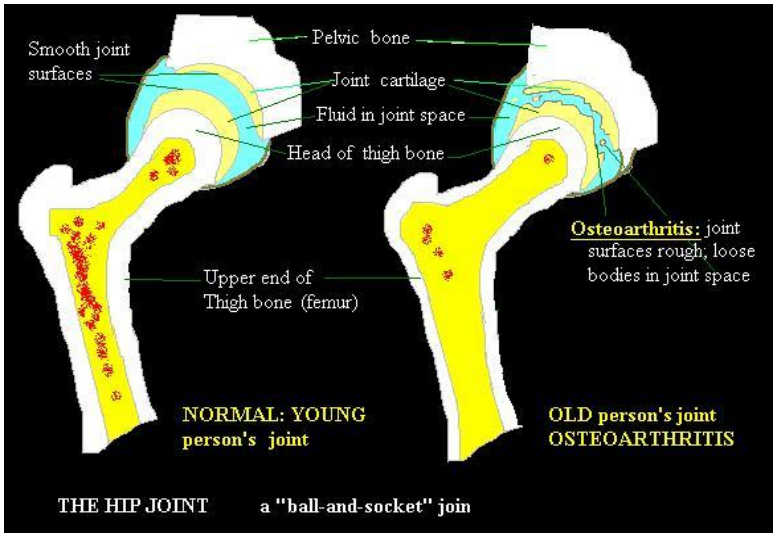
Osteoarthrits - Hip

What is Osteoarthritis?



Osteoarthritis (OA) is the most common form of arthritis. It is a progressive, degenerative condition affecting the smooth cartilage that normally protects the ends of the bone. This cartilage slowly becomes damaged and worn causing inflammation and pain. The joint space is narrowed and sometimes osteophytes (extra bone) can form.

What Causes Osteoarthritis of the hip?

The exact reason why the cartilage in the hip becomes damaged is not clear. Several factors may increase the risk of developing OA of the hip:

- Weight: OA of the hip is more likely to develop in obese people due to increased pressure on the joints.
- Age: OA is more common as age increases, possibly due to the reduced healing rate of the cartilage.
- Joint Injury: Any previous trauma or injury can accelerate OA
- Gender: It can be more associated with the female gender.
- Other Illness: Repeated episodes of Gout or septic arthritis and some congenital conditions can also increase the risk of OA.
- High Impact / Prolonged Sports: Any prolonged physical stresses.
- Repetitive Stress Injuries: Those whose occupations involve repetitive stresses and strains over a long period of time are more likely to develop OA hip.

Who Gets Osteoarthritis?

Primary OA develops most commonly in people over 50 in joints that were previously healthy.

Secondary OA develops in people younger than primary OA, normally after injury or in joints that were previously abnormal.

What Are The Symptoms

- Pain which can occur in the hip, groin, anterior thigh and sometimes in the knee
- Joint irritation and muscle spasm
- Stiffness – worse early morning lasting approximately 30 minutes
- "Gelling" –where the joint is resistant to active movement for the first few minutes after a period of inactivity.
- Restricted movements of the hip
- Poor mobility
- No symptoms may occur but X-ray shows early OA changes
- Severe symptoms but X-ray shows only mild OA changes
- Disturbed sleep

What physiotherapy may consist of

An Exercise programme specifically designed for your hip will be shown to you by your physio, who will also instruct you on how to progress the exercises.

Gait re-education will be taught if you are struggling to walk or weight bear through the hip. This may involve using a walking aid, which should then allow you to walk normally with reduced symptoms.

Mobilisation is a manual technique where the joint and soft tissues are gently moved by the physiotherapist to restore normal range, lubricate joint surfaces, and relieve pain.

Ultrasonic Therapy transmits sound waves through the tissues stimulating the body's chemical reactions and therefore healing process, just as shaking a test tube in the laboratory speeds up a chemical reaction. It reduces tissue spasm, accelerates the healing process and results in pain relief.

Interferential Therapy introduces a small electrical current into the tissues and can be used at varying frequencies for differing treatment effects. E.g. pain relief, muscle or nerve stimulation, promoting blood flow and reducing swelling/inflammation.

Lifestyle Advice will be given in order for the balance between rest and activity to be applied.

Other treatments that may be used

Laser Therapy emits beams of light into the tissues of the body, stimulating chemical reactions and having a similar effect to ultrasound though using light energy instead of sound energy.

Acupuncture is an oriental technique of introducing needles into the skin to increase or decrease energy flow to promote pain relief and healing.

Injection Therapy is a specialist procedure, which needs the consent of your G.P. A non-harmful steroid and local anaesthetic are injected directly into the injured structure. It has a dramatic effect on removing inflammation and promoting healing.

What should the patient do to help their condition?

Lifestyle adjustments (avoid over exertion) – keep active but balance rest with activity. Even when having a "good day" do not be tempted to over do it, likewise on a "bad day" still keep active but within your pain limits. Generally avoid activities that aggravate your condition.

