

Hip pain

This booklet provides information and answers to your questions about hip pain.



What is hip pain?



Hip pain is a very common problem but it's not usually a sign of arthritis or any other underlying medical condition. In this booklet we'll explain what causes hip pain and what you and your healthcare team can do to ease the problem.

At the back of this booklet you'll find a brief glossary of medical words - we've underlined these when they're first used in the booklet.

What's inside?

2 Hip pain at a glance

4 How does the hip work?

4 What causes hip pain?

6 Should I see a doctor?

6 What can I do to help myself?

- Painkillers
- Exercise
- Reducing the strain
- Complementary therapies

10 How are hip problems diagnosed?

- What tests are there?

11 Specific hip conditions

- Osteoarthritis
- Paget's disease of bone
- Other types of arthritis
- Hip fractures
- Avascular necrosis (osteonecrosis)
- Referred back pain
- Soft tissue conditions
- Other causes of groin pain

15 What treatments are there for hip pain?

- Drugs
- Physiotherapy
- Steroid injections
- Surgery

18 Research and new developments

19 Glossary

20 Where can I find out more?

24 We're here to help



At a glance

Hip pain

Hip problems are common and can occur throughout adult life. Many respond to simple treatments or rest, and in most cases you won't need to see your doctor.

What can I do to help myself?

There are several ways that you can help yourself, including:

- taking painkillers
- getting a balance between rest and exercise
- thinking about whether your day-to-day activities contribute to your hip pain and doing something to reduce the strain.

When should I see my doctor?

You should see your doctor if:

- you've fallen and injured your hip
- you have severe pain which is getting worse
- you're unwell or feel feverish
- you have pain at night.

Most cases of hip pain will ease with simple self-help treatments, and you probably won't need to see your doctor.

How are hip problems diagnosed?

Your doctor will usually make a diagnosis based on your symptoms and an examination of your hip, although you may also need the following tests:

- x-rays
- computerised tomography (CT) scans or magnetic resonance imaging (MRI) scans
- blood tests.

What causes them?

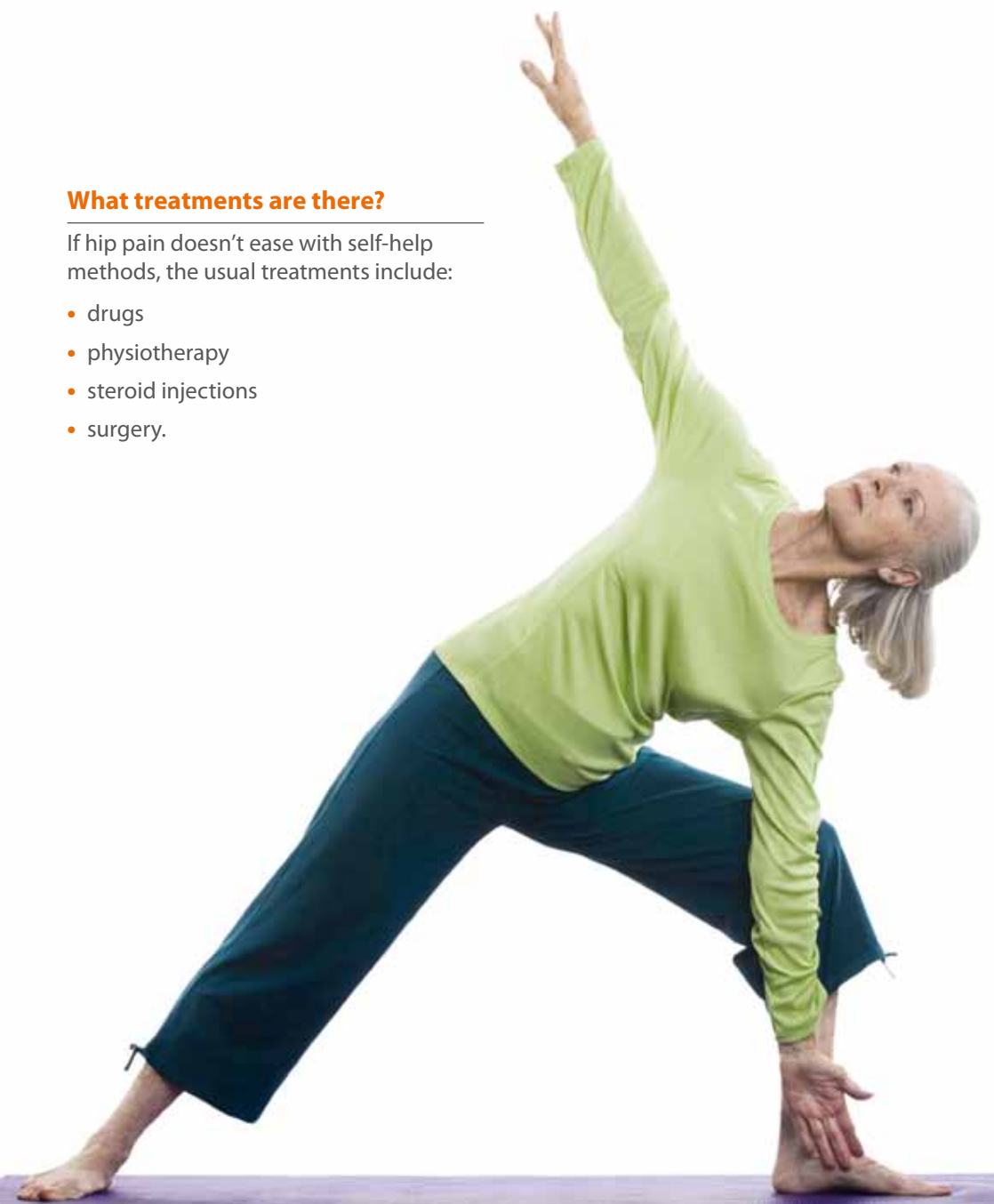
Hip pain can be caused by a simple strain, but it can also be the result of a number of different conditions, including:

- osteoarthritis of the hip joint, Paget's disease and other types of arthritis
- avascular necrosis
- referred pain from the back
- soft tissue conditions.

