



Osteoarthritis of the hip

Your questions answered

Q. What is osteoarthritis (OA)?

A. [Osteoarthritis \(OA\)](#) is the most common type of arthritis, affecting 1 in 11 Australians.ⁱ It can develop in any joint but commonly occurs in weight-bearing joints like your knees and hips.

Q. What are joints?

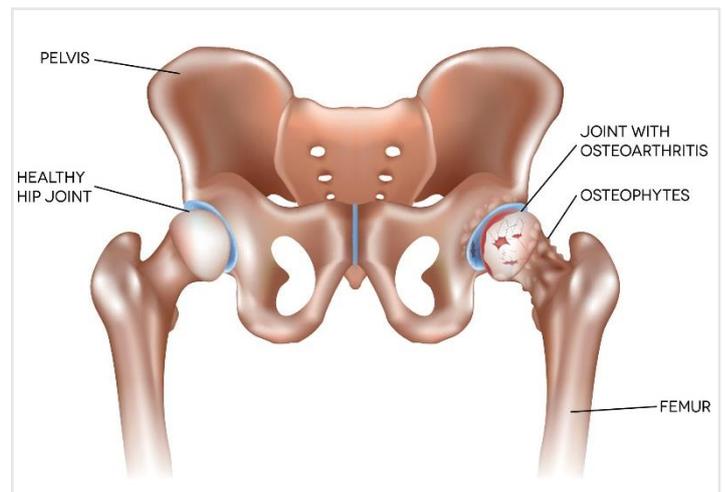
A. Joints are places where your bones meet. Bones, muscles, ligaments and tendons all work together so that you can bend, twist, stretch and move about.

Your hips are one of the largest joints in the body. They're called ball and socket joints. That's because the head of your thigh bone (femur) is shaped like a ball that fits inside a rounded socket (acetabulum) in your pelvis.

The ends of your bones are covered in a thin layer of cartilage that acts like a slippery cushion absorbing shock and helping your joints move smoothly.

With OA, the cartilage becomes brittle and breaks down. Because the cartilage no longer has a smooth, even surface, the joint becomes stiff and painful to move.

Eventually, the cartilage can break down so much that it no longer cushions the two bones. This causes pain, stiffness and swelling.



Q. What causes OA in the hip?

A. Many factors can increase your risk of developing osteoarthritis of the hip, including:

- age – OA occurs more often in people over 45
- being overweight or obese – extra weight on your hips can increase strain and may lead to premature or increased joint damage
- gender – 3 in 5 people who develop OA are femaleⁱⁱ
- family history of OA
- joint damage – for example, from a sports injury or a car accident
- joint abnormalities – for example, [hip dysplasia](#), a condition that affects the hip joint in babies and young children.

Q. What are the symptoms of hip OA?

A. The symptoms of hip osteoarthritis usually happen gradually and vary from person to person. They may include:

- pain in the hip joint
- low back pain
- pain in your groin or thigh that radiates to your buttocks or your knee
- stiffness and/or swelling of the hip joint
- grinding, creaking or crunching sound when moving the hip
- it may feel like your hip 'locks' or 'sticks' during periods of activity
- reduced range of movement.

Q. How do I know if I have hip OA?

A. If you're experiencing pain or stiffness in or around your hip, it's important that you discuss your symptoms with your doctor. Getting a diagnosis as soon as possible means that treatment can start quickly. Early treatment will give you the best possible outcomes.

To diagnose your condition, your doctor will:

- take your medical history – this will include finding out about your symptoms, how long you've had them, what makes them better or worse
- examine your hip.

Imaging (e.g. x-rays, ultrasound or MRI) and blood tests aren't routinely used to diagnose hip OA. However, they may sometimes be needed if there's uncertainty around your diagnosis.

Q. How is hip OA treated?

A. There's no cure for hip OA, but it can be managed effectively using exercise, weight management, medicines, self-care and, in some cases, surgery.

Exercise

[Regular exercise](#) is one of the most important strategies for managing OA. A tailored exercise program developed by a physiotherapist or exercise physiologist can help reduce hip pain and improve hip function. Evidence suggests that while no one particular type of exercise is better than another, a combination of exercises is likely to be most effective.