Warm water exercises – Exercises in a warm pool can help strengthen the hip joint without putting pressure through the hip joint

Weight Control is important as being overweight puts the hip joint under more pressure than they need to be.

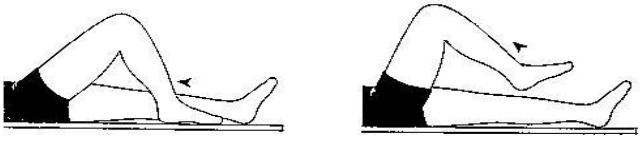
Non Steroidal Anti-Inflammatory Drugs (NSAIDs) / Analgesia – may be taken according to the directions on the packet and up to the maximum daily dose. It is not suitable for people who have a history of stomach ulcers, or for some people with asthma. If in doubt, ask your pharmacist or G.P. for advice.

Glucosamine and Chondroitin- are supplements and not medication which are chemicals that are part of the make up of healthy cartilage. These are very popular and it is believed that they play a role in producing and maintaining new cartilage.

Exercise/Postural programme – comply with the prescribed exercise/postural programme. Your physio will instruct you as to which of the above exercises to begin with, when to add the others, as well as how to progress the exercises.

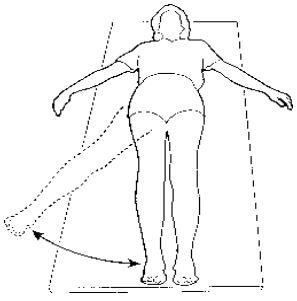
MOBILISATION EXERCISES

1.



1. Hip and Knee Flexion - Maintain your hip knee range of movement by comfortably sliding your heel towards your bottom and then gently bringing your knee towards your chest. Do not push into pain. Return to starting position. Repeat 10 times, 3 times a day.

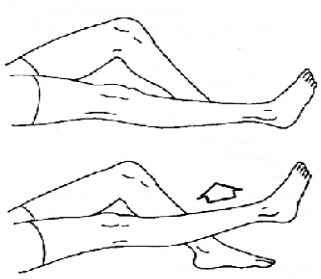
2.



2. Hip Abduction - Lying on you back**,** squeeze your buttocks and slowly move your leg sideways as far as comfortable. Keep your leg straight at all times by tensioning your thigh muscle. Then return to the starting position. Repeat 10 time, 3 times a day

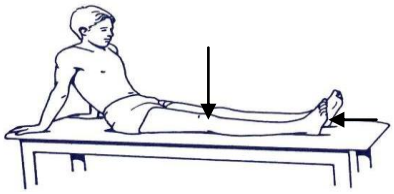
STRENGTHENING EXERCISES

3.



3. Straight Leg Raise - With your knee straight and toes pulled to you, slowly raise the straight leg 10 cm of the bed. Hold for 5 seconds. Repeat 5-10 times, 3 times a day.

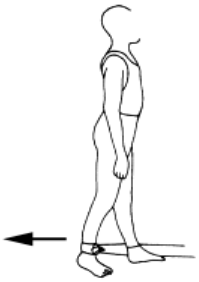
4.



4. Static Quadriceps - Squeeze your thigh muscle and press the back of your knee down on to the bed, pulling your toes up at the same time. Hold for 5 seconds. Repeat 5-10 times, 3 times a day.

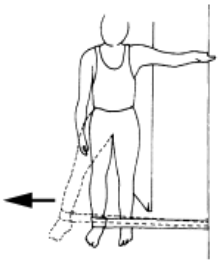
5. & 6. Resisted Hip Extension and Abduction – Using an elastic theraband or tights tied to a fixed object – place your ankle inside, and stand tall. Squeeze both buttocks and then slowly take your leg backwards pulling the band tighter as you do so. Repeat 5-10 times then repeat the exercises by turning sideways on, taking your leg out to the side. Do 3 times a day.

5.



HIP EXTENSION

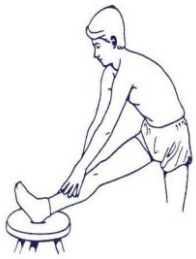
6.



HIP ABDUCTION

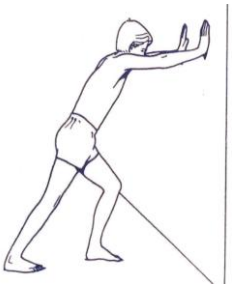
STRETCHES

7.



8.

9.



7. Hamstring stretch **8. Quadriceps stretch** **9. Gastrocnemius Stretch**

Hold each stretch for 20-30 seconds and repeat 5 times on each leg.

What if physiotherapy does not help or resolve my condition? It is very rare that physiotherapy does not significantly improve this condition, in these cases a cortisone injection may be appropriate and in very extreme cases surgery is a possible option. These options can be discussed with your therapist if appropriate.