What treatments are there?

If hip pain doesn't ease with self-help methods, the usual treatments include:

- drugs
- physiotherapy
- steroid injections
- surgery.



How does the hip joint work?

The hip is a ball-and-socket joint that helps you move your legs during everyday activities such as walking and going up and down stairs. It has a good range of movement but it's very stable and rarely dislocates, even after high-impact trauma. The ball of the joint, which is at the top of the bone in your upper leg (the femur), is called the femoral head, and the socket created by the hollow of your pelvis is called the acetabulum (see Figure 1).

The joint is surrounded by a tough, fibrous sleeve called the capsule, which helps to hold the bones together. The capsule is lined by the synovium, which produces a fluid (synovial fluid) that nourishes the cartilage and lubricates the joint. The hip joint is moved by a number of muscles that allow you to rotate your hip and walk.

What causes hip pain?

Most hip pain has a very simple explanation, for example if you've overdone it while exercising. The pain is usually caused by strained or inflamed soft tissues such as tendons, and it often clears up within a few days. Long-term hip pain can be caused by specific conditions, which are described in more detail later in the booklet.

Pain from the hip joint can be felt in the groin, down the front of the leg and, surprisingly, in the knee. Sometimes knee pain is the only sign of a hip problem. This is called referred pain, and it's fairly common. Hip pain can also be felt in the buttock (although pain in this area can also be caused by problems with the lower back) or on the outside of the hip (see Figure 2).

Problems with the hips can cause pain in the thighs and the knees – this is called referred pain.

Figure 1
The hip joint

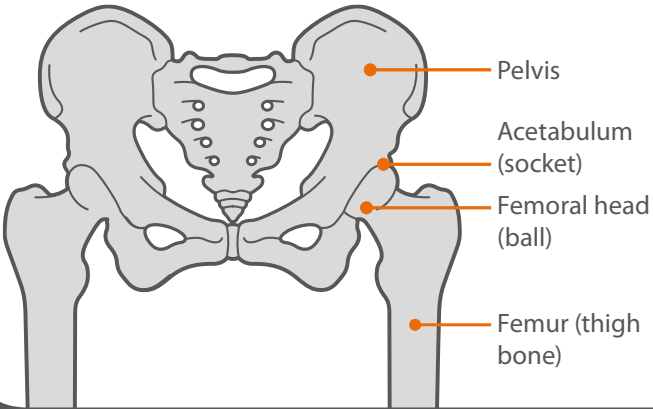
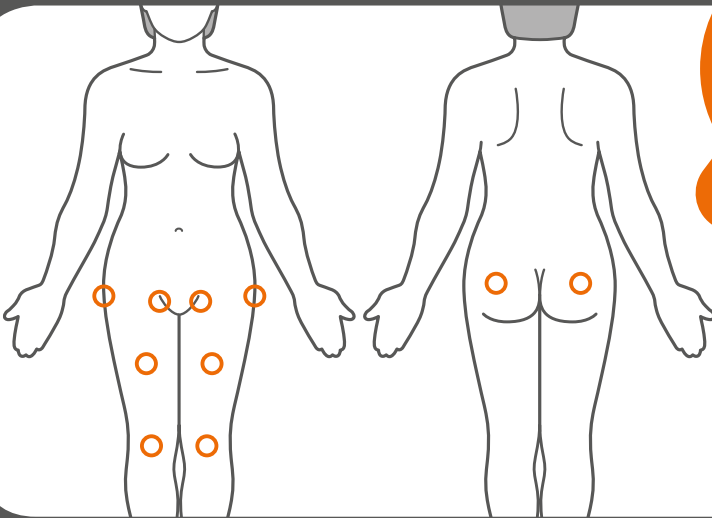


Figure 2
Areas where hip pain is felt



Should I see a doctor?

Most cases of hip pain will get better on their own or with simple self-help treatments. You should see your doctor if the pain is extremely bad or if it hasn't improved with painkillers after two weeks.

You should see your doctor straight away if:

- you've had a fall or injured your hip
- the pain is getting worse
- you're having difficulty with everyday activities, for example walking, going up stairs or leaning forwards when sitting
- you feel feverish or unwell, or you've been losing weight.

What can I do to help myself?

There are several things that you can try if you have hip pain. These include using painkillers, exercising and reducing the strain on your hip.

Painkillers are usually the first treatment for osteoarthritis, and a short course may ease pain caused by other problems.

Painkillers

Simple painkillers such as paracetamol will often help to ease pain. They're usually the first treatment for osteoarthritis, which can cause hip pain (see Specific hip conditions). It's best to take them before the pain becomes very bad, but you shouldn't take them more often than every 4 hours up to a maximum of 8 in 24 hours. Non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen, which you can buy at chemists and supermarkets, can also help. You can use painkillers and NSAIDs for a short course of treatment of about a week to 10 days. If they've not helped after this time then they're unlikely to and you should see your doctor. However, if they do help but the pain returns when you stop taking them, you could try another short course. You can also try rubbing anti-inflammatory creams or gels onto affected areas.

