Managing Early Degenerative Hip Pain

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Degenerative Hip

- Aging hip
- Osteoarthritic hip
- Degenerative hip
Reasons For Development

• Degeneration is common, starting in middle years.
• Wear and tear from life’s use and minor injuries.
• Major injuries.
Hip Anatomy - Normal

Anterior (front) view of the pelvis

Acetabulum (hip socket)
Femoral head
Femoral neck
Femur (thighbone)
Hip Anatomy - Degenerative
Disease Process

- Joint cartilage wears
- Exposes bone under cartilage
- Exposed bone is more painful
- Weight bearing becomes painful
- Joint inflammation
- Joint tightness
- Muscle stiffness and weakness - more stress on joint
- Bone spurs
Physical Therapy

• Critical Role in non surgical management
• Symptom control - pain and stiffness
• Use of physical modalities
• Use of walking aids
• Maximize mechanical joint health
  – Mobilizing the hip
  – Exercises to maintain range of motion
  – Exercises to gain and maintain strength
Advanced Arthritis

• Hip replacement surgery
Recognizing Early Signs

- Front of groin pain, radiating down front of thigh to knee.
- Limping on bearing weight.
- Trunk sway when bearing weight in painful hip.
Principles of Early Treatment

• Ball and socket health dependent on lubrication.
• Lubrication is helped by full motion.
• Lack of full motion causes only a small part of the ball and socket to be lubricated.
• Dryness of the part of ball/socket not used – more rapid degeneration.
• Special end of range motions to maintain the full motion.
• Strengthening of muscles to protect and stabilize joints
Treatment after Hip Replacement Surgery

- Maximize motion and strength.
- Correct compensatory mechanics that have developed prior to hip replacement.
Typical Treatment Design

- 4 to 8 weeks of therapist hands on mobilization of hip joint and muscles.
- Individual instruction of self applied exercises over 4 to 8 weeks.
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665-1962 for appointment