

HIP OSTEOARTHRITIS

(DEGENERATIVE ARTHRITIS, ARTHRITIS, DEGENERATIVE JOINT DISEASE)

DESCRIPTION

- Articular Cartilage is the white firm, rubbery, very smooth tissue that lines the end of bones in a joint.
- Arthritis is degeneration of the articular cartilage at a joint and growth of bone “spurs” that can inflame the surrounding tissue (‘arthro’ means joint, and ‘itis’ means inflammation). It can involve all joints, but the knee is very commonly involved. It usually affects adults over 45.

FREQUENT SIGNS AND SYMPTOMS

- Joint stiffness and pain – often felt in the groin or front of hip, occasionally in the thigh.
- Start up pain – pain and stiffness when first getting up to walk after prolonged sitting, standing or when first get up in the day.
- Weather changes, especially cold, damp, may increase aching.
- Loss of hip motion
- Difficulty putting on socks or shoes
- Difficulty getting out of a chair, toilet seat or car
- Limping
- Crepitation (a crackling sound) or grating sounds with hip movement (sometimes)
- Weakness of the hip and/or thigh muscles can result in knee cap pain – pain with sitting for prolonged periods, pain getting up from a seated position, pain kneeling, pain squatting, pain going up or down hills.

CAUSES

- Exact cause is unknown. Appears to be a combination or interaction of mechanical, biological, biochemical, inflammatory and immunologic factors
- Previous joint injury (falling or landing on hip, fracture, hip dislocation) or possibly surgery may result in degenerative arthritis.
- Osteonecrosis / Avascular necrosis
- Hip Dysplasia reduces the area of contact between the femoral head (ball) and acetabulum (socket) because the socket is not deep enough. This increases the load on the socket, resulting in wearing down of the articular cartilage
- Hip Impingement – over coverage of the socket or loss of offset between the femoral head (ball) and femoral neck, may result in pinching of the two bones. This may injure the labrum (cartilage rim around the socket) and articular cartilage and may result in arthritis.

RISK INCREASES WITH

- Obesity
- Persons with occupations that stress joints, such as dancers, football players, or manual laborers.
- Running / jogging
- Stress on the joints caused by activity and aging. Almost all people over age 50 have some osteoarthritis.
- Injury to the joint lining.

- Breaking a bone or dislocating the hip joint
- Hip dysplasia (seen often in dancers)
- Hip Impingement (femoroacetabular impingement)
- Possibly with loose joints

EXPECTED OUTCOME

- Symptoms can usually be relieved, but joint changes are permanent. Pain may begin as a minor irritant, but it can become severe enough to interfere with daily activities and sleep
- Muscles around affected joints (particularly the thigh and hip muscles) may become smaller and weaker because of decreased use due to pain.
- Loss of joint motion
- Tends to be progressive.

GENERAL TREATMENT CONSIDERATIONS

The overall treatment plan involves understanding the disorder, and treatment plan, including rehabilitation, activities of daily living and medications. Initial treatment consists of medication and ice to relieve the pain. However, using heat, especially in the morning or in cold weather, can be beneficial in relieving the stiffness and pain that often is associated with arthritis as the day begins and cold, damp weather, though it is difficult to warm the deep hip joint. Avoid chilly weather – wear thermal underwear or avoid outdoor activity in cold weather. Stretching and strengthening exercises of the hip can help reduce stiffness, slow the progression of loss of joint motion, and maintain muscle strength. These all can be carried out at home, though referral to a physical therapist or athletic trainer for further evaluation and treatment may be helpful, particularly for building hip and core strength. Activity modification, such as reducing or eliminating impact activity (like running or jogging) or other activities that may stress the arthritic joint should be considered to help slow the process. Weight loss for those who are overweight can help relieve pain and slow the progression. Massaging the hip and thigh muscles may help, but massaging the knee is usually not helpful. Rest is important during acute phases. Allow adequate time for recovery after exercises.

Acupuncture may be of benefit. Medications, such as acetaminophen or non-steroidal anti-inflammatory medications, may be helpful for the pain. Injections with cortisone or hyaluronic acid may be helpful as well, though these usually need to be done under XRay or ultrasound guidance because the hip joint is deep and difficult to access. When particularly severe, the use of crutches or a cane (in the hand opposite the affected hip) may be beneficial.

Surgery may be helpful. Arthroscopy is not usually helpful for hip arthritis. Other surgical procedures include arthroplasty (joint replacement with metal and plastic – either a total hip replacement or surface replacement) or arthrodesis (fusion, immobilization of the joint by getting the bone surfaces to heal to each other).

MEDICATION

- Non-steroidal anti-inflammatory medications such as aspirin and ibuprofen (do not take within 7 days of surgery) are used to reduce inflammation. Take these as directed by your physician. Contact him/her immediately if any bleeding, stomach upset or an allergic reaction occurs.
- Minor pain relievers, such as acetaminophen may also be used.
- Glucosamine with or without chondroitin may be beneficial in reducing the pain associated with arthritis. The mechanism of action is not known, but appears to provide some benefit.
- Pain relievers may be prescribed as necessary by your physician. Do not take prescription pain medication for longer than 4 to 7 days. Use only as directed and only as much as you need.
- Cortisone injections are often beneficial for painful stiff joints. This is particularly true if there is associated swelling of the joint. These usually provide only temporary relief.
- Hyaluronic Acid injections may be beneficial in the treatment of hip arthritis. These are usually given as a single injection. These provide temporary relief of symptoms without the potential side effects of cortisone injections.

HEAT AND COLD:

- Cold is used to relieve pain and reduce inflammation for acute and chronic cases. Cold should be applied for 10 - 15 minutes every 2-3 hours for inflammation and pain, and immediately after any activity which aggravates your symptoms. Use ice packs or an ice massage.
- Heat may be used in the mornings, or prior to performing stretching and strengthening activities. Apply heat to painful and stiff knee joint for 20 minutes, up to 2 – 3 times a day. Use hot towels, hot tubs, infrared lamps, heat pack, warm soak electric heating pads or deep heating ointments or lotions. Swim in a heated pool or move around in a whirlpool spa.