If you smoke, or if you have circulation problems, high blood pressure, high cholesterol or diabetes, you should check with your doctor or pharmacist whether it's suitable for you to use over-the-counter NSAIDs because they may interact with any medication you're taking. You shouldn't take NSAIDs if you're asthmatic. If you have stomach problems after using over-the-counter medication, you should stop taking the tablets and see your doctor.

i See Arthritis Research UK drug leaflets *Non-steroidal anti-inflammatory drugs; Painkillers.*



There's a tear-off section at the back of this booklet – try some of the exercises to help stretch and strengthen your hip.

Exercise

An episode of hip pain may respond to rest, but you should still do some gentle exercise to avoid the hip becoming stiff and your muscles weakening. We recommend that you don't rest for more than a few days – start some gentle exercise as soon as the pain begins to ease. Simple exercises can help to restore your range of movement, promote strength, ease stiffness and get your hip back to normal.

The exercises provided in the tear-off section at the end of this booklet are designed to stretch, strengthen and stabilise the structures that support your hip. They may not be suitable for all types of hip pain, so it's a good idea to get advice from a doctor or [physiotherapist](#) about specific exercises before you begin. Start by exercising very gently and build up gradually.

As with any physical activity, you'll need to use some common sense in doing these exercises. While some aches or

discomfort during or following exercise are normal and should be expected, if an exercise makes your symptoms significantly worse it should be stopped.

It's common for people to stop exercising once their pain has cleared up, but if you stop exercising all the improvements to your physical condition disappear within a few weeks. It's important that you continue with exercise on a regular basis and don't stop when the pain is gone and you're feeling better.

i See Arthritis Research UK booklet *Keep moving.*

Reducing the strain

It's generally best to carry on doing your normal activities, but try not to overdo things. You might need to pace yourself to allow you to do a little bit more each day. Try the following tips:

- Avoid sitting in low chairs as this bends the hip a lot and might give you more pain.
- Don't carry heavy weights. Use a trolley when you go shopping if carrying a basket is uncomfortable.
- Find a comfortable sitting position at work to lessen the strain on your hip.
- Use a stick to make walking a bit easier – a physiotherapist can assess you and tell you how to use it properly.
- Lose weight if you're overweight.
- Alter activities where you have to stand on one leg; for example, when you get

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Hip pain

into a car, sit on the side of the seat and swing both legs in rather than stepping in one leg at a time.

i See Arthritis Research UK booklets
Diet and arthritis; Everyday living and arthritis; Looking after your joints when you have arthritis.

Complementary therapies

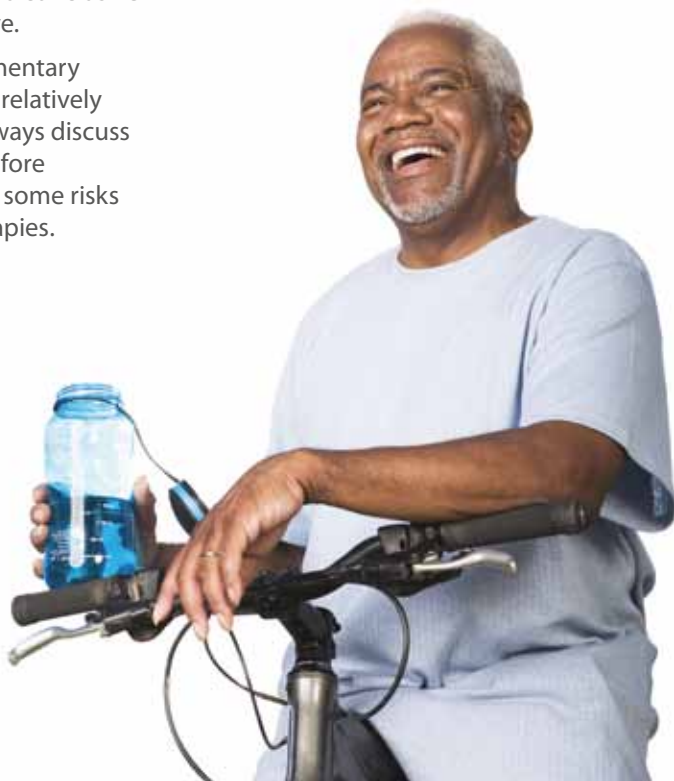
Many different complementary therapies and herbal remedies are believed to help with pain relief. Some people do feel better when they use complementary therapies, but on the whole these treatments aren't recommended for use on the NHS because there's no conclusive evidence that they're effective.

Generally speaking, complementary and alternative therapies are relatively safe, although you should always discuss their use with your doctor before starting treatment. There are some risks associated with specific therapies.

In many cases the risks associated with complementary and alternative therapies are more to do with the therapist than the therapy. This is why it's important to go to a legally registered therapist or one who has a set ethical code and is fully insured.

If you decide to try therapies or supplements, you should be critical of what they're doing for you, and base your decision to continue on whether you notice any improvement.

i See Arthritis Research UK booklet
Complementary and alternative medicine for arthritis.



How are hip problems diagnosed?

If your hip pain continues to worsen for more than two weeks, you should see a doctor. They'll ask you about your pain and what movements make it worse. Pain when bending the hip to get up and down stairs, and in particular when putting on socks, is often a sign of a hip problem. Your doctor will also ask how your symptoms started, how they affect your day-to-day activities and whether you're getting pain at night. They'll examine your hip to find out how well it moves, and this will usually give them enough information to plan your treatment, although you may need other tests to diagnose some conditions.

If your doctor suspects you have a specific hip condition, you may need an x-ray, scans or blood tests.

What tests are there?

