Orthopaedic Connection

Arthritis of the Hip – Diagnosis

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Last week in our first discussion about arthritis of the hip we began to talk about how the condition presents, causes of hip arthritis and what impairment it causes the patient.

To help you better understand the whole process we are moving ahead with what I find on examination and what I look for on x-ray studies.

Osteoarthritis Exam

Arthritis of the hip can often be diagnosed by watching the person walk into the exam room. The changes in the joint and surrounding structures (that we will describe subsequently) cause the person to limp. Everybody knows that. But there is more too it than that. What causes limping besides the pain?

Hopefully, it is why you all are reading this, because you want to know more! Basically the person shifts more weight to the better leg. I say better because the person often has arthritis in both hips, one usually being worse. This shift occurs unconsciously, but it does alter the gait pattern noticeably. In addition a shorter step is taken each time and the hip joint can’t completely straighten out anymore. It is the hip’s version of an arthritic knee not completely straightening. To make matters worse most people with hip arthritis have a bad back too. The abnormal gait and hip mechanics cause the bad back to hurt even more.

Take home point (pearl): we have seen countless patients over the years whose back felt much better after having their hip(s) replaced.

Often patients in my exam room are surprised to be told how stiff their hip is. We seem to be able to adapt a lot if something is coming on slowly, as does arthritis of the hip. You don’t just wake up one morning and have it. The stiffness is mostly in internal rotation of the hip, which is the opposite of crossing your leg.

Actually the hip area may not be too tender to touching or pressure. If arthritis has been present for awhile there is usually muscle atrophy.

What is happening in the hip?
A lot. As I pointed out in talking about knee arthritis, the tissue surrounding the hip changes as much as the bone. On plain x-rays, which are all you usually need to diagnose arthritis of the hip, you can’t see the tissues. You see tissues on MRI, but we don’t usually need MRI to diagnose arthritis of the hip. So don’t ask me to do an MRI of your hip to be completely sure you have arthritis, because in most case it is completely unnecessary.

I think this is a very important point to make you well informed. 95% of the time MRI is completely unnecessary to diagnose arthritis of the hip. Do I ever need MRI to diagnose hip trouble? Absolutely, but not for typical arthritis. So MRI should never be done before plain x-rays, if hip arthritis is suspected. So plain x-rays, yes. MRI is not needed in 95% of cases.

Well, I beat that to death. Let’s go on. On plain x-rays the bone can appear thicker and the ball becomes misshapen. The cushion or joint space of articular cartilage wears away as the ball and socket come closer together. Spurs or osteophytes begin to appear on x-ray at the edges of the ball and socket. Cysts or weak spots can begin to appear within the ball and socket. Any wonder now why a person limps?!

Why do people get arthritis of the hip?

* Genetics certainly plays a large role. So you may be programmed to get it no matter what. Bad luck. Sad, but true. Nothing you can do to prevent it.

* Heavy workload lifting of several years duration is a definite risk factor. Numerous studies in Europe and the U. S. have found this to be true primarily in male workers. Participation at the elite level in high joint loading sports such as football, soccer and track and field are a definite cause.

* The combination of heavy work activities after participation in sports earlier in your life puts you in double jeopardy!

* Obesity is clearly a risk factor for the knee, but for the hip researchers are not sure. Does it cause hip arthritis to occur? It is not certain that obesity causes it, but it does make symptoms worse if you have arthritis. Patients Benefit greatly from weight loss if the arthritis of the hip is in a moderate stage, not advanced.

With all that background we can get into management of hip arthritis next week.

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

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

Dr. Haerbush