

Orthopaedic Connection

Arthritis of the Hip

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Last week we tried to explain why total knees as a group can never experience the same success as their older brother, the total hip. Remember, I am speaking of overall results in millions of patients. As a group, there are many more happy total hip patients than total knee patients.

I didn't want to start out talking about total hip replacement in any detail because that would be like starting out with calculus if you didn't have arithmetic yet. I touched on total hip replacement as part of our total knee discussion.

You will be very knowledgeable about hip problems by the time we finish this section of the course.

Research by the American College of Rheumatology has determined that you and I have a one in four chance of developing arthritis of the hip during our lifetime.

How do you even know if you have arthritis of the hip?

In most cases the patient can't know this by themselves. It is even hard for doctors to diagnose at times. Everything that hurts around the hip is not arthritis. It is my job of course to figure that out. Most patients call anything that hurts around a joint "arthritis" which is often not true.

We see a large number of patients in the office with bursitis and tendinitis of the hip. They all think they have arthritis and are sure they are headed for a total hip because it is so painful. Imagine how relieved they are to learn they have a normal or near normal looking hip on x-ray and their inflammation around the hip can be treated conservatively.

This is so common I wrote an article for my website www.orthopodsurgeon.com, which is entitled "Hip Pain, Which Is Not From The Hip". Check it out for more information. Well, it is gratifying to be able to relieve a patient's anxiety and treat them conservatively. I have, incidentally, never felt I was supposed to operate on everyone who came into the office just because I am a surgeon.

The causes of true osteoarthritis of the hip are not yet completely understood. Before delving into the causes of hip osteoarthritis we need to spend some time on how we arrive at a diagnosis of arthritis of the hip. The symptoms of hip arthritis can be vague. The pain is initially mild and gradual. It isn't always the same when present and can be intermittent with no definite pattern.

Most often the onset is during periods when the hip is in use and decreases with rest, especially lying down. Pain can be present in the groin, buttock, thigh, knee and shin; a single place or any combination. The aching and discomfort can be present for years before the patient seeks treatment.

In our effort to make an accurate diagnosis a thorough history is extremely important.

There is much overlap between back trouble and hip arthritis. Obviously they are extremely different problems. It is not to say that people can't have two problems, back trouble and arthritis of the hip.

One is usually the major source of the patient's pain and it is our job to figure this out. It can take some time, but it can be done if you are thorough.

Functional Impairment

This is used to gauge how the problem is affecting the patient's activities of daily living. This is linked to a large degree to how much pain the person experiences. A patient may limp for a long time before they are even aware of it. Often a family member calls their attention to it. There is a tendency to shift weight to one leg to alleviate pain and to take shorter steps. The hip can tighten in front, somewhat, causing abnormal walking gait.

Therefore walking becomes difficult, bathing and dressing can become harder and even doing household chores can become a problem.

As we continue our discussion next time I will begin to cover our findings on physical exam and x-ray that might point to arthritis of the hip.

For additional accurate information about arthritis of the hip log onto our office teaching website for patients and families at www.orthopodsurgeon.com which also leads you to Your Orthopaedic Connection.

Our goal is simple - To help people return to more pain free, functional lives.

Be well.

Dr. Haverbush