X-rays

X-rays are often the best way of finding out what's wrong with the hip as they clearly show the condition of the bones. They're very good at looking for arthritis in the hip, but they may also show problems in your pelvis which could explain your pain. They're not as useful for looking at the soft tissues around the joint.

CT scans

A CT scan can often be very helpful to work out if the hip joint has an unusual shape. There are conditions where the socket of the hip can be very shallow, and a CT scan often helps to show this up.

MRI scans

MRI scans are useful for looking at the muscles and tendons around the hip. They're particularly helpful for diagnosing avascular necrosis (see Specific hip conditions).

- ! If your doctor suspects you have a torn acetabular labrum (see Specific hip conditions), they may suggest you have an MR arthrogram. A small quantity of a compound called gadolinium contrast is injected into the hip joint before an MRI or CT scan is performed. This allows the capsule, the articular surface of the bones and the surface of the cartilage to be examined.

Blood tests

If your doctor thinks your pain is caused by an infection or rheumatoid arthritis, blood tests can often help.

Specific hip conditions

Some of the specific conditions that affect the hip include the following:

Osteoarthritis

Osteoarthritis is one of the most common causes of hip pain in adults. It's often associated with previous fractures, trauma

or childhood hip problems, although it can often occur randomly. We don't yet fully understand why osteoarthritis develops without any pre-existing problems, but it can cause significant pain, restricted movement and a limp. In extreme situations, the leg can become shorter and the hip can become fixed in a bent position, making mobility significantly worse.

i See Arthritis Research UK booklet *Osteoarthritis*.



The hip joint can be affected by different types of arthritis including osteoarthritis and Paget's disease.

Paget's disease of bone

Paget's disease affects the way bone develops and renews itself, causing it to become weaker. It usually affects the pelvis and causes the structure to become distorted. This can often lead to hip pain, but it can be very well treated with a group of drugs called bisphosphonates.

i See Arthritis Research UK booklet
Paget's disease of bone.

Other types of arthritis

Rheumatoid arthritis, psoriatic arthritis and ankylosing spondylitis can all cause hip pain. This can be managed with specific medication for each condition.

i See Arthritis Research UK booklets
Ankylosing spondylitis; Psoriatic arthritis; Rheumatoid arthritis.

Hip fractures

If you've had a fall which resulted in hip pain, you should see your doctor urgently as fractures around the hip are very common, particularly in elderly people with osteoporosis. You may need surgery to fix the damage.

i See Arthritis Research UK booklet
Osteoporosis.

Avascular necrosis (osteonecrosis)

Avascular necrosis is a condition that causes hip pain in young-to-middle-age adults. It's often referred to as idiopathic, which means that it doesn't have any apparent cause. However, it's also associated with the following:

- drinking excessive amounts of alcohol
- using steroids
- sickle cell disease
- radiotherapy.

Avascular necrosis can occur when the blood supply to the ball of the hip (the femoral head) is lost. This causes the bone tissue to die and the femoral head to collapse, which results in arthritis. If your doctor suspects you have avascular necrosis, it's important that they refer you for an urgent MRI scan to confirm the diagnosis. As soon as you have a diagnosis, you can start treatment, which may stop the condition progressing and prevent arthritis developing.

Referred back pain

Pain caused by a problem with the lower back may only be felt in the buttocks and often down the back of the legs, although it can be felt over the outer side of the hip joint and occasionally in the front of the hip. If x-rays and scans of the hip joint are normal, then the symptoms may be caused by referred pain from the back.

Soft tissue conditions

Trochanteric bursitis

Bursae are small pouches lined with a synovial membrane. They occur where

parts of the body move over one another, for example where tendons or ligaments pass over bones, to help reduce friction. If you have tenderness over the bony part of your hip joint, you may have a bursitis, which is inflammation of a bursa. The cause of this is usually unknown.

Trochanteric bursitis is inflammation of the bursa next to the greater trochanter (see Figure 3). It's a very common condition. The pain is usually over this bony point, but it can spread down the leg and appear to be coming from the hip joint itself.

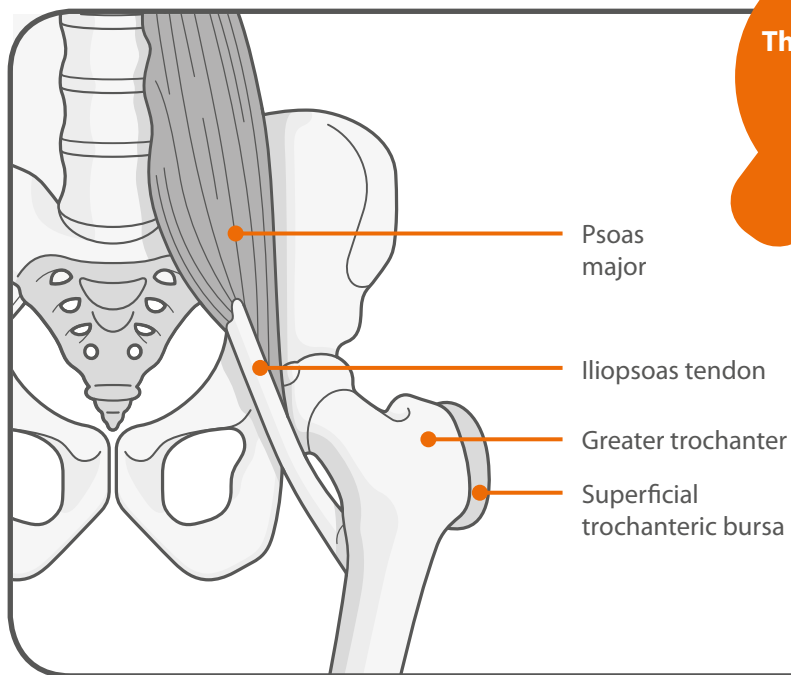


Figure 3
The trochanteric bursa and iliopsoas tendon

Trochanteric bursitis is often bilateral, meaning it occurs in both hips. It usually responds to rest, painkillers and physiotherapy. Very occasionally the condition can persist, and it's now known that it's sometimes associated with problems with the lower back (the lumbar spine). Paying attention to your posture can make a big difference.