These exercises include:

- strength training specifically targeting your legs
- aerobic exercise – these are exercises that get you moving and increase your heart rate (e.g. brisk walking, cycling, swimming) and will help improve the health of your heart and lungs (cardiovascular system)
- balance training
- exercises that move your joint through its full range (range of motion exercises).

When choosing an exercise for yourself, think about what you enjoy and what you're likely to keep doing. The best results occur when you exercise at least three times per week.

If pain prevents you from exercising, you may find that warm water exercise is a good starting point. Warm water pools offer the comfort of warmth and the buoyancy of the water to ease the load on your joints.

[Cycling](#) outdoors or indoors on a stationary bike is also a good option for non-weight-bearing exercise.



Weight management

Being overweight or obese increases the risk of developing hip OA and the severity of your condition. It's also highly likely to speed up how quickly your OA develops or progresses. Evidence shows a relationship between weight loss and relief of symptoms such as pain and stiffness; even a small amount of weight loss can help. If you'd like to lose weight to improve your symptoms, your doctor and/or dietitian can assist you in losing weight safely.

Medicines

No [medicine](#) can affect the underlying disease process of OA, but it may provide temporary pain relief and help you stay active. Especially combined with self-care and lifestyle changes.

There are a variety of medicines used in the management of hip OA. Each comes with varying degrees of evidence to support their use.

Non-steroidal anti-inflammatory medicines or NSAIDs (e.g. Nurofen, Celebrex, Voltaren). NSAIDs are available over-the-counter and with a prescription, depending on their dosage and other ingredients. They may be taken by mouth (orally) as a tablet or capsule or [applied directly to the skin \(topical\)](#) in the form of gels and rubs.

Oral NSAIDs are the preferred first-line drug treatment for OA and have been shown to reduce pain and symptoms in hip OA.

Although there's no solid evidence either for or against topical NSAIDs, it may be worth giving them a short trial to see if they help.

It's important to note that NSAIDs are designed to be taken at low doses for short periods. Always talk to your doctor before starting NSAIDs, as they can cause harmful side effects, especially in older people.

Paracetamol (e.g. Panadol, Panamax). Research has shown that paracetamol provides only low-level pain relief and, in some cases, no pain relief at all compared to a [placebo](#) in hip OA. However, some people report that it helps reduce or take the edge off their pain so they can be more active. If you can't take NSAIDs, they may also be an option. Before using paracetamol, talk with your GP to see if it's appropriate for you.

Corticosteroid injections. If you have persistent hip pain and haven't had relief from oral medicines or other treatments (e.g. exercise, weight loss), your doctor may suggest a corticosteroid (steroid) injection. Corticosteroid injections into the hip joint can provide short-term pain relief for some people with hip OA. However, the duration of pain relief can vary from a few days to a few weeks, and the number of injections you can have is limited due to potential harm. Discuss the benefits and risks of steroid injections with your doctor to see if they're an option.

Opioids. Opioids are powerful pain-relieving medicines. They're effective at reducing acute pain (or the pain resulting from an injury or surgery), but evidence shows they have little effect on OA pain. Opioids also have many potentially serious side effects. That's why they're not recommended in the management of hip OA.

Glucosamine and chondroitin. Studies have found no benefit from taking [glucosamine and/or chondroitin](#) for osteoarthritis.



Q. What other treatments are available?

A. You may have heard of other treatments for managing hip OA symptoms. They have varying degrees of effectiveness.

Transcutaneous electrical nerve stimulation (TENS). A [TENS machine](#) is a small battery-powered device with leads that connect to sticky pads on your body. It delivers tiny electrical currents to your skin that stimulate nerves to relieve pain. Some people find it helpful in relieving pain, while others do not. If you're considering using a TENS machine, speak with your doctor to see if it's a suitable option for you.

Electrotherapy. Electrotherapy treatments (e.g. shockwave, laser) are thought to minimise inflammation, promote cell growth and modify pain. While some trials have shown short-term benefits with electrotherapy, the evidence for its use in hip OA is low to very low. For this reason, it's not generally recommended.

Acupuncture. Current clinical evidence doesn't support the use of traditional (needle), laser and/or electro-[acupuncture](#) for hip OA. While some improvements in hip pain and function have been identified in low-quality studies, the benefits are considered so small that they're not clinically relevant.

