

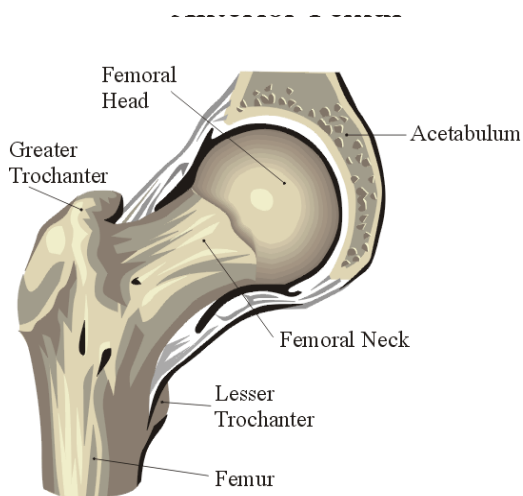
Hip Osteoarthritis

Osteoarthritis – what does it mean?

Osteoarthritis (OA) is a condition in which low-grade inflammation results in pain in the joints. The word itself comes from the Greek words 'osteo' meaning bone, 'arthro' meaning joint, and 'itis' meaning inflammation. In layman's terms, OA is often described as wear and tear.

The hip joint – basic anatomy.

The hip joint is a 'ball and socket' joint. It is the articulation of the thigh bone (femur) and the pelvis (acetabulum). The socket into which the ball fits into is called the acetabulum. The hip joint is a stable joint and thus does not allow as much movement as other joints of the body, such as the shoulder (which is also a ball and socket joint). Covering each bone surface is a layer of cartilage. This acts as a cushion between joint surfaces to allow smooth movement.



Adapted from Corel Draw 9 Library

(Picture taken from Google Images)

What goes wrong?

The basic cause of osteoarthritis (OA) is a degeneration of the cartilage surrounding the bone. As the cartilage gets thinner, the bone surfaces become more exposed to each other. Where previously the hard bones would be protected against one another by the cartilage, the bones can now rub together causing pain.

Clinics at:
Point West, 116 Cromwell Road
Kensington, London.

Signs and symptoms

Hip OA in its mildest form can often be asymptomatic. Even when the degeneration is quite advanced, the individual may not report any significant discomfort. It is common that the radiological findings on X-ray or MRI do not always correlate well to an individual's symptoms. The most common signs and symptoms are:

- Pain in the groin region. It is often described as a deep aching sensation which can be sharp and acute on sudden movements. Buttock pain is also a common feature, and in some cases the pain may be referred down to the knee or to the lumbar spine.
- Pain is typically worse in the morning and eases with gentle movement.
- Weight bearing activities such as walking and running are typically worse, however pain with prolonged sitting is often a tell tale sign.
- The pain tends to be worse during the winter months when the temperature has fallen.
- Individuals often complain that tasks such as, getting in and out of a car, putting on shoes and climbing stairs as being troublesome.
- There may be a feeling of instability or buckling at the hip when performing certain tasks such as stepping off kerbs or down stairs.

Investigations

Usually a plain X-ray is sufficient to confirm the diagnosis that has been made by either a sports physician or physiotherapist here at Pure Sports Medicine. A sports physician may order an MRI scan in order to rule out other sources of hip pain.

Treatment:

Physiotherapy

Manual therapy – patients with hip OA often present with a stiff and painful hip. Techniques used to mobilise the hip joint can be very effective in relieving pain and improving the range of movement at the hip.

Massage and stretches – certain muscles can become shortened and be in spasm as a result of altered movement at the hip which can then place further stress on the joint. A physiotherapist will be able to advice you on specific stretches to help alleviate the tension in those areas.

Strengthening - it is very important to improve the stability and strength of the muscles around the hip to help prevent further damage and degeneration. As a result of pain, certain muscle groups become

inhibited (which means they stop working as well). It is often the small postural and stabilising muscles around the hip which need most work, and again a physiotherapist can implement a program to target these muscles.

Diet and exercise

Weight management - there is a direct linear relationship between obesity and osteoarthritis in the knee (Felson et al 1988). Weight and a high Body mass Index (BMI) have also been reported to be a risk factor for OA of the hip (Flugsrund et al 2002). Weight loss can be a huge factor in reducing the symptoms of OA, and patients often report a dramatic increase in function after dietary and/or exercise changes. Our nutritionist here at Pure Sports Medicine will be able to advise you on weight management, and our strength and conditioning coaches would be able to devise a specific program suited to your goals.

Orthotics / aids

In the more severe cases of arthritis it may be beneficial in using a walking aid to alleviate pain and allow for better movement. In most cases a stick may suffice however in cases where more support is needed than crutches can be used. A physiotherapist can certainly advise you on these issues and if necessary can take measurements to assist you in choosing the right size and type of aid. Orthotics are temporary or permanent insoles placed in shoes. A podiatrist will assess your walking and perform certain biomechanical tests, and if necessary will make adjustments to your shoes,

Surgery

In severe cases where the degeneration in the hip joint is advanced and causing significant pain, disability and impacting on everyday life, surgery may be implicated. Hip surgery has come a long way in the last 10-15 years with quicker operations and shorter rehabilitation periods. Operations vary from just replacing the surface into which the femur sits in (acetabulum), to replacing both the surface and also part of the femur. A physiotherapist or sports physician at Pure Sports Medicine would be able to refer you to a leading hip surgeon for further examination and discussion regarding the operations procedure.

Conclusion

If you feel that you may be suffering from some of the symptoms mentioned above and possibly show signs of hip OA then it may be worthwhile in booking an appointment with either a sports physician or physiotherapist. The earlier the condition is recognised and treated, the greater the chance of slowing down the degeneration and hopefully improving ones pain and quality of life.

Felson DT, Anderson JJ, Naimark A, Walker AM, Meenan RF. Obesity and knee osteoarthritis. The Framingham Study. *Ann Intern Med* 1988; 109: 18-24.

Flugsrud GB, Nordsletten L, Espehaug B, Havelin LI, Meyer HE. Risk factors for total hip replacement due to primary osteoarthritis: a cohort study in 50,034 persons. *Arthritis Rheum.* 2002 Mar; 46(3):675-82