Iliopsoas tendinitis

Iliopsoas tendinitis is inflammation of the iliopsoas tendon that runs over the brim of the pelvis to help bend the leg up (see Figure 3). This is usually self-limiting, which means it'll get better on its own.

Snapping iliopsoas tendon

A snapping iliopsoas tendon isn't a common type of hip pain. It's a type of snapping hip syndrome – this doesn't mean the tendon breaks but refers to the clicking noise caused when it makes a sudden movement as it flicks over the pelvic brim when you move. Some people say that this sensation is like their hip popping out. It rarely needs tests to diagnose it, and it usually settles with rest and painkillers. Surgery is very rarely needed.



Torn acetabular labrum

The acetabular labrum is a thick ring of cartilage around the hip socket. It can be torn if the ball or socket of the hip are deformed. This can be the result of hip problems in childhood or changes to the shape of the hip as it develops, but in most cases the cause is unknown. Hip joint deformities are called cam lesions when the ball is affected and pincer lesions when the socket is affected. We don't know whether treating these deformities with surgery prevents osteoarthritis in later life.

Other causes of groin pain

Although groin pain is very commonly caused by problems with the hip, it can also come from the following:

- a hernia – often a painful lump in the groin, which may need surgery
- lymph nodes in the groin – these usually occur if there's infection in the lower leg
- gynaecological problems – very occasionally gynaecological problems can present with hip pain, but your doctor may rule out your hip as being the problem by asking appropriate questions.

What treatments are there for hip pain?

If your hip pain doesn't improve with simple medications such as paracetamol and ibuprofen, you should see your doctor for further advice. They may recommend the following treatments.

Drugs

Non-steroidal anti-inflammatory drugs (NSAIDs)

Your doctor may prescribe you stronger NSAIDs to help ease the pain. Like all drugs, NSAIDs can sometimes have side-effects, but if you're taking prescription NSAIDs your doctor will take precautions to reduce the risk of these – for example, by prescribing the lowest effective dose for the shortest possible period of time. NSAIDs can cause digestive problems (stomach upsets, indigestion or damage to the lining of the stomach) so in most cases NSAIDs will be prescribed along with a drug called a proton pump inhibitor (PPI), which will help to protect the stomach.

NSAIDs also carry an increased risk of heart attack or stroke. Although the increased risk is small, your doctor will be cautious about prescribing NSAIDs if there are other factors that may increase your overall risk, such as those listed for over-the-counter NSAIDs.

Treatments for specific hip conditions can include drugs, physiotherapy and steroid injections.

Physiotherapy can help you to build up or maintain the strength and flexibility of the hip joint.

Bisphosphonates

Bisphosphonates are used to treat Paget's disease. They work by slowing bone loss, which reduces the risk of hip fractures. Depending on the type of bisphosphonate, you may need to take them by mouth (but not with food), or they may be given by intravenous infusions, which is a slow injection into a vein. Because a lack of calcium and vitamin D can reduce the effect of bisphosphonates, your doctor may prescribe daily supplements for you to take alongside the bisphosphonate.

Bisphosphonates are also frequently used to treat osteoporosis, and you can find out more about them in Arthritis Research UK's drug leaflet *Drugs for osteoporosis*.

Physiotherapy

Physiotherapy may help you to maintain your hip movements with gentle exercise. Your physiotherapist may advise you about the best way to walk with your hip pain and may help you to use a stick or crutch. You'll need to use the stick in the opposite hand to your affected

hip and make sure that it's the correct height for you, so it's important to see a physiotherapist before you start using one.

If you think your work or certain activities you do might be the main cause of your pain, it's worth discussing this with an occupational therapist. They'll be able to advise on how to change your movements to help prevent pain continuing or returning. If your place of work has an occupational health department, they may also be able to help.

i See Arthritis Research UK booklets *Occupational therapy; Physiotherapy and arthritis; Work and arthritis.*

Steroid injections

Steroid injections can help hip problems if they're caused by inflammatory joint pain or inflamed bursae. The injections are often given with a local anaesthetic, and they're usually very helpful in treating trochanteric bursitis. Iliopsoas tendinitis can also be treated with steroid injections, but the injection will need to be done by a radiologist because the ilipsoas tendon is so deep. A snapping iliopsoas tendon can be treated with steroid injections which are done under videofluoroscopy (a type of x-ray) to make sure the injection is in the right place. Ultrasound-guided injections are also becoming more popular.

