapist.

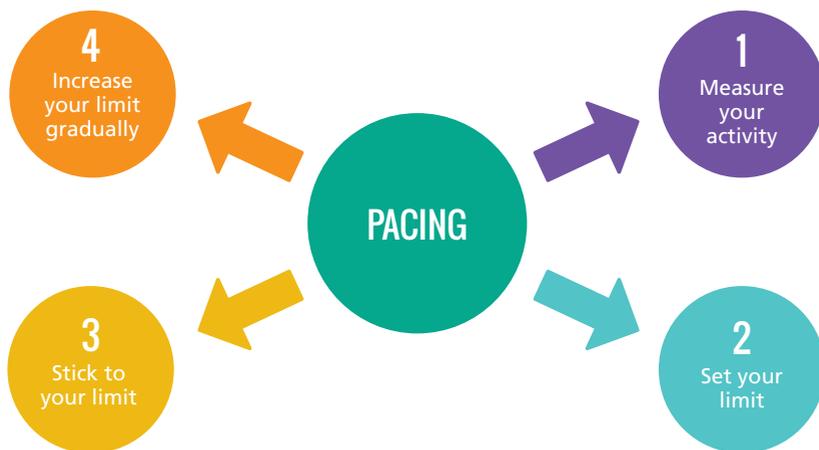


OTHER:

Walking Stick - If your pain is worse when walking, your leg lets you down or you feel less confident in your Hip or fear you may fall then a walking stick can help. This should be held in your opposite hand to the side you are experiencing Hip pain on. A stick can be used as a temporary tool and discarded when your balance or strength has improved through exercise. A walking stick can be purchased from a mobility shop or can be issued by your Physiotherapist.

Footwear – Footwear needs to create a stable foundation for the leg. Everyday shoes should have a low (less than 1”) broad heel base with a firm support around the heel and strapped on by laces, Velcro or buckled to prevent the foot from sliding and to optimise stability. Soles should be cushioned and have grip to prevent slipping. Round toe box, broad and long enough with room around the toes. Shoes should be comfortable, and ideally bought in the afternoon when feet are at their largest. For more detailed advice go to www.feetforlife.org.

Pacing – Means taking short breaks before you need to throughout the day. It can be tempting to do 'too much activity' on your good days, leading to a bad day, increased pain and prolonged rest. Over time this 'Boom and Bust' cycle leads to longer and longer rest period resulting in a stiffer joint and weaker muscle. Instead, learn to pace yourself. If there are jobs or activities, which often increase your pain, break them down into manageable chunks and allow time for a break or switch to alternate activity that you find easier. Try to work out what you can do and for how long before pain becomes a problem, plan future breaks from the activity before the pain starts. Prioritise your day and week balancing out more strenuous activity with gentler activities. As your strength progresses and you optimise your pain control will find that you are able to do more before requiring a break. www.firstforwellbeing.co.uk or call: 0300 126 5000 for further help.



SUPPORT NETWORK:

Pain can make you want to withdraw from your normal activities and lead to you isolating yourself from friends and family as you feel like a burden. Being alone and not being able to perform activities which are enjoyable to you, can cause you to feel lonely, angry, frustrated and lead to negative thoughts.

All of these emotions and thoughts are brain impulses and they can increase the amount of pain that you feel. Try to keep positive, keep in contact with friends and family and continue with activities you enjoy, even if this means reducing the duration, intensity or planning more rest periods. You are not a burden, and often friends and family are happy to help and adjust their activities levels to be inclusive, just let them know how you are feeling, make a plan and move forwards.

SLEEP:

Sleep is very important, too little can increase the amount of pain that you experience. Try to optimise your pain relief so that it allows you to get to sleep. Using relaxation strategies can meditation can be a great way to relax your mind so that you fall into a deeper sleep, which may limit the amount of sleep disturbance you experience due to pain. Calm and Headspace are examples of apps that can be downloaded onto your phone or tablet device and offer free trials of meditation and relaxation techniques. Alternatively, you can turn off the TV, relax and listen to your favorite calming music.

FLARE UPS:

It is not unusual to occasionally have a period of increased pain, it may be that you overdid it, you are under the weather or had a bad nights sleep. Often it does not mean that you have done any further damage to the joint and simple steps can be used to settle your Hip back down.



Rest for a couple of days. This does not mean remaining in bed, but avoiding unnecessary activity until your pain settles down.



Use ice or heat to relieve the pain.



If you are not already taking the maximum dose, you may need to increase your drugs for 2-3 days to help ease symptoms.



Do some simple exercises in lying or sitting to keep the area moving and reduce stiffness.



If you feel anxious, use relaxation techniques to help keep yourself calm.



As the pain eases gradually increase your activity levels again. This may take a week or so before you're back to your normal levels - don't rush if you don't feel ready! Back to normal, self-managing your joints.

JOINT REPLACEMENT SURGERY:

For most joint replacement surgery is not necessary with only 5% of those with arthritis requiring surgical intervention. Surgery may be recommended if you have tried all of the above and if you still have severe pain or mobility problems. Hip Replacement surgery can give substantial pain relief in cases where other treatments have not helped enough.

If you're thinking of having surgery, take time to find out what you can expect, the potential risks and how you can best prepare for surgery. You will be expected to exercise after the operation in order to get the best outcome, so make sure you get into a good routine before the operation which speed your recovery and give you a better chance of a successful outcome

REFERENCES

<https://www.versusarthritis.org/about-arthritis/conditions/osteoarthritis/>

<https://www.nice.org.uk/guidance/cg177/chapter/1-Recommendations>



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