Platelet-rich plasma (PRP) injections. The evidence for PRP is still uncertain. There are large variations in the design of PRP trials and no standard recommendations for their preparation or use. Until further robust research is undertaken, PRP isn't recommended for hip OA.

Stem cell injections. Currently, there's no evidence to support the use of stem cell injections in treating hip OA despite being commercially available. The International Society for Stem Cell Research and the [Australian Rheumatology Association](#) doesn't support using stem cell injections for osteoarthritis.

Q. What else can I do to control my symptoms?

A. You can do many other things to reduce the impact of your symptoms.

Learn about your condition. Understanding OA and how it affects you means you can make informed decisions about your healthcare and actively manage it.

Learn ways to manage your pain. Pain is the most common symptom of hip OA, so it's crucial to learn to manage it effectively. Read our [A-Z guide for managing pain](#) for more information.

Talk to an OT. An occupational therapist can advise on pacing yourself and managing fatigue, as well as how to modify daily activities at home and work to reduce strain and pain on your joints.

Grab a gadget. Supports such as walking aids, long-handled shoehorns and long-handled reachers can reduce joint strain and movements that cause pain. An OT can give you advice on aids and equipment to suit you. You can also check out some aids available in [our online shop](#).

Get some sleep. A [good night's sleep](#) is essential for your physical and mental health. If you often wake with pain or discomfort during the night, consider taking pain-relieving medicine before bed. A warm bath before bed can also help you fall asleep. If you have difficulty getting in and out of a bath, have a warm shower instead. A hot water bottle or electric blanket can also be helpful when trying to get to sleep. Remember to turn the electric blanket off before getting into bed.

Wear suitable footwear. The best choice of footwear if you have hip OA is well-fitted, flat shoes with a cushioned, flexible sole and arch support.

Sit in supportive chairs. Try to use an armchair that isn't too low; you shouldn't struggle to get out of it and it shouldn't cause you aches and pains when you're sitting in it. It's also helpful if your chair has sturdy arms to push up from and provides sufficient support when seated. If you're considering buying a particular armchair, see if you can hire it so you can try it before buying.

Q. What about surgery?

A. For some people with hip OA, when all non-surgical treatment options have failed, and hip pain and reduced hip function impact their quality of life, [surgery](#) may be an option. In this case, your doctor may refer you to an orthopaedic surgeon to discuss your options.

A total joint replacement of the hip is the most common type of surgery for hip OA. It can provide significant pain relief and improved function. However, it's important to remember that a total hip replacement is major surgery and requires you to commit to months of rehabilitation.

Q. Where can I get more help?

A. Many people and support organisations can help you manage your musculoskeletal condition. They include:

- your doctor
- [dietitian](#)
- [physiotherapist](#)
- [exercise physiologist](#)
- [occupational therapist](#)
- Musculoskeletal Australia | msk.org.au | National Arthritis and Back Pain+ Help Line: 1800 263 265

Q. How can Musculoskeletal Australia help?

A. Our nurses are available for you to speak with about osteoarthritis, pain or any other musculoskeletal issues you have. You can contact them on weekdays between 9am-5pm. Phone 1800 263 265 or email helpline@msk.org.au. We also have a range of services – including free webinars – you can access on our [website](#).



More to explore

- [Osteoarthritis](#)
PainHEALTH
- [Osteoarthritis](#)
American College of Rheumatology
- [Osteoarthritis of the hip](#)
Arthritis Foundation
- [Osteoarthritis](#)
healthdirect
- [Osteoarthritis](#)
Stem Cells Australia
- [Osteoarthritis of the hip](#)
Versus Arthritis UK
- [Osteoarthritis of the hip](#)
American Academy of Orthopaedic Surgeons
- [Patient education: Osteoarthritis symptoms and diagnosis \(Beyond the Basics\)](#)
UpToDate
- [Patient education: Osteoarthritis treatment \(Beyond the Basics\)](#)
UpToDate
- [Patient education: Total hip replacement \(Beyond the Basics\)](#)
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Reference

i-ii [Osteoarthritis](#), Australian Institute of Health and Welfare, 2020.