i See Arthritis Research UK drug leaflet *Local steroid injections.*

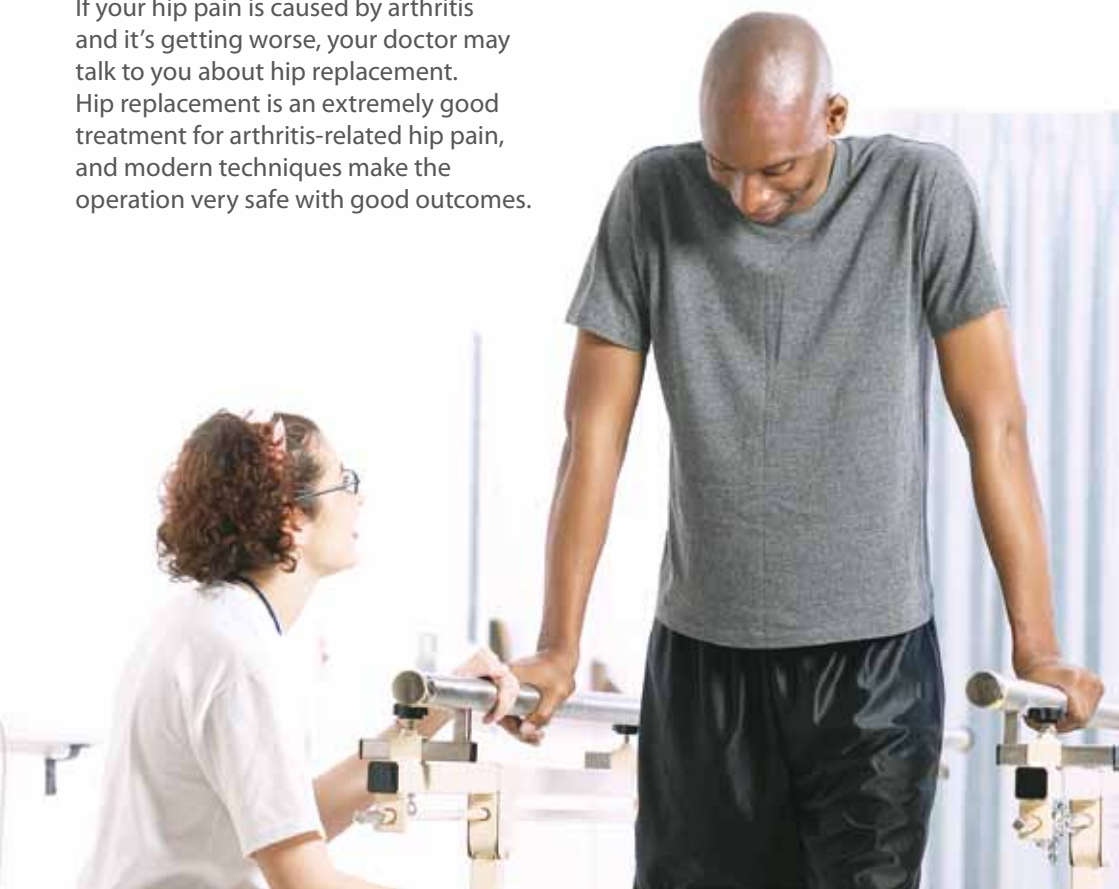
Surgery

Not everybody with hip pain will need surgery, but hip fractures almost always need fixation, which stabilises the bone and helps it to heal, or replacement of the ball of the hip. Hip fractures often occur in elderly people, and they can take a long time to fully recover from. People can often be in hospital for a couple of weeks or more to get over the fall and the operation, and many often need extra help at home after discharge.

Hip replacement surgery

If your hip pain is caused by arthritis and it's getting worse, your doctor may talk to you about hip replacement. Hip replacement is an extremely good treatment for arthritis-related hip pain, and modern techniques make the operation very safe with good outcomes.

Nowadays, most people only need to stay in hospital for three to four days after their hip replacement, but you'll need to have somebody available to look after you for a couple of weeks as your mobility and confidence improves. Physiotherapists will help you become mobile when you're in hospital, and they'll help you practice getting in and out of bed, out of chairs and up and down stairs safely.



If you're being considered for hip replacement, it's important that you're in good health before the operation. You'll probably be referred to the hospital for an assessment before the operation and they'll check your general health. Your surgeon will talk to you about the operation itself, and you'll meet the physiotherapists and occupational therapists who will be involved in your treatment after surgery.

The outcomes of hip replacements are extremely good – 95% or more of people who have had a hip replacement find their pain is greatly reduced. Modern hip replacements should last many years – around 80–90% of cemented hips should last for 20 years.

Revision surgery

If your hip replacement becomes loose, infected or otherwise fails, it's possible to have surgical treatment. Modern revision surgery techniques are developing quickly and most failed hip replacements can be dealt with, which can restore function and activity.

Revision surgery is carried out by specialists in the field. You'll be in hospital longer than for your first hip replacement, and it might take longer to get over it. You'll need physiotherapy after revision surgery to help you gain confidence in your new joint, and you'll need someone to help you out for a couple of weeks or more when you go home.

Acetabular labrum surgery

A torn acetabular labrum can be repaired through surgical reshaping of the hip. In some cases this procedure can be performed arthroscopically, which means it can be done through just a small incision, so your joint doesn't have to be opened up. This is also known as keyhole surgery, and it can be done as a day case or one-night stay in hospital. You'll need between one and two months off work.

We don't yet know what the long-term effects of acetabular labrum surgery are, but you may get better hip movement as a result of it.

Research and new developments

Arthritis Research UK is currently funding research into the effect of genes on abnormalities in the shape of the hip joint, which could help predict if a person has an increased risk of developing osteoarthritis. This would allow them to take treatments to stop the condition.

Arthritis Research UK-funded research has also shown that genetic differences between individuals can affect their risk of developing osteoarthritis and of joint replacements loosening after hip replacement, although the size of the effect of each individual gene is small.

i See Arthritis Research UK booklet *Hip replacement surgery*.

Glossary

Ankylosing spondylitis – an inflammatory arthritis affecting mainly the joints in the back, which can lead to stiffening of the spine. It can be associated with inflammation in tendons and ligaments.

Bisphosphonates – drugs used to prevent the loss of bone mass and treat bone disorders such as osteoporosis and Paget’s disease. They work by reducing high levels of calcium in the blood and by slowing down bone metabolism.

Capsule – the tough, fibrous sleeve of ligaments around a joint which prevents the bones in the joint from moving too far. The inner layer of the capsule (the synovium) produces a fluid that helps to nourish the cartilage and lubricate the joint.

Computerised tomography (CT) scan – a type of scan that records images of sections or ‘slices’ of the body using x-rays. These images are then transformed by a computer into cross-sectional pictures.

Flare-up – periods where your joints become inflamed and painful, sometimes known as flares.

Inflammation – a normal reaction to injury or infection of living tissues. The flow of blood increases, resulting in heat and redness in the affected tissues, and fluid and cells leak into the tissue, causing swelling.

Ligaments – tough, fibrous bands anchoring the bones on either side of a joint and holding the joint together. In the spine they’re attached to the vertebrae and restrict spinal movements, therefore giving stability to the back.

Magnetic resonance imaging (MRI) – a type of scan that uses high-frequency radio waves in a strong magnetic field to build up pictures of the inside of the body. It works by detecting water molecules in the body’s tissue that give out a characteristic signal in the magnetic field. An MRI scan can show up soft tissue structures as well as bones.

Non-steroidal anti-inflammatory drugs (NSAIDs) – a large family of drugs prescribed for different kinds of arthritis that reduce inflammation and control pain, swelling and stiffness. Common examples include ibuprofen, naproxen and diclofenac.

Occupational therapist – a therapist who helps you to get on with your daily activities (e.g. dressing, eating, bathing) by giving practical advice on aids, appliances and altering your technique.

Osteoarthritis – the most common form of arthritis (mainly affecting the joints in the fingers, knees, hips), causing cartilage thinning and bony overgrowths (osteophytes) and resulting in pain, swelling and stiffness.

Osteoporosis – a condition where bones become less dense and more fragile, which means they break or fracture more easily.

Paget's disease – a condition that affects the way bone develops and renews itself, causing the affected bone to become weaker than normal.

Physiotherapist – a therapist who helps to keep your joints and muscles moving, helps ease pain and keeps you mobile.

Proton pump inhibitor (PPI) – a drug that acts on an enzyme in the cells of the stomach to reduce the secretion of gastric acid. They're often prescribed along with non-steroidal anti-inflammatory drugs (NSAIDs) to reduce side-effects from the NSAIDs.

Psoriatic arthritis – an inflammatory arthritis linked to the skin condition psoriasis.

Radiologist – a medical professional who specialises in taking x-rays.

Radiotherapy – a treatment using x-rays or similar forms of radiation. It's particularly used in cancer treatment.

Referred pain – pain that occurs in a different part of the body from that affected by injury or disease (for example, pain in the thigh or knee resulting from osteoarthritis of the hip). This is sometimes called radiated pain.

Rheumatoid arthritis – an inflammatory disease affecting the joints, particularly the lining of the joint. It most commonly starts in the smaller joints in a symmetrical pattern – that is, for example, in both hands or both wrists at once.

Sickle cell disease – an inherited condition where the haemoglobin (the oxygen-carrying protein in red blood cells) is abnormal, which prevents oxygen moving through the body properly.

Synovial fluid – the fluid produced within the joint capsule that helps to nourish the cartilage and lubricate the joint.

Synovium – the inner membrane of the joint capsule that produces synovial fluid.

Tendon – a strong, fibrous band or cord that anchors muscle to bone.

Where can I find out more?

If you've found this information useful you might be interested in these other titles from our range:

Conditions

- *Ankylosing spondylitis*
- *Osteoarthritis*
- *Osteoporosis*
- *Paget's disease of bone*
- *Psoriatic arthritis*
- *Rheumatoid arthritis*

Therapies

- *Occupational therapy and arthritis*
- *Physiotherapy and arthritis*

Surgeries

- *Hip replacement surgery*

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Self-help and daily living

- *Complementary and alternative medicine for arthritis*
- *Diet and arthritis*
- *Everyday living and arthritis*
- *Keep moving*
- *Looking after your joints when you have arthritis*
- *Work and arthritis*

Drug leaflets

- *Drugs for osteoporosis*
- *Non-steroidal anti-inflammatory drugs*
- *Painkillers*
- *Local steroid injections*

You can download all of our booklets and leaflets from our website or order them by contacting:

Arthritis Research UK

PO Box 177

Chesterfield

Derbyshire S41 7TQ

Phone: 0300 790 0400

www.arthritisresearchuk.org

Related organisations

The following organisations may be able to provide additional advice and information:

Arthritis Care

18 Stephenson Way

London NW1 2HD

Phone: 020 7380 6500

Helpline: 0808 800 4050

www.arthritiscare.org.uk

Offers self-help support, helpline service (on both numbers above) and a range of leaflets on arthritis.

Notes

Notes



We're here to help

Arthritis Research UK is the charity leading the fight against arthritis.

We're the UK's fourth largest medical research charity and fund scientific and medical research into all types of arthritis and musculoskeletal conditions.

We're working to take the pain away for sufferers with all forms of arthritis and helping people to remain active. We'll do this by funding high-quality research, providing information and campaigning.

Everything we do is underpinned by research.

We publish over 60 information booklets which help people affected by arthritis to understand more about the condition, its treatment, therapies and how to help themselves.

We also produce a range of separate leaflets on many of the drugs used for arthritis and related conditions. We recommend that you read the relevant leaflet for more detailed information about your medication.

Please also let us know if you'd like to receive our quarterly magazine, Arthritis Today, which keeps you up to date with current research and education news, highlighting key projects that we're funding and giving

insight into the latest treatment and self-help available.

We often feature case studies and have regular columns for questions and answers, as well as readers' hints and tips for managing arthritis.

Tell us what you think of our booklet

Please send your views to:
feedback@arthritisresearchuk.org

or write to us at:

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Chesterfield, Derbyshire S41 7TQ.

A team of people contributed to this booklet. The original text was written by consultant orthopaedic surgeon Andrew Hamer, who has expertise in the subject. It was assessed at draft stage by rheumatology specialist nurse Debbie Bond, clinical specialist physiotherapist in rheumatology Allison Dean, physiotherapist Nicola Scrafton, consultant rheumatologist Dr Nick Shenker and clinical senior lecturer, orthopaedics Mark Wilkinson. An **Arthritis Research UK** editor revised the text to make it easy to read and a non-medical panel, including interested societies, checked it for understanding. An **Arthritis Research UK** medical advisor, Sarah Houghton, is responsible for the content overall.

Get involved

You can help to take the pain away from millions of people in the UK by:

- volunteering
- supporting our campaigns
- taking part in a fundraising event
- making a donation
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Exercises for hip pain

This handy tear-off section contains exercises that are designed to stretch, strengthen and stabilise the structures that support your hip.

Simple stretching, strengthening and stabilising exercises

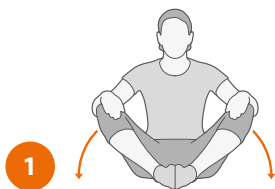
There are a couple of general rules to remember while doing any of the following exercises:

- Don't twist your body as you sit or stand.
- Don't cross your legs or feet.

If you've had a hip replacement, use the following rules:

- Don't bend your hips past 90 degrees.
- Don't roll your knee or toes inwards.
- Don't twist your body as you sit or stand.
- Don't cross your legs or feet.

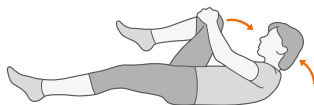
The following exercises are designed to stretch, strengthen and stabilise the structures that support your hip:



1

External hip rotation: Sit with your knees bent and feet together. Press your knees down towards the floor using your hands as needed. Alternatively, lie on your back and part your knees, keeping your feet together. Take the movement up to the point you feel a stretch, hold for approximately 10 seconds and relax. Repeat 5–10 times.

2



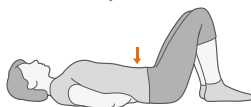
Knee lift: Lie on your back. Pull each knee to your chest in turn, keeping the other leg straight. Take the movement up to the point you feel a stretch, hold for approximately 10 seconds and relax. Repeat 5–10 times.

3



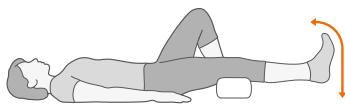
Bridging: Lie on your back with your knees bent and feet flat on the floor. Lift your pelvis and lower back off the floor. Hold the position for 5 seconds and then lower down slowly.

4



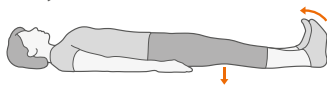
Stomach exercise: Lie on your back with your knees bent. Put your hands under the small of your back and pull your belly button down towards the floor. Hold for 20 seconds.

5

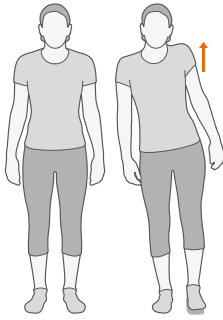


Short arc quad exercise: Roll up a towel and place it under your knee. Keep the back of your thigh on the towel and straighten your knee to raise your foot off the floor. Hold for 5 seconds and then lower slowly.

6



Quad exercise: Pull your toes and ankles towards you, while keeping your leg straight and pushing your knee firmly against the floor. Hold for 5 seconds and relax.



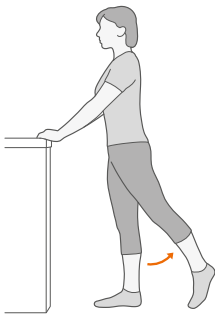
7

Hip hitch: Standing straight, hitch your leg up at the hip so your foot is a couple of inches off the floor. Lower it back down slowly.



8

Hip flexion: Hold onto a work surface and march on the spot to bring your knees up towards your chest alternately. Don't go above 90 degrees.



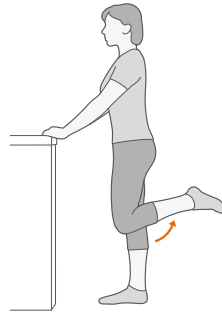
9

Hip extension: Move your leg backwards, keeping your knee straight. Clench your buttock tightly and hold for 5 seconds. Don't lean forwards. Hold onto a chair or work surface for support.



10

Hip abduction: Lift your leg sideways, being careful not to rotate the leg outwards. Hold for 5 seconds and bring it back slowly, keeping your body straight throughout. Hold onto a chair or work surface for support.



11

Heel to buttock exercise: Bend your knee to pull your heel up towards your bottom. Keep your knees in line and your kneecap pointing towards the floor.



12

Mini squat: Hold onto a work surface for support. Squat down until your knees are above your toes. Hold for a count of 5 if possible.

Keeping active with hip pain

It's important to keep active – you should try to do the exercises that are suitable for you every day. Try to repeat each exercise between 5–10 times and perform the exercises 2–3 times each day.

Start by exercising gradually and build up over time, and remember to carry on even when your hip is better to prevent your symptoms returning. If you have any questions about exercising, ask your doctor or physiotherapist.